

Analysis of Emergency and
Supportive Housing Needs in
St. Cloud, Minnesota

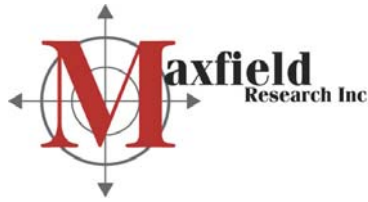
Prepared for:

St. Cloud HRA
St. Cloud, Minnesota

November 2009

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discussion





November 19, 2009

Mr. Les Henson
Community Development Manager
St. Cloud Housing and Redevelopment Authority
1225 West St. Germain
St. Cloud, Minnesota 56301

Dear Mr. Henson:

Attached is the report *Analysis of Emergency and Supportive Housing Needs in St. Cloud, Minnesota*. The study examines the need for additional emergency and supportive housing for people and families that are homeless or at risk of homelessness based on a review of overall homeless trends in Minnesota and the St. Cloud area, a survey of facilities and programs in the St. Cloud area that provide housing and services to this population, and interviews with social service providers. The research finds that several new resources to assist people and families that are homeless or at risk of homelessness have been added in St. Cloud over the past three years, but others have been lost as well. Overall, there remains a need to expand the capacity of facilities and programs in the St. Cloud area as existing organizations are unable to assist all those who need their services.

Based on our analysis, we have identified facilities/programs that should be added over the next five years to help people and families who are homeless or at-risk of becoming homeless. Detailed recommendations on these projects can be found in the *Conclusions and Recommendations* section of this report.

Once again, we have enjoyed conducting this study and are available if you need additional information.

Sincerely,

MAXFIELD RESEARCH INC.

Jay Thompson
Vice President

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Purpose and Scope of Study

The purpose of this study is to assess the need for additional emergency shelter beds, transitional housing, and permanent supportive housing in St. Cloud, Minnesota. This study is an update of previous studies that were completed in 1997, 1999, 2000, 2004, and 2006.

The study includes:

- ▶ an overview of population and household growth trends in the St. Cloud Metropolitan Area;
- ▶ an inventory of current emergency shelter, transitional housing, and permanent housing facilities with supportive services in St. Cloud;
- ▶ an analysis of the population utilizing emergency shelters, transitional housing, and other services in St. Cloud;
- ▶ interviews with social service agencies regarding the homeless and transitional housing issues; and
- ▶ conclusions and recommendations that estimate demand for shelter, transitional, and permanent supportive housing and provide recommendations regarding facilities needed.

This study contains both primary and secondary research. Primary research includes interviews with people who are involved in serving those who are homeless in the St. Cloud area. Secondary research is credited to the source when used, and is used as a basis for further analysis.

Summary of Findings

This update finds that there are several primary causes of homelessness in St. Cloud that have remained consistent since our first study was completed over 10 years ago. Most notable of these causes are the shortage of affordable housing, negative lifestyle habits, chronic inebriety, and mental illness. Other causes include low wages, domestic violence, and the regional draw of homeless veterans to the Veterans Administration Medical Center located in St. Cloud. The current economic downturn has resulted in an increase in another group of people at risk of homelessness – people/families who are unemployed but have no other negative lifestyle habits that contributed to their situation. Since many of the facilities and programs to help reduce homelessness in St. Cloud focus on people with personal issues such as sobriety, mental illness, bad credit, etc., there often is little assistance for these unemployed people. Because Minnesota unalotted funding for the state Emergency Assistance programs through the 2010-2011 biennium, even fewer resources are available for single adults and married couples without children.

The shortage of affordable housing is not as large of a factor as earlier in the decade. However, very low wages prevent some people from affording even affordable rental housing and landlords are still implementing strict tenant screening. Thus, people with negative lifestyle habits (i.e. unlawful detainers, felonies, poor credit, poor rental history, and particularly those with criminal histories) have a difficult time finding permanent independent housing.

EXECUTIVE SUMMARY

This update finds that the number of people who are homeless and at risk of becoming homeless continues to exceed the capacity of facilities and programs in St. Cloud. This is despite new facilities and programs that have been added in recent years to meet many of their housing needs, including the Al Loehr Apartments, a new Salvation Army emergency shelter, H.O.P.E on Ninth, Central Minnesota Transitional Housing Program Salvation Army, Veterans Per Diem Program, HUD-VASH, and more Shelter Plus Care vouchers. River Crest is under construction and will accommodate demand from chronic inebriates beginning in 2010. Other programs have been lost, including Better Homes and Gardens Transitional Housing, Casa Mia, Landon Place, and Home Again. Casa Mia may be restored in 2010 provided funding is obtained.

Recommendations

We recommend focusing current efforts to help people who are homeless or at-risk of becoming homeless by promoting the following recommended projects in St. Cloud over the next three years. More detailed recommendations on these projects can be found in the *Conclusions and Recommendations* section of this report.

