



Heading Home St. Louis County

A Ten-Year Plan to End Homelessness

February 2007



Presented by the End Homelessness in Ten Years Committee

Introduction

St. Louis County and the city of Duluth initiated a planning process in 2005 to end homelessness. A diverse group was assembled to create the End Homelessness in Ten Committee (EHIT). Members of EHIT represented urban and rural areas, private and public sectors and a wide range of disciplines, including mental health, chemical dependency, human services, youth programs, anti-poverty agencies, domestic violence, employment and training, housing developers, school corrections, homeless shelters and services, and the faith community. Eight members of the committee experienced homelessness first-hand or have been part of the safety net for relatives and friends who have become homeless.

“Heading Home St. Louis County – A Ten-Year Plan to End Homelessness” is the result of this extensive planning effort. The plan was adopted by St. Louis County on XXXXXXXX and the city of Duluth on XXXXX

We Create Home

We create home
A place we live
Where we
Center our lives

Our dreams for ourselves and those around us
Find fertile ground
Safe walls, strong floors, warmth
And this idea of a good life unfolds here
Has the space to grow

And maybe from alone and without
We become connected
Find the love of ourselves
And the love of others

Build this vision of home
Together
In the very center of our being
In the one place we carry with us
We create home

- LeAnn Littlewolf

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I. Message to the Community

(Joint City/County letter – to be inserted after final Plan approval)

II. Executive Summary

Located in northeastern Minnesota, St. Louis County is geographically the largest county east of the Mississippi. It is known for its natural beauty, featuring a national forest, national and state parks (including a majority of the Boundary Waters Canoe Wilderness Area), and 500 lakes. The County's latitude also means its winters are frigid, with below-zero temperatures a common occurrence.

St. Louis County has a total population of 200,500. A majority of residents live in small mining towns and rural townships dispersed throughout the county's vast northern area. The remaining 43% reside in the City of Duluth, located at the southern tip of the county on Lake Superior. Duluth, the largest city, is an international seaport and also the county seat. The county's major industries are iron mining, wood and paper products, shipping and transportation, health care and tourism.

Our region has had its share of economic challenges and social problems in recent years, and has Greater Minnesota's largest homeless population. Given the county's urban-rural mix, homelessness runs the gamut from downtown 'panhandling' to tent communities in the northern woods.

The face of homelessness has changed significantly during the past decade. The number of homeless children has more than tripled since 1991, now making up 40% of the county's homeless persons. In addition, the high occurrence of childhood trauma among homeless adults signals the need for heightened prevention efforts. Veterans and people of color are also disproportionately represented among the homeless.

Our homeless population has also become more distressed. It is increasingly common to be both working and homeless, or to have been recently discharged from a public facility. St. Louis County has a higher percentage of homeless women fleeing violence than in the state overall. Half of our homeless adults have a serious and persistent mental illness, and more than one in five has a dual diagnosis of both mental health and chemical abuse disorders. A decreasing proportion of the county's homeless population, currently only 14%, would be able to sustain stable housing without additional services.

Local efforts first emerged to meet the crisis needs of the homeless through shelters. To these were added case management, transitional and permanent supportive housing, and a multitude of services that address the needs of specific groups within the homeless population. Some successful prevention models have also been implemented. But despite these efforts, we have been unable to stop the cycle of homelessness.

While we are ending homelessness for some, we are only managing it for others. Although there are many excellent individual programs, the homeless 'system' still lacks sufficient coordination, is hampered by a public-private rift, has a shortage of the right types of housing to match client needs, and is compromised in service effectiveness due to overburdening of limited staff. There are gaps to fill and new models to try, but we have experience with many of the elements needed to solve the problem of homelessness.

In recent years there has been national movement toward community-wide, strategic approaches to ending homelessness. The driving force behind these efforts is new cost-benefit evidence showing that greater results can be had by investing public dollars in different ways. In fact, it turns out that ending homelessness is significantly less expensive than ignoring it.

The Heading Home St. Louis County Plan is the result of a community level strategic planning effort to end homelessness within ten years. Although we join over 200 other cities and 150 counties that have pursued such planning efforts, ours is the first Ten-Year Plan to be developed in Greater Minnesota.

A diverse End Homelessness In Ten planning team engaged in a comprehensive process that was informed by data, best practices, and community input – including what homeless people themselves say they need. It began by setting a vision around which the Plan would be built. Key messages such as a focus on prevention, increased public-private collaboration, and a client-centered approach; were carried through and reflected throughout the Plan.

The Heading Home Plan embraces the shift from managing homelessness to ending it. According to recent research, successful Ten-Year Plans require both ‘closing the front door’ by preventing future homelessness, and ‘opening the back door’ by offering new housing options that accept the homeless as they are. Four broad goals have been established toward this end:

Goal 1: Prevent New Occurrences of Homelessness.

Goal 2: Shorten Length of Homelessness and Rapidly Re-house in the Most Permanent Arrangement.

Goal 3: Expand Access Points to Housing and Services.

Goal 4: Increase Supports Needed to Maintain Housing.

The Heading Home Plan was developed on the premise that current resources will continue to be available. The Plan outlines how to *build upon* those resources, in addition to pursuing new ways to work more effectively together across organizations. The 12 strategies selected to achieve these goals, along with detailed action steps for 2007, can be found beginning on page 27.

It also complements Minnesota’s State Business Plan for Ending Long-Term Homelessness. Common elements include the emphasis on development of additional permanent supportive housing, providing options that meet the needs of specific sub-populations (e.g. youths, families, chronically homeless, veterans), inclusion of low-demand housing where acceptance of services is not required, and strengthening discharge planning processes.

Finally, a plan is only as good as its implementation. The proposed implementation structure is designed around greater community participation than in the past. Embracing this opportunity is key to turning the vision to end homelessness into reality.

III. Background

1. The National Movement To End Homelessness

While the seeds of homelessness were planted in the 1960s and 1970s with deinstitutionalization of mentally ill people and loss of affordable housing stock, widespread homelessness did not emerge until the 1980s. Several factors have affected its growth over the last two decades. Housing has become scarcer for those with little money. Earnings from employment and benefits have not kept pace with the cost of housing for low income and poor people. And services that families need for support and stability have become more difficult for very poor people to access.

In addition to these systemic causes, social changes have exacerbated the personal problems of many poor Americans, leading them to be more vulnerable to homelessness. These social trends have included new kinds of illegal drugs, more single parent and teen-headed households with low earning power, and thinning social support networks.

In response, a homeless service system emerged to offer services such as shelters which primarily *manage the symptoms* of homelessness. Unfortunately, this approach has not stemmed the tide. Although most people enter and exit homelessness relatively quickly, more keep coming. In addition, there is a smaller group of people who spend significantly more time homeless and consume extraordinary resources. This group, most of whom are chronically homeless and chronically ill, virtually lives in the shelter system and heavily uses other expensive public systems such as hospitals and jails.

Ironically, the vast majority of people who become homeless are already clients of public systems of care and assistance. These include the mental health, public health, welfare, veterans, criminal justice, and child protective service systems. Rather than working together to end the homelessness of common clients, mainstream and homeless services have not been well coordinated. This has resulted in an inefficient shifting of the burden from one system to another without really solving the problem.

In July 2000, the National Alliance to End Homelessness rolled out a plan to end homelessness in ten years. The federal government quickly acknowledged its support, and in 2003 declared that the sub-goal of ending *chronic* homelessness would be a priority for the coming decade. The Interagency Council on Homelessness was designated to coordinate these efforts at the federal level. The U.S. Conference of Mayors also adopted this goal, and over 200 cities, 150 counties, and several states (including Minnesota) have or are currently developing Ten-Year Plans to end homelessness.

The driving force behind these efforts is a new analysis of the homeless problem, and cost-benefit evidence showing that greater results can be had by investing public dollars in different ways. **This paradigm shift involves moving communities from managing homelessness to ending it.** National studies have determined that the average cost to provide housing and services for the most difficult cases, the chronically homeless, ranges from \$13,000 - \$25,000 per year. In contrast, the cost to public systems each year a homeless individual is on the street comes to \$40,000 - \$100,000¹. Not only is the outcome more humane, it is actually less expensive to end homelessness than to manage it.

This shift requires adoption of solution-oriented approaches targeted more directly to the needs of the various sub-populations among the homeless. Overall we have learned that housing with services is more effective than housing alone. Successful strategies identified in a 2004 Urban Institute study include the housing first approach, permanent supportive housing, improving case management capacity, and models to house the most difficult cases without strings attached². The latter options, called “low-demand” or “harm reduction” housing, have not been available in our community previously.