The expansion of the Salvation Army Emergency Shelter to 64 beds.

The Salvation Army's facility (which opened in 2006) has capacity for 64 beds but is currently operating with 50 beds, of which seven are used for the Veterans Per Diem Program, leaving only 43 general emergency shelter beds. With the closing of Landon Place in August 2009, the Salvation Army is operating at capacity and there currently is a shortage of general emergency shelter beds in St. Cloud. We recommend the expansion of the Salvation Army emergency shelter to 64 total beds (57 shelter beds when excluding the Veterans Per Diem Program). While short-term demand for emergency shelter beds will still likely exist even after the expansion of the Salvation Army emergency shelter to 57 beds, an increased supply of transitional and permanent supportive housing should help temper demand over the long term.

Transitional Housing for Women and Families

There has been continued strong demand for transitional housing for women and families in St. Cloud and as a result, the Housing Coalition's Casa Mia facility operated near capacity during the last program year that ended in July 2009. However, Casa Mia closed in August 2009 due to lack of funding leaving few housing options for their clientele: recovering chemically dependent women with children or who are pregnant and are striving to get back into permanent housing. We recommend supporting the efforts of the Housing Coalition to reopen the 42-bed Casa Mia facility. If the Housing Coalition is unsuccessful in reopening Casa Mia, a similar facility should be pursued as a replacement.

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Emergency Shelter for Abused Women.

Anna Marie's is the only emergency shelter specifically for abused women in St. Cloud. It has 34 beds and is currently operating at 107% occupancy. Based on the level of demand, St. Cloud should have an emergency shelter facility with 45 to 50 beds so that the majority of women seeking shelter would not need to be placed in a shelter outside the area. Anna Marie's has capacity for five additional beds in its facility and we recommend these beds be added. The additional unmet demand could be off-set somewhat by the addition of permanent supportive housing for abused women (our next recommendation). If Anna Marie's is not expanded and no permanent supportive housing for battered women is added, then the development of up to 20 additional emergency shelter beds for abused women should be pursued in St. Cloud.

Permanent Supportive Housing for Abused Women.

Permanent supportive housing for abused women remains a priority from the 2006 study. No facility has been added since then and Anna Marie's and the Jill Eckhoff Transitional House are both operating at capacity. We recommend supporting the addition of permanent supportive housing for abused women with up to 24 apartments. A new permanent supportive housing facility should not only provide a safe living situation to help women rebuild their lives after living with domestic abuse, but also offer advocacy, job counseling, educational assistance, child care, housing advice, emotional support, and assist women with economic stabilization. Unlike the existing Jill Eckhoff, however, a new permanent supportive housing facility should have apartment type units so that each family has their own space and can concentrate on stabilization as a family unit instead of living in a group situation.

Permanent Supportive Housing for Adults with Mental Illness.

The development of additional housing for adults with mental illness, such as board and care beds, should be pursued in St. Cloud. The St. Cloud area's four board and lodging facilities for mentally ill people are usually fully occupied and receive more inquiries from potential residents than they can accommodate. The State's redesign of the mental health network earlier this decade has contributed to greater need for housing for mentally ill people locally. Mental illness is one of the leading causes of homelessness and many people with a mental illness will always struggle to maintain private housing, leaving permanent supportive housing as about their only option to avoid bouts with homelessness. The most recent homeless report published by the Wilder Foundation revealed that over half of the homeless adults and youth in Minnesota reported a serious mental illness. About 90% of the adults connecting with the St. Cloud Services Department's Service Entry have a mental illness.

Supportive Housing for Homeless Youths

Supportive Housing for Homeless Youths was identified in the 2006 study as a priority need and no facility was added since then. Almost all of the facilities in St. Cloud serving the homeless population are for adults or children with their parents. Homeless youth who are unaccompanied by an adult are left with few options. Based on information from Catholic Charities' Supportive Housing for Youth (SHY) program, the homeless youth population in the St. Cloud area is great

EXECUTIVE SUMMARY

enough to support a facility for youth ages 16 to 21, with specific need for 16 to 18 year olds, that could include emergency and transitional/permanent supportive housing. To meet the needs of homeless youth, we recommend a facility that would include four to eight emergency shelter beds and 12 to 18 transitional/permanent supportive housing beds for youths ages 16 to 21. Many of the youths in this facility would need housing for a short period of time while they secure permanent housing (either by finding a cosigner to rent housing or to find a friend/relative to live with). Others may need a longer stay working with a case manager to gain living skills and/or improve credit and rental histories. Youth living in the proposed facility should be required to attend school or be employed, as well as work with a case manager.

Transitional Housing for Homeless Adults

With existing transitional housing facilities in St. Cloud operating at high occupancy rates, additional transitional housing units for homeless adults should be supported. A few concepts for transitional housing for homeless adults have been proposed in St. Cloud. We recommend supporting at least one of these facilities within the next three years. The impact that the development of at least one of these facilities (along with the development of other types of permanent supportive housing and increased case management) has on the need for transitional housing in the St. Cloud area could be measured in a few years to determine what other, if any; types of transitional housing for homeless adults are needed. Among the transitional housing facilities proposed is a 24-unit facility for both veterans and non-veterans by a collaboration of the Central Minnesota Housing Partnership, the Housing Coalition of St. Cloud, and the Veterans Administration Medical Center. The Salvation Army has also proposed a 24-bed transitional housing facility for veterans that would be similar to its Veterans Per Diem Program. We have also identified a need for a transitional housing facility(s) with up to 30 units in the St. Cloud area that accepts people with criminal histories, including those with felonies and in some instances, those with violent felonies. It is anticipated that this type of facility would increase the success rate of the correctional release population and reduce crime in the community.

Increased Case Management and Support Services for People Living in Permanent Housing.

As found in the previous studies, we suggest emphasizing increasing case management and support services for at-risk people living in private housing. Case management and support services should be aimed at people and families who have a difficult time finding rental housing because of unlawful detainers, bad credit histories, and/or criminal backgrounds. Supportive programs and case management services would reduce the burden on emergency shelters and transitional housing facilities that are already functioning at or near capacity.

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Introduction

This section updates population and household growth projections for the St. Cloud area and reviews homeless characteristics, trends, and issues on national and state levels. St. Cloud’s projected population and household growth help determine the projected need for shelter beds while homeless characteristics, trends, and issues on national and state levels give perspective to the homeless situation in St. Cloud.

Population and Household Growth Trends and Projections

Table 1 shows updated population and household growth projections for the St. Cloud Tri-County Area (Stearns, Benton, & Sherburne) from 1990 to 2020. These three counties are considered the draw area for estimating demand for emergency shelter beds and transitional housing based on population and household growth.

Below are key points from Table 1.

- ▶ The St. Cloud Three-County Area grew by about 41,900 people during the 1990s, or 22%. In 2010, the St. Cloud Three-County Area population is projected to reach 276,240, which represents growth of nearly 19% this decade. While new housing development has slowed with the current nationwide economic and housing slowdown, the Three-County Area is projected to continue growing next decade, reaching a 2020 population of over 326,000.

TABLE 1 POPULATION AND HOUSEHOLD GROWTH TRENDS AND PROJECTIONS ST. CLOUD THREE-COUNTY AREA 1990 to 2020										
	-- U.S. Census --		--- Forecasts ---		----- Change -----					
					1990-2000		2000-2010		2010-2020	
	1990	2000	2010	2020	No.	Pct.	No.	Pct.	No.	Pct.
Population										
Stearns County	118,791	133,166	148,480	163,170	14,375	12.1	15,314	11.5	14,690	9.0
Benton County	30,185	35,226	39,830	46,900	5,041	16.7	4,604	13.1	7,070	15.1
Sherburne County	41,945	64,417	87,930	116,400	22,472	53.6	23,513	36.5	28,470	24.5
Area Total	190,921	232,809	276,240	326,470	41,888	21.9	43,431	18.7	50,230	15.4
Households										
Stearns County	39,776	47,627	55,360	63,110	7,851	19.7	7,733	16.2	7,750	14.0
Benton County	10,935	13,067	15,620	18,610	2,132	19.5	2,553	19.5	2,990	19.1
Sherburne County	13,643	21,625	29,850	40,500	7,982	58.5	8,225	38.0	10,650	35.7
Area Total	64,354	82,319	100,830	122,220	17,965	27.9	18,511	22.5	21,390	17.5
Sources: U.S.Census Bureau; MN Demographic Center; Maxfield Research Inc.										

GROWTH PROJECTIONS: REGIONAL & NATIONAL HOMELESS OVERVIEW

- ▶ During the early 2000s, the downturn in the economy in St. Cloud reduced homelessness because fewer people were moving to the area in search of jobs. Currently, however, the continued poor economy and additional job losses are resulting in rising homelessness because some people are losing their housing due to lack of income. The number of unemployed persons and the unemployment rate in the Three-County Area is shown below. As of August 2009, there were 11,904 unemployed people in the Three-County Area, compared to only 3,835 in August 2000 and 6,511 in August 2007.

	<u>Labor Force</u>	<u>Unemployed Persons</u>	<u>Unemployment Rate</u>	<u>Unemployment Rate Minnesota</u>	<u>U.S.</u>
August 2009	156,434	11,904	7.6%	7.6%	9.6%
August 2008	156,470	8,472	5.4%	5.4%	6.1%
August 2007	154,468	6,511	4.2%	4.3%	4.6%
August 2000	136,332	3,835	2.8%	2.9%	4.1%

* Stearns, Benton, & Sherburne Counties

Source: MN Dept. of Employment & Economic Development; Maxfield Research Inc.