Many chronically homeless will not use programs that require sobriety to enter, as they will not stop using drugs and alcohol, at least at first. Existing programs have not produced results for this population. There is evidence now that low-demand housing approaches are very successful at attracting the chronically homeless. Research has confirmed that these programs can bring difficult to recruit individuals into permanent supportive housing. People *will* come in, they *do* use services even though not required to, they *do* reduce their substance use, and mostly they *do not* return to the streets. These findings suggest that stable housing contributes to a person’s well being; possibly as much as medications and other traditional treatments.

According to The Urban Institute’s report, keys to success in communities implementing Ten-Year Plans that have begun to document reductions in homelessness include:

- ✓ Achievement of a paradigm shift, recognizing that the current approach is not solving the problem.
- ✓ Setting a clear goal of ending homelessness.
- ✓ Committing to a community-wide level of planning and implementation.
- ✓ Having leadership and an effective implementation structure.
- ✓ Contributing significant resources from mainstream public agencies well beyond homeless-specific funding sources.
- ✓ Involvement of the private sector.
- ✓ Commitment and support from mayors, city and county councils, and other local elected officials.

¹ Philip Mangano, Executive Director; United States Interagency Council on Homelessness.

² Strategies for Reducing Chronic Street Homelessness; The Urban Institute (January 2004).

- ✓ Having a mechanism to track progress, provide feedback, and support improvements.
- ✓ Willingness to try new approaches to services.

Most successful Ten-Year Plans are based on a thoughtful, analytical process of reviewing needs and options, and include strategies both to “open the back door” (interventions to help people leave homelessness), and “close the front door” (preventing people from becoming homeless). This does not mean abandonment of services such as shelters and transitional housing which appropriately address an emergency need within the housing continuum; but rather changing the mix to include options which are needed but have not been available in the past. Serious commitment to ending homelessness does require this paradigm shift, part of which involves the willingness of a community and its homeless assistance providers to consider approaches that have been proven to work even though they may represent a significant departure from traditional programs. It also requires that the mainstream and homeless systems work side-by-side in creating solutions.

St. Louis County now joins Hennepin and Ramsey counties and the State of Minnesota which are already implementing Ten-Year Plans. Activating the Plan will allow our community to access additional funding to end homelessness through the federal Interagency Council on Homelessness, and affords us higher points with other funding sources such as the Department of Housing & Urban Development and the Veterans Administration.

2. Our Local Planning Process

The Heading Home St. Louis County Plan is the result of a merger between two processes. In 2005, Mayor Herb Bergson initiated a planning group to address homelessness in the City of Duluth. St. Louis County also saw the need for a more planful approach, and took steps to begin a process that covered the entire county. Although there are some unique aspects to the homeless problem in urban and rural areas, both groups discovered there are more commonalities than differences. In a move that ensured efficiency and a consistent approach where countywide systems are involved, the two efforts were successfully merged into a single process. The result is a fully integrated Plan that addresses homelessness countywide. Ours is the first Ten-Year Plan to be developed in Greater Minnesota.

A diverse group was assembled to create the End Homelessness In Ten Committee (EHIT), following nationally determined best practices. Members of this planning team represented urban and rural areas, private and public sectors, and a wide range of disciplines including: mental health, chemical dependency, human services, youth programs, anti-poverty agencies, domestic violence, employment & training, housing developers, schools, corrections, homeless shelter & services, and the faith community. Of special note, eight members of the EHIT Committee have experienced homelessness firsthand and/or have been part of the safety net for relatives or friends who have become homeless.

The EHIT team engaged in a comprehensive, data-driven process; dedicating over 80 hours to these planning activities during a nine month period. This work was designed and facilitated by an independent planning Consultant who kept the process on track and moving forward. The process began by articulating a vision of what success would look like for our community. With this direction in place, the planning team dove into an examination of data about who is homeless in our community and why. Other key steps that followed included inventorying existing resources, identifying gaps, establishing county-wide goals, researching best practices³, and developing strategies to address the goals. The final outcome of this work is a detailed set of action plans for the first year of implementation.

The planning process was also informed by community input. Perspectives were gathered from a variety of stakeholders through a series of 11 focus groups held throughout the county. Participants included law enforcement personnel, homeless persons (youths, single adults, and families), Housing and Redevelopment Authority (HRA) directors, representatives of the business community, school superintendents, ministers, and veterans. A direct dialogue was also established with a broader group of service providers who work in the trenches every day on homelessness. These providers make up the Rural Housing Coalition and Affordable Housing Coalition; groups the EHIT committee reached out to for feedback during development of the action plans. Connection was also maintained with the Committee to End Homelessness (CEH), which is currently responsible for the county’s SuperNOFA and FHPAP processes, through a common committee member and distribution of summaries from each planning session.

3. List of Planning Participants⁴

End Homelessness In Ten (EHIT) Committee Members:

Steve O’Neil (Co-Chair)
St. Louis County Commissioner

Nancy Cashman
The Salvation Army

Harlan Tardy (Co-Chair)
Arrowhead Economic
Opportunity Agency

Rev. Frank Davis
Hope Community Presbyterian
Church

Edie Carr
St. Louis County Family
Services Collaborative / Schools

Pat Grahek
Arrowhead Center

³ EHIT wishes to acknowledge the contributions of Beth Holger, DHS; Liz Kuoppola, MN Coalition for the Homeless; and Zoe LeBeau, Corporation for Supportive Housing, in providing information about successful models.

⁴ The EHIT Committee extends its appreciation to Planning Consultant, Whitney Crettol; and to interns Emily Belluzzo and Elizabeth Oas for assisting with this process.

Bunny Husten
St. Louis County Public Health &
Human Services

Sally Jirik
Formerly Homeless Person

LeAnn Littlewolf / Rachel Kincade
LifeHouse

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Range Mental Health Center

Dave Nyquist
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Sherry Sanchez-Tibbets / Myrna
Raisanen
American Indian Community
Housing Organization

Rachel Schneider
Women's Community Development

Peg Sweeney
St. Louis County Commissioner

Ron Tague
Minnesota Workforce Center –
Veterans

Erik Torch
Damiano Center

Susan Utech
Safe Haven for Battered Women

Shelley Valentini
United Way of Northeast Minnesota

**Duluth Citizen's Action Committee on Homelessness – Planning Committee
Members:**

Joyce Kramer (Co-Chair)
University of Minnesota - Retired

Steve O'Neil (Co-Chair)
St. Louis County Commissioner

Nancy Cashman
The Salvation Army

Ron Franzen
St. Luke's Hospital

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Corporation (LISC)

Paul Ranelli
UMD School of Pharmacy

Paula Reed
United Way

Erik Torch
Damiano Center

Deb Wagner
Duluth Public Schools

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Northland Foundation
Minnesota Housing Partnership
St. Louis County
City of Duluth
Corporation for Supportive Housing

IV. Understanding Homelessness in St. Louis County

1. Definition of Homelessness

There is much attention currently to the chronically homeless⁵, especially at the federal level. Although a significant portion of the Heading Home Plan targets this group, the EHIT Committee felt it important to develop a plan that addresses homelessness more comprehensively. After considering the merits and limitations of existing definitions of homelessness, the following local definition was adopted.

Homelessness Defined:

Anyone who does not have a permanent residence of his or her own.

Homelessness can occur for a number of reasons, including financial crisis, lack of affordable housing, or family or personal crisis. Other issues such as mental and physical illness or disability, domestic abuse, chemical dependency, and racism have a direct impact on people's ability to secure housing and their ability to stay in that housing. Children, people of color, and our veterans are disproportionately represented among the homeless in St. Louis County.

A homeless person is anyone who:

- Has temporary living accommodations, including emergency shelters, transitional housing, and battered women's shelters.
- Is living in any place not meant for human habitation, such as under bridges, in cars, parks, sidewalks and abandoned buildings.
- Is facing eviction within seven days with no subsequent residence identified and lacks resources to obtain housing on their own.
- Is leaving incarceration, hospitalization, or other institution without permanent housing identified.
- Is a youth up to age 21 who currently has no parental, substitute, foster or institutional home to which they can safely go. They are unaccompanied by an adult and have spent at least one night either in a formal emergency shelter, improvised shelter, doubled-up, or on the street.

⁵ Chronically homeless is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. A disabling condition is defined as a "diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions". A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

2. Who are the Homeless: A Snapshot

Every three years, Wilder Research Center conducts a point-in-time survey of the homeless population in Minnesota. This survey sample generates a large amount of information (more than 217 data points) about who is homeless, the causes of their homelessness, and their needs. The most recent survey data available was collected on October 23, 2003.⁶ On that night, 320 sheltered and unsheltered homeless adults were interviewed in St. Louis County. Combined with their accompanying children, the total number of homeless persons counted was 533.