Overview of the National Homeless Situation

According to the Stewart B. McKinney Act, a person is considered homeless who lacks a fixed, regular, and adequate night-time residence and has a primary night-time residence that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. This definition does not include people living with friends or relatives in overcrowded or substandard housing.

Because of its nature, homelessness is impossible to measure with high accuracy. Approximately 3.5 million people are estimated to experience homelessness in the United States in a given year including over 1.35 million children (National Law Center on Homelessness and Poverty, 2007).

According to the National Coalition for the Homeless, there are two trends largely responsible for the rise in the number of people experiencing homelessness over the last 20 to 25 years. First, there is a growing shortage of affordable rental housing and second, there are an increasing number of people living in poverty. In essence, the gap between the number of affordable housing units (affordable housing is defined as housing costs equal to 30% or less of household income) and the number of people needing these units has created a housing crisis for poor people. This housing crisis has, in turn, forced many people to become homeless and has also put a large number of people at risk of becoming homeless. In addition, due to the recent foreclosures cri-

GROWTH PROJECTIONS: REGIONAL & NATIONAL HOMELESS OVERVIEW

sis, homelessness has been on the rise. In the U.S. Conference of Mayor's 2008 report, 12 of the 25 cities surveyed reported an increase in homelessness due to foreclosures and another six did not have enough data to be sure.

Additional factors contributing to homelessness include lack of affordable health care, domestic violence, mental illness, and addiction disorder.

Studies done in 2007 by the U.S. Conference of Mayors and the National Law Center on Homelessness and Poverty on the demographics of people experiencing homelessness in the largest cities in the United States found the following:

- Single adults account for 76% of the nation's homeless population and men comprise 68% of these single homeless adults.
- Homeless families with children have increased significantly over the past decade; in 2007, they accounted for 23% of the homeless population. Research indicates that the number of homeless families is even higher in rural areas.

These studies have also found that domestic violence is one of the nation's leading causes of homelessness among women. Forty percent of the nation's homeless men are veterans. Twenty six percent of the nation's homeless single adults suffer from some form of severe and persistent mental illness. About 38% of all single homeless adults in the nation suffer from alcohol problems and another 26% with addiction to other drugs. Inadequate incomes as well as job losses result in many people facing homelessness.

Based on the demographics above, people who become homeless do not fit one general description. National studies have found that homeless people have certain shared basic needs, including the need for affordable housing, adequate incomes, and health care. In addition, some homeless people need additional services such as treatment for mental illness or drug addiction in order to retain their own housing.

Overview of the Minnesota Homeless Situation

Homeless trends and the number of people experiencing homelessness in Minnesota are best summarized by data compiled by two organizations: The Amherst H. Wilder Foundation and the Minnesota Department of Children Families & Learning within the Office of Economic Opportunity. Findings from reports conducted by these agencies are outlined below.

Amherst H. Wilder Foundation

The most comprehensive studies of the homeless population in Minnesota have been conducted once every three years by the Wilder Research Center, a division of the Amherst H. Wilder Foundation (Wilder Foundation). The most recent study completed by the Wilder Research Center was in October 2006. The next survey was conducted on October 22, 2009, but the results were not available for this study. The surveys are conducted on a single day and represent a

GROWTH PROJECTIONS: REGIONAL & NATIONAL HOMELESS OVERVIEW

snapshot of the population of people in Minnesota experiencing homelessness. The following are key highlights from the most recent survey.

- ▶ There is an increase in overall distress, including mental illness, substance abuse, traumatic brain injury, and other disabilities, among homeless people. Most notable is the increase in the percentage of people with serious mental health disorders; over half of the homeless adults and youth reported a serious mental illness. In the 1994 survey, only 20% of the homeless population reported a serious mental illness.
- ▶ The homeless population includes fewer new Minnesota residents than in the past. About 77% of the homeless people in 2006 had lived in Minnesota two years or more, up from 61% in 1994.
- ▶ The number of ex-offenders among the homeless has seen a steady increase since 1997. In 2006, 47% of all homeless adults had been incarcerated, up from 28% in 1997.
- ▶ The latest report finds that more youth are homeless and not in shelters than in 2003.
- ▶ The use of transitional housing declined by 20% from 2003. Transitional housing is time-limited subsidized housing intended to move people to self-sufficiency. The drop may be related to the increase in permanent supportive housing, which is not time-limited.
- ▶ Veterans, including a small number with service in Iraq and Afghanistan, continue to make up about one-quarter of the homeless adult male population.
- ▶ There were an estimated 9,200 homeless people in Minnesota on the date of the survey. Of these, 6,292 were staying in homeless shelters.
- ▶ The average age of homeless adults (18+) was 41 for men and 33 for women. About 84% of the children who were homeless and with their parents were age 12 or younger, and about half were age five or younger.
- ▶ Between 1991 and 2000, the number of homeless families more than tripled, but has remained steady since. In 2006, Minnesota's homeless population included 1,318 families (defined as one or more parents or caregivers with one or more children). Three-quarters of children were with just their mother or other female caregiver, 22% were with both parents or two caregivers, and 4% were with their father or other male caregiver.
- ▶ Twenty percent of homeless adults had steady employment as their primary source of income, 18% relied mainly on General Assistance, and 15% relied mainly on MFIP. Twelve percent of homeless adults had been laid off in the previous six months.
- ▶ Forty-four percent of homeless adults reported at least one chronic health problem.
- ▶ Thirty-four percent of all homeless adults consider themselves alcoholic or chemically dependent.