This sample is not a comprehensive count, however, and underestimates the actual number of homeless persons. Based on other evidence, Wilder indicates that the true number may be twice as high⁷. In addition, this is a point-in-time count which does not reveal the total number of persons who experience homelessness over a span of time, such as a calendar year. Wilder estimates that the actual number of Minnesotans experiencing homelessness at some time during 2003 was 58,000. Although not a perfect method, applying these proportions to the St. Louis County survey count would result in an estimate of 4,100 homeless persons during that year. **Our region has the state's largest homeless population outside of the Twin Cities.**

St. Louis County Significant Findings:

- ✓ 40% of homeless persons are children, with an average age of 7 years.
- ✓ 71% of the homeless adults interviewed had been discharged from a correctional or human service facility⁸ within the past year.
- ✓ 27% of homeless adults meet the definition of chronically homeless (*compared to 5-10% national estimates*).
- ✓ 38% of homeless women are fleeing abuse.
- ✓ 80% of homeless adults report a serious or chronic disability that limits work or daily living skills.
- ✓ The vast majority (80%) of homeless adults have been Minnesota residents for three or more years, with nearly 40% having lived in the state longer than 20 years.
- ✓ Veterans and people of color are disproportionately represented among the homeless.
- ✓ In the six months preceding the survey, homeless individuals had 339 visits to hospital emergency rooms in St. Louis County.

⁶ It is anticipated that data from the October 2006 survey will be available beginning spring 2007.

⁷ St. Louis County Continuum of Care Regional Data Tables on Homelessness, Wilder Research Center (May 2004).

⁸ Human service facilities include emergency shelter, battered women's shelter, halfway house, drug/alcohol treatment facility, transitional housing, mental health facility, permanent supportive housing, foster care, nursing homes, and residences for people with physical disabilities.

The face of homelessness has changed significantly during the past decade. Across the state, homeless women and children outnumber homeless men. The number of homeless children has more than tripled since 1991, making them the fastest growing group of homeless persons. This is a tremendous shift since the first Wilder homeless survey in 1984 when children were almost nonexistent among the homeless population. In addition, the high occurrence (70%) of childhood trauma among homeless adults cries out for additional prevention efforts.

But not only the demographics have changed. The distress of homelessness is becoming a more concentrated and volatile mixture, especially in the wake of economic decline of the early 2000s. It is increasingly common to be both working and homeless. The proportion of homeless adults with serious and persistent mental illness continues to increase steeply; now at 50% in St. Louis County. More than one in five adults surveyed had a dual diagnosis of both mental health and chemical abuse disorders. And, St. Louis County has a higher percentage of women fleeing violence than was found in the state overall.

Of homeless veterans in St. Louis County, 94% received an honorable discharge, but 70% are not receiving any veterans benefits, and 40% have had no contact with a County Veterans Services Officer (CVSO) in the previous year. This homeless subgroup is also the most likely to include people of color⁹. The U.S. Department of Veterans Affairs estimates that one in every four veterans returning from the current Middle East conflict will become homeless within a year¹⁰. Applying this formula to current deployment levels, the number of homeless veterans in St. Louis County could more than double by 2008. In addition, traumatic brain injury is anticipated to be an issue among this population.

The current picture of homelessness shows that the supply of housing affordable to those with low-wage jobs continues to lag far behind the need. But the study also shows that the majority of this population will need some support, not just housing, in order to make a transition to more stable and productive circumstances. Wilder concludes that a decreasing proportion of the homeless population, currently only 14%, would be able to sustain stable housing without additional services.

⁹ [Homeless Veterans in Minnesota](#), Wilder Research Center (December 2004).

¹⁰ Dr. Craig Burnette, National Coordinator CHALENG for Veterans; U.S. Department of Veterans Affairs.

V. Recommendations: A Call to Action

1. Vision for Ending Homelessness

The planning process began by setting a direction around which the Plan would be built. Establishing a vision requires looking ahead to describe what a successful outcome will look like for the community. Key messages such as a focus on prevention, increased public-private collaboration, and a client-centered approach; are carried through and reflected throughout the Plan.

St. Louis County Vision for Ending Homelessness

In 2017, the community values every individual's right to decent housing. Ensuring that all county residents are adequately housed is an investment with returns both financial and in terms of human potential. Priority is placed on providing safe, affordable, permanent housing for those in a cycle of homelessness.

Resources are dedicated to addressing the underlying causes of homelessness. These prevention efforts are built upon increased collaboration between the public and private sectors. The process of accessing services is streamlined into a user-friendly system. Services are delivered in a flexible, creative manner that best meet the needs of homeless persons.

The dignity and value of each person is recognized by providing opportunities and access to job training and education, employment, and health care. Stable housing is considered a necessary foundation to meet basic needs and allow individuals to achieve higher goals and aspirations.

2. Goals & 2007 Action Plan

The Heading Home Plan embraces a shift from managing homelessness to ending it. According to the National Alliance to End Homelessness, successful Ten-Year Plans require both 'closing the front door' by preventing future homelessness, and 'opening the back door' by offering new housing options that accept the homeless as they are. Four broad goals have been established toward this end:

Goal 1: Prevent New Occurrences of Homelessness.

Goal 2: Shorten Length of Homelessness and Rapidly Re-house in the Most Permanent Arrangement.

Goal 3: Expand Access Points to Housing and Services.

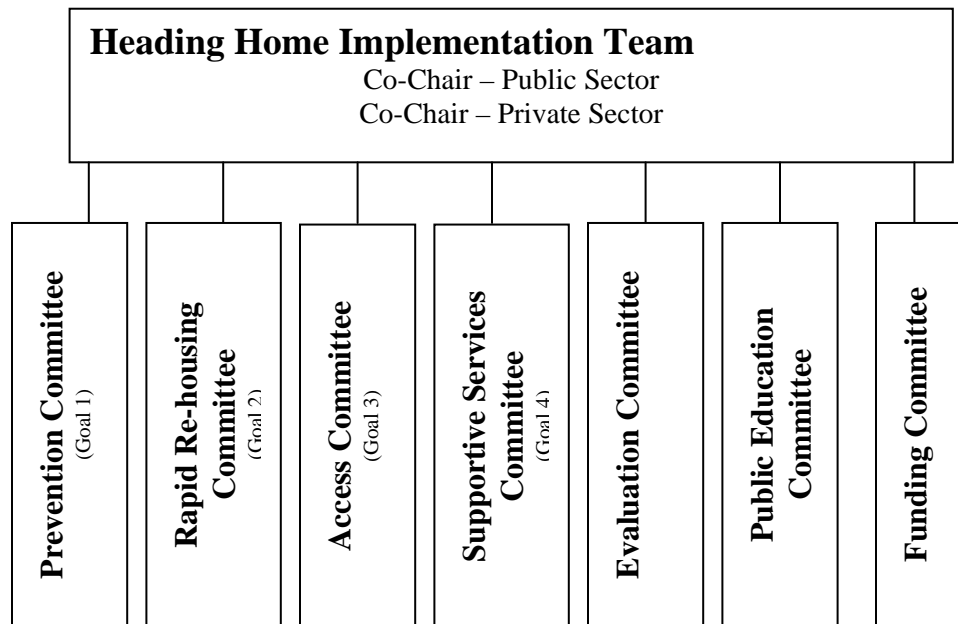
Goal 4: Increase Supports Needed to Maintain Housing.

The Heading Home Plan was developed on the premise that current resources will continue to be available. The Plan outlines how to *build upon* those resources, in addition to pursuing new ways to work more effectively together across organizations. The 12 strategies selected to achieve these goals, along with detailed action steps for 2007, can be found beginning on page 22.

VI. Implementation Structure & Process

The proposed implementation structure is designed to allow for greater community participation than in the past, and to ensure a connection between establishing priorities and funding them. The Heading Home Plan is a living document. As such, it will require ongoing review of progress and the flexibility to make adjustments based on a changing environment. Action plans, therefore, will be developed annually. Evaluation and public communication processes are also included to ensure accountability to the public.

1. Implementation Structure Flow Chart



2. Heading Home Implementation Team

The role of the *Heading Home Implementation Team* is to monitor progress of Ten-Year Plan implementation, to address barriers and make mid-course corrections, and to develop annual action plans. The Heading Home Plan is to be the guide for addressing homelessness in St. Louis County, and should be fully integrated with funding activities rather than standing alone. Therefore, it is further recommended that the Implementation Team assume responsibility for the SuperNOFA and FHPAP processes beginning in 2008. If possible, drawing some of the initial Implementation Team members from the CEH and EHIT committees is encouraged to provide continuity during this transition period.

Implementation will require strong, skilled leadership. The official titles of these leaders are not as important as their individual capabilities and commitment to this effort. Recruitment guidelines will be established, including that consensus building ability is an important criterion in selecting members. The selection of representatives who have veterans status or are people of color will also be

encouraged. As with the initial planning team, implementation should be overseen by a group representing diverse perspectives. Based on national best practices, the following committee composition is recommended:

- County Commissioner or Appointee (1)
- Duluth City Council Member or Appointee (1)
- Rural Public Official [Mayor, Councilor] (1)
- County Department Head Appointee (1)
- City of Duluth Department Head Appointee (1)
- Duluth Business Community Representative (1)
- Rural Business Community Representative (1)
- Tribal Representatives (Fond du Lac – 1; Bois Forte – 1)
- City of Duluth American Indian Commission (1)
- NAACP Representative (1)
- Veterans Organization Representative (1)
- Rural Housing Coalition Representative (1)
- Affordable Housing Coalition Representative (1)
- Private Foundation/Funding Community (2)
- Duluth Police (1)
- Rural Law Enforcement or Corrections (1)
- Formerly Homeless Person (1)
- State Interagency Task Force on Homelessness (1)

The St. Louis County Board will request that each of the listed entities select a representative for the Implementation Team. An application process will be utilized in cases where representatives may come from a multitude of entities (e.g. rural cities and townships). The CEH will be asked to appoint a formerly homeless person.

The Implementation Team will set a quarterly meeting schedule, to commence May 2007.¹¹ Committee members will elect two Co-Chairs; one representing the private sector, and one representing the public sector.

3. Committees

The actual work of implementation will be undertaken through a committee structure that focuses on each goal within the Heading Home Plan. As with any complex task, this way of organizing the work will maximize opportunities for participation while dividing a large undertaking into manageable components. Coordination will take place across committees through written meeting summaries and the overall Implementation Team. It is recommended that the following working Committees be established:

- Prevention (Goal 1)
- Rapid Re-Housing (Goal 2)
- Access (Goal 3)

¹¹ A more frequent meeting schedule will be required with the addition of funding processes in 2008.

- Supportive Services (Goal 4)
- Evaluation
- Public Education
- Funding

Committee Chairs will be selected from the Implementation Team membership. Although other Implementation Team members may volunteer to sit on committees, *the majority of committee members will be drawn from partner organizations* – those whose work relates to the specific goal and strategies of each committee. Participation in the committees is intended as an inclusive opportunity for the community.

Each Committee will set a monthly meeting schedule. Committee Chairs will coordinate and report progress on their assigned goals to the Implementation Team on a quarterly basis.

4. Staffing Support

St. Louis County will host 1 FTE of staff support. Beginning in 2008, staffing will be jointly funded with the addition of financial contributions from the City of Duluth. Housing/Homelessness coordination staff will function as the ‘glue’ on homelessness efforts, and will fulfill the following roles:

- ✓ Coordinate the Continuum of Care, including SuperNOFA and FHPAP processes, and staff support to the CEH during the 2007 transition year.
- ✓ Provide staff support for the Heading Home Implementation Team and its committees.
- ✓ Develop written quarterly reports on Heading Home Plan progress, and post online.

There will be a transition period in early 2007 before this position is fully in place. During this time, the Consultant will be available to initiate transition activities such as launching the Discharge Planning Task Force.

VII. Evaluation Plan

Lead Entity: Heading Home Evaluation Committee

The Evaluation Committee will develop a formal data collection and evaluation plan to measure impact of the Heading Home Plan. Partnership with professional research expertise will be pursued through local colleges or the University. As a starting point, key benchmarks have already been identified for each strategy within the action plan.

VIII. Communication/Public Education Plan

Lead Entity: Heading Home Public Education Committee

The purpose of including a public education component is to increase public commitment to ending homelessness. Through the process of soliciting broad input, the EHIT Committee discovered that homelessness is invisible to many members of our community, including those in positions to make an impact on the issue. Most people do not realize the extent of homelessness in St. Louis County, nor are they aware of the high costs incurred in mainstream systems as a result of failing to house the homeless.

In addition, the Public Education component provides accountability. It is a mechanism for keeping stakeholders and the community-at-large informed about progress made in implementing the Heading Home Plan, and for celebrating its successes.

PUBLIC EDUCATION ACTION STEPS	COMPLETION TIMELINE
1. Announce public comment period on draft Plan with press release that includes achievements/successes in 2006.	December 2006
2. Press conference to ‘roll-out’ the final Plan once CEH, City, and County approval is obtained (EHIT Co-Chairs, Mayor of Duluth, MN Coalition for the Homeless).	April 2007
3. Develop presentation and media materials with a consistent message (develop a theme, motto/tag line, etc). <ul style="list-style-type: none"> ▪ Different versions (2 minute, 10 minute, 1 hour) ▪ Fact sheets, talking points, Powerpoint, radio, TV 	September 2007
4. Develop Speakers Bureau. <ul style="list-style-type: none"> ▪ Recruit advocates, people of influence as panel speakers. ▪ Provide training (consistent message, emotional approach & costs, overall issue not agency-specific). 	November 2007
5. Set presentation and media timeline.	November 2007

PUBLIC EDUCATION ACTION STEPS	COMPLETION TIMELINE
6. Conduct presentations. <ul style="list-style-type: none"> ▪ Seek support for Heading Home Plan (approval/ endorsement /resolution) by other groups and organizations including Chambers of Commerce, churches, cities/townships, schools, law enforcement, and civic organizations. ▪ Leave presentations with a “to do” list that varies by group. 	Ongoing, per schedule developed
7. Maintain energy around the Heading Home Plan with public celebrations of success (at least annual).	December 2007

IX. Financing the Plan

Lead Entity: Heading Home Funding Committee

The role of the Funding Committee is to determine financial needs and strategies to fund implementation of the Heading Home Plan. The committee will include finance professionals from public, private, and philanthropic sectors knowledgeable about existing funding streams and fund development.

Fortunately, many action items will only require the in-kind effort to plan and work together in new and more effective ways. Those areas that will require additional funding include the following:

- Security deposit risk pool
- Family Homeless Prevention Assistance Program (FHPAP) expansion
- Permanent supportive & harm reduction units (housing & associated support services)
- Homeless case management ratios for youths & adults
- Flexible fund for case management
- Mental health/chemical dependency outreach, assessments, and case management
- Youth shelter service enhancements
- Project HOPE expansion
- Child care funding
- Transportation

An initial task of each substantive committee will be to project costs to implement strategies outlined in their respective areas. The Funding Committee will put these together into an overall budget, develop a ten-year financing plan that maximizes existing resources, and develop new funding sources to fill the remaining gaps.¹²

¹² The City of Duluth has already committed to contributing significant funds toward implementation of the Heading Home Plan strategies.

Appendix A: Glossary of Acronyms

ACT	Assertive Community Treatment
AEOA	Arrowhead Economic Opportunity Agency
AHC	Affordable Housing Coalition
AICHO	American Indian Community Housing Organization
AJC	Arrowhead Juvenile Correctional Center
CAIR	Center for American Indian Resources
CD	Chemical Dependency
CEH	Committee to End Homelessness
CHUM	Churches United in Ministry
CVSO	County Veterans Service Officer
DHS	Minnesota Department of Human Services
DTA	Duluth Transit Authority
EHIT	End Homelessness In Ten Committee
EITC	Earned Income Tax Credit
FHPAP	Family Homeless Prevention Assistance Program
GED	General Equivalency Diploma
HAC	Housing Access Center
HDC	Human Development Center
HMIS	Homeless Management Information System
HRA	Housing & Redevelopment Authority
HUD	U.S. Department of Housing & Urban Development
LISC	Local Initiatives Support Corporation
LSS	Lutheran Social Services
MACV	Minnesota Assistance Council for Veterans
MFIP	Minnesota Family Investment Program
MI/MH	Mental Illness / Mental Health
PSH	Permanent Supportive Housing
RHC	Rural Housing Coalition
RMHC	Range Mental Health Center
RTH	Range Transitional Housing
SLC	St. Louis County
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
UMD	University of Minnesota - Duluth
VA	U.S. Department of Veterans Affairs
WTHC	Women's Transitional Housing Corporation
YWCA	Young Women's Christian Association

Appendix B: Duluth Citizen's Action Committee on Homelessness – Full Committee List