GROWTH PROJECTIONS: REGIONAL & NATIONAL HOMELESS OVERVIEW

- ▶ Thirty percent of homeless adults had sustained serious head injuries, followed by the onset of behavioral or emotional symptoms which are evidence of likely traumatic brain injury.
- ▶ One-third of homeless adults reported they often felt confused, had trouble remembering things, or had problems making decisions to the point that their lack of mental clarity interfered with daily activities.
- ▶ As in previous surveys, about one-third of homeless women had experienced domestic abuse. Also, nearly 40% of homeless adults had been physically abused as a child.

Quarterly Shelter Reports

The Minnesota Department of Children, Families and Learning conducts the Quarterly Shelter Survey each year during the months of May and November (prior to 2006 the study was also completed in February and August). The survey covers about 430 shelters, transitional housing programs, and motel voucher providing agencies, such as county social service agencies, community action agencies, and Salvation Army units across the State. The number of facilities surveyed was up from 300 locations/programs in the early 1990s.

These programs and agencies count the number of people provided with temporary shelter, the number turned away, and their shelter capacity on the last Tuesday or Thursday of May and November, and then report to the Department of Children, Families and Learning. The survey does not count the number of people sleeping on the street, in cars, in abandoned buildings, or those who are inappropriately doubled up. For this reason, the survey is not a count of all homeless people, only those provided with or turned away from shelter for the night. The survey counts people staying in shelter facilities and those provided with motel vouchers. The following types of agencies are included in the survey:

Overnight Shelters	Transitional Housing Programs
Battered Women's Shelters	Battered Women's Safe Homes
Youth Shelters/Transitional Housing	Salvation Army Centers
County Social Service Agencies	Community Action Agencies
Miscellaneous Agencies	Detoxification Centers

Table 2 shows the total number of people sheltered in Stearns County (including the portion of St. Cloud in Benton County) and the State of Minnesota from 1995 through 2008. The following are key points from the table.

- ▶ The average number of people sheltered in 2008 in Stearns County was 172 people, down from 224 people in 2005 but still higher than the 88 people served in 1995. It should be noted that these figures include people staying at all emergency shelters and transitional housing programs in St. Cloud, not just the general emergency shelters listed in Table 4.
- ▶ While the average number of people sheltered during the two nights in Stearns County has leveled off since the peak in 2005, the number of people sheltered throughout Minnesota has jumped substantially in recent years. In 2008, an average of 9,370 people were sheltered during the two nights, up from 8,893 people in 2007 and 6,440 people in 2005.

TABLE 2 AVERAGE SHELTERED AND TURNED AWAY 1995 to 2008		
	<u>Stearns County</u>	<u>Minnesota</u>
1995	88	4,614
1996	82	4,834
1997	87	5,351
1998	85	5,363
1999	110	5,688
2000	134	6,381
2001	97	6,724
2002	92	6,829
2004	168	6,447
2005	224	6,440
2007	202	8,893
2008	172	9,370
Change 2000 to 2008		
Number	38	2,989
Percent	28%	47%

Note: Surveys were taken four nights each year through 2005, and twice each year since 2007.

* Stearns County and portions of St. Cloud in Benton County
 * Data not available for 2003 and 2006

Sources: MN Dept. of Human Services; Quarterly Shelter Survey;
 Maxfield Research Inc.

The Quarterly Shelter Surveys also track people sheltered by men, women, and children. Table 3 shows the average number and percent of the people that were sheltered on the various nights from 2000 through 2008 in Minnesota.

- ▶ This decade has seen growth in the number of homeless men, women, and children receiving shelter. The greatest growth has been among women (+59%) followed by men (+49%) and children (39%). Numerically, homeless children receiving shelter have seen the greatest growth, with 1,235 more children in 2008 than in 2000.
- ▶ Overall, an average of about 5,000 adults received shelter during the two nights and about 4,400 children also received shelter. Some of the children are unaccompanied youth, but most are part of homeless families.