Joyce Kramer (Co-Chair)
University of Minnesota - Retired

Sharon Connley
Center City Housing

Steve O'Neil (Co-Chair)
St. Louis County Commissioner

John Day
American Indian Commission

John Arola
Lake Superior College

Sr. Lois Eckes
McCabe Renewal Center

Joseph Baligalupo
Citizen

Rebecca Ellenson
Project SOAR

Mohammed Bilal
St. Mark's Church

Ron Franzen
St. Luke's Hospital

CJ Bird
American Indian Commission

Ann Frey
Citizen

Joyce Blodgett
Commission on Disabilities

Joan Gardner-Goodno
Lutheran Social Services

Theresa Bobula
Boys & Girls Club

George Garnett
Neighborhood Housing Services

Debra Branley
Duluth Housing Commission

Candice Geary
ISD #709 Head Start

Ryan Barnholdt
United Way

Jean Gornick
Damiano Center

Roger Brannen
UMD School of Business

Sadie Green
Citizen

Gloria Brunette
WDIO

John Heiner
Human Development Center

Helen Carlson
UMD – Retired

Kathy Heltzer
UMD Social Work Department

Nancy Cashman
The Salvation Army

Claire Jasper
Commission on Disabilities

Deborah Josephson
St. Louis County Public Health &
Human Services

Stan Kaitfors
Community Action Duluth

Meg Kearns
Churches United in Ministry

Durbin M. Keeney
MACV-Duluth

Sharon Kemp
UMD – Retired

Rachel Kincade
Life House

Deyona Kirk
WTHC

Rick Klun
Center City Housing

Pam Kramer
DULUTH LISC

Steve Larson
CHUM

Diane Martin
Duluth Housing & Redevelopment
Authority

Kimberly Ann McKay
Commission on Disabilities

Kathy McQuinn
St. Mary's Medical Center

Andrea Monson
College of St. Scholastica

Teresa Munoz
American Indian Commission

Gary Olson
Center for Alcohol/Drug Treatment

Peter Opack
Citizen

Roberta Pascuzzi
Citizen

Jenny Peterson
Generations Health Care Initiatives

Pastor John Petrich
St. Luke's Hospital
Lisa Potswald
St. Louis County Administration

Kim Randolph
CHUM

Paul Ranelli
UMD School of Pharmacy

Paula Reed
United Way

Bridget Riversmith
Commission on Disabilities

Terri Roeber
Housing Access Center

Julianne Salazar
Citizen

Vicki Sanville
Housing 1000

Judy Sausen
Loaves & Fishes

Rita Schwalbe
Lake Superior Community Health
Center

Phillip Sexton
Citizen

Susan Utech
Safe Haven Shelter

Ben Small
CHUM Gabriel Project

Robert Vokes
DULUTH LISC

Jim Soderberg
CHUM

Deb Wagner
Duluth Public Schools

Liz Stich
College of St. Scholastica – Retired

Gloria C. Walters
Trillium Services

Pastor Derek Thomas
St. Mark's Church

James Uhuna-Wilds
Citizen

Erik Torch
Damiano Center

Colleen Williams
Citizen

Duluth Citizen's Action Committee Staff Support:

Char Hansen
City of Duluth Community Development Division

Troy Otterson
City of Duluth Community Development Division, Intern

Heading Home St. Louis County 2007 Action Plans

Strategy A: Policy Advocacy / Systems Change	Benchmarks:		
	Year 1 Exclusionary policy provisions are identified.	Year 5 50% of exclusionary provisions have been remedied.	Year 10 100% of exclusionary provisions have been remedied.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
<p>3. Develop annual policy platform. Coordinate efforts with other groups concerned about housing and homelessness policy. Examples of needed advocacy discussed by EHIT include:</p> <ul style="list-style-type: none"> ▪ State-level funding for service side of permanent supportive housing. ▪ Additional funding for FHPAP program to serve more households. ▪ Support of the Housing Solutions Act. ▪ Support continuation of the Northeast Outreach project. ▪ Ensure preservation of existing public housing and Section 8 rental subsidies. ▪ Support new state Military and Veterans Support Package. ▪ Expansion of mental health crisis beds (e.g. Bridge House). ▪ Simplification of the federal SSI/SSDI application process. ▪ Development of performance incentives for mainstream systems (hospitals, managed care, corrections, etc.) to reduce discharges to homelessness. ▪ State TANF reserves to fund basic sliding fee child care. ▪ Increased licensing oversight of child care programs. 		December 2007	Heading Home Implementation Team

STRATEGY B – Engaging Landlords / Eviction Prevention

Current Activities & Challenges:

- ✓ Eviction prevention services are provided by the Housing Access Center in Duluth, and by Legal Aid in rural St. Louis County.
- ✓ It is important to engage and work with private landlords as not all housing needs can be met by nonprofit/public entities.
- ✓ Landlords are more willing to take the risk of renting to homeless clients if there is a security deposit in place.
- ✓ Although there are several sources of utility assistance, funding for security deposits is rare.

Strategy B: <i>Engaging Landlords / Eviction Prevention</i>	Benchmarks:		
	<u>Year 1</u> Reduce number of households evicted by 5% of 2006 figures.	<u>Year 5</u> Reduce number of households evicted by 30% of 2006 figures.	<u>Year 10</u> Reduce number of households evicted by 50% of 2006 figures.
ACTION STEPS	COMPLETION TIMELINE	POTENTIAL PARTNERS	
1. Landlord-tenant training. <ul style="list-style-type: none"> ▪ Research ways to improve effectiveness. ▪ Establish requirement for all tenants who are receiving subsidies to attend training. Offer incentives (e.g. rebate licensing fees) for landlords to attend. 	October 2007	Legal Aid, Housing Access Center, HRAs	
2. Standard leases. <ul style="list-style-type: none"> ▪ Add negotiation provision through City of Duluth landlord licensing process. ▪ Approach State Bar Association and other developers of standard leases to add negotiation provision. 	November 2007	HAC, Legal Aid, Arrowhead Apartment Owners Association	
3. Expand utilization of landlord tax incentives to make housing more affordable. <ul style="list-style-type: none"> ▪ Research state LIRC (Low Income Rental Classification) tax rate and potential local government options. ▪ Determine barriers and ways to address them. 	December 2007	AHC/RHC, Duluth HRA, Corporation for Supportive Housing, Duluth LISC	
4. Establish revolving \$300,000 security deposit risk pool for homeless persons.	December 2007	St. Louis County, The Salvation Army, AEOA, Duluth LISC, Housing Access Center, Duluth HRA	

STRATEGY C – Discharge Planning

Current Activities & Challenges:

- ✓ Large numbers of homeless persons in St. Louis County were recently engaged with ‘the system’.
- ✓ Protocols for discharge planning are lacking for many types of facilities.
- ✓ Where discharge planning requirements are in place, they may be executed poorly or ignored altogether. Discharge plans often consist of directing individuals to a homeless shelter.
- ✓ Failure in discharge planning results in recidivism which taxes the already limited capacity of discharging entities.
- ✓ SOAR Career Solutions is working with ex-offenders to make successful transitions back into the community through a comprehensive re-entry program.
- ✓ It is projected that 25% of Middle East conflict veterans will become homeless within a year of their military discharge. At this rate, the number of homeless veterans in St. Louis County will more than double.

Strategy C: Discharge Planning	Benchmarks:		
	<u>Year 1</u> Protocols established for youth and adult discharge planning.	<u>Year 5</u> 75 % of youths and adults transitioning out of institutions will not experience homelessness for a minimum of 1 year.	<u>Year 10</u> 95 % of youths and adults transitioning out of institutions will not experience homelessness for a minimum of 1 year.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
1. Develop protocols to improve discharge planning for: <ul style="list-style-type: none"> ▪ Youths transitioning out of foster care, juvenile corrections, residential treatment and child protection. ▪ Adults transitioning from public institutions such as correctional facilities (including federal prison camp), jails, hospitals, inpatient treatment, and the military. 		September 2007 December 2007	Discharge Planning Task Force, Returning Home Initiative (CSH)
2. Train public and private service providers on new discharge planning protocol. <ul style="list-style-type: none"> ▪ Adults ▪ Youths 		November 2007 March 2008	Discharge Planning Task Force
3. Implement comprehensive discharge planning for all individuals transitioning out of public systems. <ul style="list-style-type: none"> ▪ Adults ▪ Youths 		January 2008 September 2008	All relevant institutions.

STRATEGY D – Expand Direct Prevention Programming

Current Activities & Challenges:

- ✓ Overall the system is geared more toward reacting to problems; we are not as proactive in prevention activities as we need to be.
- ✓ The Family Homeless Prevention Assistance Program (FHPAP) has demonstrated success in prevention. Current capacity in St. Louis County is to serve 1,400 households over a two-year period. However, services are rationed in order to stretch over the entire funding period, and turn-aways often occur at the end of any given quarter. During 2005, providers reported turning away 516 eligible households due to lack of resources.
- ✓ In St. Louis County, 70 % of homeless adults had a difficult start in life (*childhood abuse or neglect, was a parent before age 18, or lived in a foster home, treatment or detention facility or other institution as a child*), and 50 % have been diagnosed with a serious mental illness. Seven in 10 homeless youth have lived in foster care, group homes, or other residential facilities. Prevention efforts targeted at children with mental health and behavioral issues are an investment in ‘closing the front door’ to homelessness.

Strategy D: <i>Expand Direct Prevention Programming</i>	Benchmarks:		
	<u>Year 1</u> Gap assessment completed.	<u>Year 5</u> Initiative/program in place to address gap identified as #1 priority.	<u>Year 10</u> Initiatives/programs in place to address top 3 priority gaps.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
1. Increase <i>annual</i> FHPAP funding by \$198,500 to serve an additional 500 households per year in St. Louis County.		June 2007 (2007 Legislative session)	Heading Home Funding Committee
2. Add staff to improve staff:child/family ratios in existing school-based prevention programs serving children with mental health issues (e.g. ADAPT), and add such programming in Duluth schools.		December 2007	RMHC, LSS, HDC, School Districts, Family Services Collaboratives
3. New Prevention Efforts. <ul style="list-style-type: none"> ▪ Identify gaps in prevention for households at risk of homelessness. ▪ Research best practices and/or develop new model to fill prevention gaps. 		December 2007 December 2007	RHC / AHC

GOAL 2: Shorten Length of Homelessness and Rapidly Re-house in the Most Permanent Arrangement.

LEAD ENTITY: Heading Home Rapid Re-Housing Committee

STRATEGY E – Housing First Philosophy

Current Activities & Challenges:

- ✓ Housing First is a philosophy that rests on two premises:
 - Re-housing should be the central goal in our work with people experiencing homelessness, and
 - By providing housing assistance and case management services before and after a family or individual is housed, we can significantly reduce the time people spend in homelessness.
- ✓ The Housing Access Center maintains an inventory of available units in Duluth. There is no inventory kept for rural parts of the county.
- ✓ Hearth Connection has provided funding to set up a free online housing inventory covering St. Louis County.

Strategy E: <i>Housing First Philosophy</i>	Benchmarks:		
	<u>Year 1</u> 30 % of people entering shelter move to permanent housing within 10 days.	<u>Year 5</u> 50 % of people entering shelter move to permanent housing within 10 days.	<u>Year 10</u> 100 % of people entering shelter move to permanent housing within 10 days.
ACTION STEPS	COMPLETION TIMELINE	POTENTIAL PARTNERS	
1. Adopt local Housing First philosophy and develop agreement that focuses on the broader public good, beyond individual agency interests.	July 2007	St. Louis County, Corporation for Supportive Housing & MN Coalition for the Homeless, Duluth HRA, RHC/AHC, City of Duluth	
2. Develop plan for transitioning agencies/systems from current model to new model.	September 2007	St. Louis County, Corporation for Supportive Housing & MN Coalition for the Homeless, Duluth HRA, RHC/AHC, City of Duluth	
3. Provide best practices training on client-driven assessment to determine the most appropriate type of housing placement for people experiencing homelessness.	November 2007	Corporation for Supportive Housing, Hearth Connection	
4. Enhance and expand free access to an inventory of available housing units countywide through <i>housinglink.org</i> .	December 2007	Hearth Connection, Housing Link	

STRATEGY F – Develop Housing Opportunities

Current Activities & Challenges:

- ✓ There are currently 190 family and 43 individual transitional housing beds in the county.
- ✓ There are currently 76 family and 148 individual (31 for chronically homeless) permanent supportive housing beds in the county. An additional 2 family and 111 (52 chronic) PSH beds are under development.
- ✓ Harm reduction housing is just becoming available in Duluth (San Marco, Alicia’s Place). There are no harm reduction options in rural parts of the county.
- ✓ A 15-unit Youth Foyer project in the City of Virginia, and two specialized supportive housing projects (for veterans and Native Americans) in Duluth are currently in the planning phase. Units currently utilized by homeless veterans will be displaced when sale of the YWCA building is completed.
- ✓ People should be helped to exit homelessness as quickly as possible through a Housing First approach. For the chronically homeless, this means permanent supportive housing (housing and services) – a solution that will save money as it reduces the use of other public systems. For families and less disabled single adults it means getting people very quickly into permanent housing and linking them with services. In cases where a family is fleeing domestic violence or the head of household has been in residential treatment or detoxification for drug or alcohol abuse illness, a transitional period may be required prior to placement in permanent housing.
- ✓ Further provider training is needed to increase consistency and accuracy of data entered into the state HMIS system.
- ✓ Although most providers are entering data *into* the state HMIS system, we have been unable to access summary information *from* it. The lack of resolution to HMIS’s technical problems prevents the Continuum from obtaining longitudinal and summative data that is key to accurately planning for additional housing units.
- ✓ Current estimates of unmet need for St. Louis County are based on a default formula rather than actual provider assessment of need. Given the county’s disproportionately high incidence of chronically homeless, this formula tends to *underestimate* the need for additional permanent supportive housing while *overestimating* the need for additional transitional housing. The Heading Home Plan includes taking steps to improve the collection of data necessary to calculate more accurate estimates of unmet need, and it is recognized that housing development figures will thence be adjusted. In the meanwhile, the Plan takes a conservative approach by focusing new development on permanent supportive housing (some with a harm reduction model, and some without), which can meet a variety of needs without the time limits of transitional programs.
- ✓ Rather than adding more shelter capacity, the Heading Home Plan focuses effort on long-term solutions. Moving the chronically homeless into permanent supportive housing (especially low-demand units) will open up shelter space for the majority who need it only for short-term emergency use. In fact, greater availability of affordable permanent housing options will assist all homeless sub-populations to leave shelter more rapidly.
- ✓ There are limited options for women fleeing abuse in rural areas, with only three days in a Safe Home. This is not enough time to stabilize, which may lead some women to unwillingly return to their abuser due to a lack of safe, longer-term housing options locally.
- ✓ Although most providers are contributing data, problems with the HMIS have prevented the extraction of summary information. Our ability to understand local patterns of homelessness and to determine unduplicated counts over time is dependent on accessing this information.

Strategy F: Develop Housing Opportunities	Benchmarks:		
	Year 1 Assessment of additional need completed.	Year 5 50% of needed units are developed.	Year 10 100% of needed units are developed.
ACTION STEPS	COMPLETION TIMELINE	POTENTIAL PARTNERS	
County-wide			
1. Identify subsidized units scheduled to become market rate in the next 10 years, and develop plans to preserve it as affordable housing.	August 2007	St. Louis County, Duluth HRA, Greater MN Housing Preservation Working Group, Duluth LISC	
2. Improve ability to calculate true unmet need. <ul style="list-style-type: none"> ▪ Collect provider assessment of %s of homeless clients needing each type of housing. ▪ Collect data about physical accessibility of units. ▪ Provide additional user training to improve accuracy of HMIS data entry. ▪ Accessing HMIS data. Determine if systems problems can be remedied. If not, develop local data collection. 	October 2007	Heading Home Evaluation Committee	
3. Identify potential sites for development of 16 units of permanent supportive sober housing specifically for veterans.	December 2007	Minnesota Assistance Council for Veterans – Duluth (MAC-V), City of Duluth, local realtors	
4. Assess number and type of youth housing units needed.	December 2007	Life House, LSS, RMHC, AEOA, Arrowhead Center	
5. Ensure that sufficient units are designated in housing developed under this plan to achieve at least 17% physically accessible units across the continuum (thus aligning with occurrence of need within the homeless population).	Ongoing	Heading Home Implementation Team	
Rural St. Louis County			
6. Begin planning to develop 30 harm reduction units in rural St. Louis County.	November 2007	RTH, RMHC, AEOA, St. Louis County, Bois Forte	
7. Begin planning to develop 28 family units, and 6 individual units of permanent supportive housing.	November 2007	RTH, RMHC, AEOA, St. Louis County, Bois Forte	
8. Begin planning to develop additional long-term options for women fleeing abuse.	November 2007	Range Women’s Advocates, Sexual Assault Program, housing development agencies	

Strategy F: <i>Develop Housing Opportunities</i>	Benchmarks:		
	<u>Year 1</u> Assessment of additional need completed.	<u>Year 5</u> 50% of needed units are developed.	<u>Year 10</u> 100% of needed units are developed.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
Duluth			
9. Assess additional need for harm reduction units once San Marco & Alicia's House are operational.		November 2007	St. Louis County, AHC, Corporation for Supportive Housing
10. Begin planning to develop 73 family units, and 15 individual units of permanent supportive housing.		November 2007	AHC, AICHO, Women's Community Development, The Salvation Army, Center City, HDC, CSH, Duluth LISC

GOAL 3: Expand Access Points to Housing and Services.

LEAD ENTITY: Heading Home Access Committee

STRATEGY G – No Wrong Door Coordination

Current Activities & Challenges:

- ✓ The community has many existing services, both public and private. They are not always coordinated.
- ✓ Each shelter has case management staff who act as service brokers, but capacity is very limited.
- ✓ The array of services needed by homeless persons are fragmented by geography and differing eligibility requirements, application forms, etc. The resulting barriers, including time lags in determining eligibility, delay homeless individuals from moving into housing more rapidly.
- ✓ A No Wrong Door approach acknowledges that it is difficult for people to ask for help. Turning people away without help, even if they don't qualify for services offered by the specific agency they have contacted, is a lost opportunity to engage them with the *right* services.