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TABLE 3 AVERAGE NUMBER OF PERSONS RECEIVING SHELTER NIGHTLY MINNESOTA 2000 to 2008						
	Men		Women		Children**	
	Number	Percent	Number	Percent	Number	Percent
Sheltered						
2000	1,519	23.8%	1,706	26.7%	3,156	49.5%
2001	1,741	26.6%	1,706	26.0%	3,102	47.4%
2002	1,729	25.3%	1,899	27.8%	3,201	46.9%
2004	1,772	27.5%	1,794	27.8%	2,881	44.7%
2005	1,926	29.9%	1,717	26.7%	2,797	43.4%
2007	2,441	27.4%	2,477	27.9%	3,975	44.7%
2008	2,266	24.2%	2,713	29.0%	4,391	46.9%
<i>Change '00-'08</i>	<i>747</i>		<i>1,007</i>		<i>1,235</i>	
* Data not available for 2003 and 2006. 2000 to 2005 data is based on four nightly surveys, 2007 and 2008 data is based on two nightly surveys. ** Includes unaccompanied youth and children with parent(s)						
Sources: Minnesota Department of Human Services; Quarterly Shelter Survey Maxfield Research Inc.						

Summary of Findings

The number of people seeking shelter in St. Cloud and the State grew this decade. It is reasonable to assume that as the St. Cloud Tri-County Area’s population grows another 15% next decade, the number of people who will experience homelessness will also increase, even though there are many factors that influence the likelihood of homelessness.

Historically, a shortage of jobs that pay living wages and a shortage of affordable housing are primary reasons for homelessness in Minnesota and the St. Cloud area. In addition, many of the homeless have a chemical dependency or mental illness that makes it difficult to maintain steady employment and hence, an income to afford private housing. Having bad credit, negative rental histories, and criminal records increase the difficulty of finding housing as landlords are more selective in their tenant screening. Domestic violence also continues to contribute significantly to homelessness. The most recent Wilder Foundation reports also find the following key trends among the homeless population in Minnesota: an increase in overall distress including mental illness, substance abuse, traumatic brain injury, and other disabilities among homeless people; an increase in the number of ex-offenders among the homeless and fewer homeless newcomers to Minnesota than in the past.

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Introduction

There are two emergency shelter facilities in St. Cloud that provide emergency shelter to people who are homeless: the Salvation Army Emergency Shelter and Anna Marie's. There is also a program called Church of the Week which is a joint effort between Place of Hope Ministries and several area churches and their volunteers to provide shelter and an evening meal each day of the week rotating on a weekly basis. The two emergency shelter facilities have a total of 77 permanent beds. The capacity will increase to 91 beds in 2010 when the Salvation Army expands its shelter by 14 beds in early 2010. The number of homeless people Church of the Week can serve depends on the site, but the program has not had to turn anyone away due to lack of space. Landon Place Community Shelter provided 22 beds of emergency shelter until it closed in August 2009. The loss of these beds will be partially offset by the expansion of the Salvation Army's facility. The three shelter programs are shown in Table 4 and described below.

TABLE 4 EMERGENCY SHELTERS ST. CLOUD NOVEMBER 2009			
Facility	Capacity	Maximum Stay	Clientele
Anna Marie's	34 Beds	N/A	Battered women
Salvation Army*	43	45 Days	Single adults & families
Church of the Week	N/A	N/A	Single adults & families
* Is planning to expand to 57 beds N/A - Not Applicable			
Source: Maxfield Research Inc.			

The three emergency shelter programs in St. Cloud serve different populations. The Salvation Army provides shelter to single adults and families. Anna Marie's provides shelter to battered women and Church of the Week provides shelter to any homeless person, but the majority are single adult males.

Anna Marie's

Anna Marie's is an emergency shelter providing women and their children with a safe place and protection from abuse. Anna Marie's opened in January 2000 and is operated by the Central Minnesota Task Force on Battered Women. Anna Marie's has a capacity of 34 beds and has been operating at or near capacity since opening. The Shelter also runs a number of outreach

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and educational programs concerning domestic violence for residents as well as children and adults in the community. Some of these programs include Children and Youth Services (Shelter Children's Program and School Youth Advocacy Program), Hospital Advocacy Program, and Criminal Justice Intervention Program.

To stay at Anna Marie's, a woman must be leaving an abusive situation. Most women and children who stay at Anna Marie's have no place to live and are considered homeless as family members are fearful to take them in, due to fear of retaliation from an abuser. Besides shelter, a variety of services are available to women who come to Anna Marie's including referrals, child care, meals, counseling, transportation, needs of the children, and help with schooling. The Shelter has also recently added the services of a public health nurse to the staff, which was the first on-site public health nurse program in the State. Women and children have come from over half of the counties in Minnesota, although the majority come from Stearns County. The following are key highlights regarding people served by Anna Marie's.

- ▶ The average length of stay at Anna Marie's was 42 days in the 2008-2009 program year. This is up sharply from early this decade when the average length of stay was generally about 20 days. The increased length of stay is primarily due to increased difficulty finding permanent housing and it is also taking longer for some women to reach a level of higher self-sufficiency before they are ready to move to permanent housing.
- ▶ Occupancy has remained near full capacity since opening. During the 2008-2009 program year, occupancy was 107%. All of the beds were occupied almost every night and many nights women also slept on cots when they were referred by emergency services at night and there were no other places to find shelter.
- ▶ Since 2006, Anna Marie's has provided shelter to 108 women with one child, 104 women with two children, 40 women with three children, and 14 women with four or more children.
- ▶ Anna Marie's participates in the Day One Project, a statewide program involving a joint effort among sister shelters in the State to collectively find housing for those in need. Anna Marie's sends and receives information on shelter vacancies among all participating shelters and they work together to transport and house women and children fleeing from abuse. This program helps insure that most women and children needing assistance will find a place in a safe emergency shelter facility and will not have to temporarily be placed in a hotel.
- ▶ According to a representative of Anna Marie's, the current facility is no longer meeting the St. Cloud area's need for emergency shelter for battered women – as evidenced by the 107% occupancy rate during the last program year. The facility has room for expansion (for up to five more shelter beds and additional community space); however, there is a moratorium on bed additions because of their participation in the Day One program.
- ▶ In addition to recognizing a need for more emergency shelter beds for women and their children experiencing abuse, the Central Minnesota Task Force on Battered Women also recognizes a need for permanent supportive housing for their clientele. The existing permanent

supportive housing facilities in St. Cloud serve primarily single adults, so women with children experiencing abuse have few alternatives. The Central Minnesota Task Force on Battered Women proposes that a new permanent supportive housing facility with up to 24 apartments would serve the housing needs of women leaving abusive situations.

Church of the Week

Church of the Week began in 2000 and has since grown to encompass 30 participating churches, 19 church sites for sheltering, and over 1,500 trained volunteers. Church of the Week was initiated by Place of Hope Ministries and is now completely operated by volunteer help. Clients must be sober and are required to undergo an initial screening process and breathalyzer test before receiving food or shelter for the night. Church of the Week guests are first screened by a resource specialist known as the Hope Navigator who assists them in finding alternative housing. If no other housing options are immediately available the homeless person(s) are sheltered by Church of the Week.

Members of the respective church provide a meal and the sheltered people sleep on the floor or cots within the church. If the church does not have its own site available for the use by the program, volunteers set up at the Place of Hope Ministries facility. There are two volunteers who monitor the site during the night.

- ▶ There is not a maximum stay imposed on people by Church of the Week program. According to Place of Hope Ministries staff, the longest stay was 89 days as of spring 2009. The Church of the Week program typically provides shelter to between 20 and 30 people each night.
- ▶ During the 2008-2009 season, there were a total of 215 days of shelter provided and during that time the average length of stay was 57 days. In comparison, 218 days of shelter were provided during the 2005-2006 season and the average length of stay was 48 days. In 2003-2004, 208 days of shelter were provided, with an average length of stay of 62 days.
- ▶ Church of the Week began the 2009-2010 season in October and will continue as needed. So far, the number of people seeking shelter is up from the 2008-2009 season. Through the first month, an average of 26 people have been sheltered nightly, up from an average of 19 in the 2008-2009 season.
- ▶ The Church of the Week program serves both families and single adults. The majority of the people served are single adult males. Last year and this year, however, families who lost housing because of unemployment have sought shelter.

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Landon Place

The Landon Place was managed by the St. Cloud Housing Coalition and contained 22 emergency shelter beds available to families with children under 18 and single pregnant women who are homeless and have no other resources for housing. Single females were also permitted to stay at Landon Place on a night by night basis if beds were available and men were only allowed to stay at Landon Place if part of a family unit. The facility was closed in August 2009, however, due to a lack of funding. Demand remains for the facility's beds, as 45 families with 61 adults and 77 children plus four single women received shelter during the fiscal year of 2008-2009 (ending in July).

Salvation Army

The Salvation Army converted a former motel located near Highways 10 and 23 in St. Cloud into a 50-bed emergency shelter facility in 2006, replacing their older 30-bed facility and combining all of their operations on one campus, including a day services center, a cafeteria, kitchen and food pantry (but excluding the Thrift Store). The emergency shelter also incorporates conference facilities to allow for social and religious group activities. While the shelter has 50 total beds, seven beds are being used for the Veterans Per Diem Program (this program began in 2009 and is discussed in the Transitional Housing Review section later in this report) leaving 43 beds available for emergency shelter.