Strategy G: No Wrong Door Coordination	Benchmarks:		
	<u>Year 1</u> Pilot project developed for chronically homeless and ready to implement Jan. 1, 2008.	<u>Year 5</u> Model expanded to homeless families.	<u>Year 10</u> Model expanded to all homeless.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
1. Define and adopt a 'No Wrong Door' customer service philosophy. Agencies commit to providing specific resources, referrals, and follow-up guidance for persons seeking help but who do not qualify for that agency's services.		September 2007	RHC/AHC, St. Louis County, HRAs
2. Develop a FAST TRACK pilot project to physically or virtually bring key providers together to expedite access to housing and services for the chronically homeless.		December 2007	CHUM, AEOA, St. Louis County, HRAs, MI/CD services, City of Duluth
3. Develop consistent application forms <u>within</u> systems: <ul style="list-style-type: none"> ▪ HRAs ▪ Ensure all homeless program application forms collect information on veterans status. 		December 2007	St. Louis County

STRATEGY H – Provide Coordinated Outreach

Current Activities & Challenges:

- ✓ Definition of Outreach: To attempt to enroll persons not currently accessing services (MN Interagency Task Force on Homelessness, 2001).
- ✓ Homeless outreach is currently conducted in varying degrees by HDC, RMHC, Life House, CHUM, RTH, The Salvation Army (Range), LSS Street Outreach, Minnesota Assistance Council for Veterans (MACV), The Northeast Project, and Hibbing Veterans. However, outreach efforts are not currently coordinated across agencies.
- ✓ Lincoln Par, West Duluth, and areas in rural St. Louis County have little or no outreach. The County Sheriff and local police departments fill this role by default.
- ✓ CHUM and HDC are working with local law enforcement through a state funded outreach project aimed at reducing the criminalization of homelessness.

Strategy H: <i>Provide Coordinated Outreach</i>	Benchmarks:		
	<u>Year 1</u> Training on best practices in outreach completed.	<u>Year 5</u> 30% decrease in arrests of homeless persons compared to 2006 baseline.	<u>Year 10</u> 50% decrease in arrests of homeless persons compared to 2006 baseline.
ACTION STEPS	COMPLETION TIMELINE	POTENTIAL PARTNERS	
County-wide			
1. Host workshop for providers (including law enforcement) to improve collaboration and quality of homeless outreach. Adopt a set of local standards as part of the workshop. Encourage identification of veteran's status and automatic referral to County Veterans Services Officer (CVSO).	October 2007	United Way, St. Louis County, City of Duluth, Hearth Connection, Northland Foundation, Greater Downtown Council, Duluth LISC	
2. Provide training to law enforcement on mental/chemical health and available resources; encourage more diversion to appropriate services vs. jail time.	December 2007	HDC, RMHC, law enforcement 'champions'	
3. Develop coordinated system of outreach 24 / 7 /365.	December 2007	United Way, outreach providers, County Sheriff, local police	
4. Increase outreach services for homeless persons with mental and/or chemical health issues.	2008	RMHC, HDC, Arrowhead Center	

Strategy H: <i>Provide Coordinated Outreach</i>	Benchmarks:		
	<u>Year 1</u> Training on best practices in outreach completed.	<u>Year 5</u> 30% decrease in arrests of homeless persons compared to 2006 baseline.	<u>Year 10</u> 50% decrease in arrests of homeless persons compared to 2006 baseline.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
Rural St. Louis County			
5. Develop, review and maintain an online list of homeless services.		August 2007	United Way, Arrowhead Library System, schools
6. Host annual Project Homeless Connect event.		October 2007	AEOA & RMHC Develop Committee
Duluth			
7. Develop, review and maintain an online list of homeless services.		August 2007	United Way, Duluth Library, schools
8. Host annual Project Homeless Connect event, and support annual Stand Down.		October 2007	United Way Committee in place

GOAL 4: Increase Supports Needed to Maintain Housing.

LEAD ENTITY – Heading Home Supportive Services Committee

STRATEGY I – Case Management

Current Activities & Challenges:

- ✓ Definition of Case Management (MN Interagency Task Force on Homelessness, 2001):
 - Case Management must include the following activities for each household, conducted with the person receiving case management –*
 - *Assessment – Identify, with a person, their strengths, resources, barriers, and needs in the context of their local environment.*
 - *Plan Development – Develop an individualized service plan with specific outcomes, based on the assessment.*
 - *Connection – Obtain for the person the necessary services, treatments, and supports.*
 - *Coordination – Bring together all of the service providers in order to integrate services and assure consistency of service plans.*
 - *Monitoring – Evaluate with the person their progress and needs and adjust the plan as needed.*
 - *Personal Advocacy – Intercede on behalf of the person or group to ensure access to timely and appropriate services.*
- ✓ Case management is critical to success for a majority of the homeless population in order to *keep* them housed.
- ✓ Numerous organizations are providing homeless case management in the county, both site-based and scattered site (*see SuperNOFA project list*).
- ✓ Existing case managers in most programs are being stretched very thin (e.g. Duluth The Salvation Army has 70 households per case manager). The result is that services are not as intensive as they need to be.
- ✓ The new Northeast Project has mobile service teams for the chronically homeless in Duluth, on the Iron Range and both Reservations. This project will maintain a staff-client ratio of 1:8, but is already faced with more applicants than they can serve.
- ✓ Survey data indicate that 68% of homeless clients have a case manager, and of those, a third reported having more than one case manager.

Strategy I: Case Management	Benchmarks:		
	<u>Year 1</u> Decrease average case management ratios to 1:35.	<u>Year 5</u> Decrease average case management ratios to 1:25.	<u>Year 10</u> Decrease average case management ratios to 1:12.
ACTION STEPS	COMPLETION TIMELINE	POTENTIAL PARTNERS	
1. Increase capacity for homeless case management in existing programs (site-based & scattered-site) with a Target Ratio of 1:12 (HUD minimum standard). <ul style="list-style-type: none"> ▪ Survey providers to identify staff, ratio, geography, and specific case management services. ▪ Analyze ratios in all programs to determine current gap. ▪ Develop a strategy to phase in additional case managers, addressing the most severe imbalances first. 	July 2007 August 2007	Heading Home Supportive Services Committee	
2. Increase joint staffings across agencies to better coordinate case management support for homeless clients.	September 2007	AHC / RHC	
3. Evaluate potential to add site-based case management at private SRO-type housing units (Center City, Seaway, Gardner, etc). <ul style="list-style-type: none"> ▪ Determine numbers already served through scattered site case management. ▪ Survey property managers/owners. 	October 2007 October 2007	Center City Housing Corporation, CSH, possible intern project	
4. Ensure all units developed as a result of the Heading Home Plan include case management at the benchmark level.	See Goal #2	Heading Home Implementation Team	
5. Increase flexible funds available for emergency/housing assistance as a tool for case managers based on client assessment. <ul style="list-style-type: none"> ▪ Determine current gap/unmet need. 	December 2007	Heading Home Funding Committee	
6. Increase culturally specific programming/services and cultural competency within existing case management programs.	2008	Fond du Lac, AICHO, Center for American Indian Resources (CAIR), African-American groups, colleges, St. Louis County, Hearth Connection.	

STRATEGY J – Special Supports for Children & Youth

Current Activities & Challenges:

- ✓ RMHC has one homeless youth worker in rural St. Louis County.
- ✓ LSS conducts street outreach to youth in Duluth; and LifeHouse has a comprehensive set of youth services including CD/MI outreach, case management, transitional and permanent supportive housing.
- ✓ YWCA Spirit Valley permanent supportive housing for young mothers.
- ✓ LSS operates Bethany Crisis shelters in Virginia and Duluth, including family reunification services for first time runaways. There is however, a need for follow-up support for families using this service. (often can not obtain mental health assessment within 15 day shelter stay limit) In addition, self-referral program is not available in rural parts of the county.
- ✓ Rural detention assessment – screen for CD/MH before going to AJC
- ✓ Mental health staff on-site in all 12 rural districts (ADAPT), Hermantown (LSS). This service level is not currently available in the Duluth Schools.
- ✓ Schools have had little involvement with homelessness. The required homeless liaisons present an opportunity for greater involvement in early identification and outreach to homeless children and their families.
- ✓ Unable to meet all of the need for homeless youth case management with current resources.
- ✓ Currently lack coordination between adult/youth systems and between public/private services.
- ✓ Legislation to be considered during 2007 session to provide additional support for runaway and homeless youth.

Strategy J: <i>Special Supports for Children & Youth</i>	Benchmarks:		
	<u>Year 1</u> Identify gaps in supportive services for youth and prioritize.	<u>Year 5</u> Resolution of top 3 priority gaps.	<u>Year 10</u> Resolution of top 6 priority gaps.
ACTION STEPS	COMPLETION TIMELINE	POTENTIAL PARTNERS	
County-wide			
1. Expand youth crisis shelter services, including additional <i>follow-up support</i> to youth-family reunification service for first time runaways.	June 2007 (2007 Legislative Session - Minnesota Youth Advancement Act)	LSS, Law enforcement	
2. Coordinate and integrate county social services & nonprofit case managers serving youth. Understand and educate each other on roles and work in partnership to resolve issues.	August 2007	St. Louis County, Duluth Youth Agency Coalition, RMHC, LifeHouse	

Strategy J: Special Supports for Children & Youth	Benchmarks:		
	<u>Year 1</u> Identify gaps in supportive services for youth and prioritize.	<u>Year 5</u> Resolution of top 3 priority gaps.	<u>Year 10</u> Resolution of top 6 priority gaps.
ACTION STEPS	COMPLETION TIMELINE	POTENTIAL PARTNERS	
3. Provide annual training for school staff on homeless issues, early identification, and outreach.	September 2007	Deb Wagner (Duluth Schools), LSS (Hermantown), RMHC (All other districts)	
4. Engage youth serving agencies and truancy prevention programs to better identify homeless children and provide case management specifically for them. Link and coordinate youth case managers with agencies/staff providing case management to the homeless parents.	November 2007	Head Start, Duluth Youth Agency Coalition, RMHC, Schools / truancy programs, adult case management agencies	
5. Identify, prioritize, and develop a plan to address gaps in services for 15-18 year olds (e.g. sexual exploitation, violence prevention education, transportation, employment, law enforcement connection/coordination, school connection, teen parent reunification services, shelter for youth with mental health issues).	December 2007	LifeHouse, AEOA, Duluth Youth Agency Coalition, Minnesota Youth Service Association	
Rural St. Louis County			
6. Increase case management for youth to serve an additional 50 homeless youths annually.	June 2007 (2007 Legislative Session - Minnesota Youth Advancement Act)	Range Mental Health Center	
Duluth			
7. Increase case management for youth to serve an additional 300 homeless youths annually.	June 2007 (2007 Legislative Session - Minnesota Youth Advancement Act)	LifeHouse	

STRATEGY K – Building Capacity for Self Support

Current Activities & Challenges:

- ✓ The homeless have an immediate need for income from employment or other sources.
- ✓ Survey data show that homeless adults in our county have a fairly high level of education (70% have a high school diploma, GED, or greater) and the majority have been employed previously (70% within the last two years).
- ✓ Major contributors to inability to find or keep a job are inadequate “soft” or social skills, mental/chemical/physical health issues, transportation, childcare, criminal background, and lack of job-specific training.
- ✓ Project HOPE is a successful pilot project focused on employment advocacy for MFIP families in or near sanction.
- ✓ Workforce Centers – some programs with follow up, but overall little case management is available during job search or on-the-job.
- ✓ There are a limited number of work experience programs available such as YES, Summer Youth, Life Cyclers, and Women in Construction.
- ✓ Career Solutions offers employment assistance for low-income and ex-offenders.
- ✓ Life House offers youth employment education with support services.
- ✓ The Salvation Army provides a financial literacy/budgeting program available countywide, and has funds for work clothing, tools, etc.

Strategy K: <i>Build Capacity for Self Support</i>	Benchmarks:		
	<u>Year 1</u> 90% of adults leaving homeless programs will have income from employment and/or other sources.	<u>Year 5</u> 95% of adults leaving homeless programs will have income from employment and/or other sources.	<u>Year 10</u> 100% of adults leaving homeless programs will have income from employment and/or other sources.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
County-wide			
1. Ensure that those who are eligible do apply for the federal Earned Income Tax Credit (EITC) and state Working Family Credit.		April 2007	AEOA & Community Action Duluth; Family Investment Center
2. Supervised financial management: <ul style="list-style-type: none"> ▪ Ensure that all homeless assessments include consideration of Representative Payee. ▪ Develop a coordinated process for initiating Payee designation and increased capacity to provide this service. 		December 2007 2008	St. Louis County & community providers
3. Increase number of local staff trained in SSI/SSDI application processes.		December 2007	Hearth Connection
4. Build relationships with a network of employers willing to hire homeless persons.		December 2007	Workforce Center Partners, CHUM, Community Action Duluth, Duluth LISC, AEOA

Strategy K: Build Capacity for Self Support	Benchmarks:		
	Year 1 90% of adults leaving homeless programs will have income from employment and/or other sources.	Year 5 95% of adults leaving homeless programs will have income from employment and/or other sources.	Year 10 100% of adults leaving homeless programs will have income from employment and/or other sources.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
5. Provide more intensive support from a designated “homeless” employment counselor (e.g. job coaching, case management).		2008	Workforce Center Partners
6. Expand Project HOPE to serve more families countywide.		2008	Community Action Duluth, AEOA
7. Create additional work experience programs for the homeless to attain “soft” employment skills.		2008	Occupational Development Center, Damiano Center, AEOA, Duluth Jobs & Training, Workforce Center Partners, CHUM, SOAR Career Solutions
8. Commitment to fully fund the Basic Sliding Fee ChildCare Program.		2009	St. Louis County
9. Include transportation (transit passes, car repair, car purchase, etc.), state identification cards, birth certificate copies, and military discharge paperwork copies (DD214), as allowable uses within case management flexible funds.		See Strategy I	
Rural St. Louis County			
10. Develop alternative transportation options.		December 2007	AEOA, Workforce Center Partners
Duluth			
11. Increase capacity of public transit & routes.		2008	DTA, Workforce Center, St. Louis County, Greater Downtown Council, Community Action Duluth, Duluth LISC

STRATEGY L – Mental & Chemical Health Services

Current Activities & Challenges:

- ✓ St. Louis County is served by two community mental health centers. However, clients may wait many weeks for a diagnostic assessment appointment.
- ✓ Temporary mental health crisis and respite service is provided by Bridge House in Duluth, but is limited to 12 beds.
- ✓ There is a need to build capacity to work with people who have co-occurring disorders.
- ✓ Detoxification and chemical dependency treatment services are available in the City of Duluth, and rural parts of the county.
- ✓ There are currently significant waits for Rule 25 assessment.
- ✓ All rural schools have mental health counselors on-site; some also have CD counselors.
- ✓ Assertive Community Treatment Teams are providing scattered-site services in Duluth and rural areas. The new Northeast Project also has mobile service teams in place.
- ✓ A Detention Assessment Team ensures juvenile offenders receive mental and chemical health assessment.
- ✓ A limited number of permanent supportive housing units are operated by the two community mental health centers.
- ✓ Mental and chemical health case management is provided through St. Louis County Public Health & Human Services.

Strategy L: Mental & Chemical Health Services	Benchmarks:		
	<u>Year 1</u> Maintain at least a 6-month average length of stay in housing for homeless with mental/chemical health issues.	<u>Year 5</u> Maintain at least a 1-year average length of stay in housing for homeless with mental/chemical health issues.	<u>Year 10</u> Maintain at least a 5-year average length of stay in housing for homeless with mental/chemical health issues.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
County-wide			
1. Reduce time between referral and completion of mental health diagnostic assessment for homeless youth and adults to 1 week. (e.g. designate weekly slots for homeless)		September 2007	Human Development Center & Range Mental Health Center
2. Expand Rule 25 eligibility assessments to other qualified providers to speed up the process of accessing treatment.		December 2007	St. Louis County, Tribes
3. Increase capacity in mental/chemical health homeless case management for existing/new facilities and outreach services. (Target Ratio - 1:10)		December 2007	Human Development Center & Range Mental Health Center
4. Increase coordination between CD treatment and inpatient mental health to better identify cases with dual diagnosis and develop more effective treatment options.		December 2007	RMHC, HDC, Arrowhead Center

Strategy L: Mental & Chemical Health Services	Benchmarks:		
	<u>Year 1</u> Maintain at least a 6-month average length of stay in housing for homeless with mental/chemical health issues.	<u>Year 5</u> Maintain at least a 1-year average length of stay in housing for homeless with mental/chemical health issues.	<u>Year 10</u> Maintain at least a 5-year average length of stay in housing for homeless with mental/chemical health issues.
ACTION STEPS		COMPLETION TIMELINE	POTENTIAL PARTNERS
5. Increase culturally specific programming/services and cultural competency within existing mental and chemical health programs.		2008	Fond du Lac, AICHO, Center for American Indian Resources (CAIR), African-American groups, colleges, St. Louis County, Hearth Connection.

Heading Home St. Louis County

A Ten-Year Plan to End Homelessness

February 2007