The emergency shelter is available to singles as well as families, who must follow rules and regulations including sober requirements, criminal background checks and length of stay limitations (45 days). The Salvation Army administers case management programs to their residents and requires them to participate in an Individual Program Plan (IPP). The purpose of the IPP is to assist people in locating permanent housing and obtaining a source of income. People staying at the Shelter must be meeting self-sufficiency goals that they establish in the IPP or they are asked to leave the Shelter. The IPP is managed by a Salvation Army caseworker and is reviewed with the person several times during their stay at the shelter.

- ▶ Table 5 shows the number of "bed nights" of shelter provided at the Salvation Army Emergency Shelter from 1999 through 2008. A bed night is one bed that is occupied during a night. The table shows that the total bed nights provided average about 11,500 people annually until 2008 when the new shelter opened. In 2008, 16,485 bed nights were provided.
- ▶ Dividing the number of bed nights by the number of days in the year (365) equals the average number of people staying in the Shelter each night. During 1999, an average of 29 people stayed at the Shelter each night. This number increased to 32 people in 2005 and 45 people in 2008.

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TABLE 5				
TOTAL BED NIGHTS				
SALVATION ARMY EMERGENCY SHELTER				
1999 through 2008				
	1999	2002	2005	2008
Total	10,682	11,631	11,580	16,485
Bed Nights = Number of beds occupied each night during the reporting period				
Sources: The Salvation Army; Maxfield Research Inc.				

- ▶ In 2008 - 2009, the Salvation Army provided emergency shelter to 857 individuals and 204 families.
- ▶ Overall, the average length of stay at the emergency shelter in 2008-2009 was 30 days – or close to the maximum stay allowed. This was up from an average of 12 days in 2005.
- ▶ The Salvation Army does not keep statistics on the number of people it must turn away because the shelter is full. However, according to a representative of Salvation Army, the shelter is at capacity most nights and people are turned away almost nightly. An estimated two to three people are turned away each day.

The Salvation Army is planning to expand the emergency shelter by 14 beds in early 2010 in response to strong demand for shelter in St. Cloud. The Salvation Army has noted a rise in the number of families needing shelter due to foreclosure or lost jobs. Currently, the Salvation Army is partnering with the local school district to strategize and plan for more family based activities and education. Despite the rise in the number of families needing shelter due to foreclosure or lost jobs, this group still accounts for a very low percentage (about 2%) of the homeless seeking shelter at the Salvation Army.

Summary of Findings

The Salvation Army moved into a new emergency shelter facility in 2006 but the gain in beds was offset by the closing of Landon Place in 2009. The expansion of the Salvation Army facility in 2010 by 14 beds will help make up for the loss. With the expansion, St. Cloud will have a total capacity of 57 general beds (Salvation Army) and 34 battered women beds (Anna Marie's). Currently, demand is exceeding the capacity of Anna Marie's and additional beds are needed so that the majority of women seeking shelter would not need to be placed in a shelter outside the area. Church of the Week continues to accommodate most of the remaining need for shelter in the St. Cloud Metro area, helping to reduce the numbers of homeless who would otherwise have to sleep on the street.

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As was found during our previous studies, there continues to be a homeless population on the streets, despite the efforts of the existing emergency shelters. Most often, these homeless people on the streets are chronic inebriates, along with others with mental illness and those who have a dual diagnosis. Since all shelters in the area require guests to be sober upon entering, the chronic inebriate homeless population currently has nowhere to go and are often taken to Detox after showing up intoxicated at a shelter facility. The River Crest Apartments under construction will help address this gap in the continuum of care by providing permanent supportive housing for chronic inebriates.

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Introduction

While emergency shelters provide short-term housing for people and families in immediate need of housing, transitional housing programs provide people and families more time and supportive help to deal with aspects of their life that make successfully acquisition and maintenance of permanent housing difficult. Often a family or individual moves from a short stay in an emergency shelter to an extended stay in a transitional housing program. Transitional housing programs play an instrumental part in the effort to reduce the risk of homelessness for many people and families. Maxfield Research, Inc. identified nine transitional housing programs in St. Cloud plus one that closed in 2009 but may reopen. Table 6 summarizes the transitional housing facilities' capacities, maximum stays, and clientele. In total, there is a capacity for around 190 people. Following the table are descriptions of each identified transitional housing program.

TABLE 6 TRANSITIONAL HOUSING FACILITIES ST. CLOUD, MINNESOTA NOVEMBER 2009			
Facility	Capacity	Maximum Stay	Clientel
Casa Mia (closed)*	42 Beds	1 Year	Single adults working to reunite with children
Catholic Charities Transitional Housing	11 Persons	18 Months	Veterans who complete chem. dep. treatment
Central Minnesota Transitional Housing Program	7 Apartments	2 years	Single adults & families
Domus Shared Living Site	16 Persons	6 Months	Women and children
Jill Eckhoff House	3 to 4 Families	One Year	Women and children
New Beginnings	18 Persons (women & babies)	up to 1 year after giving birth	Pregnant women over age 14
Northway IRT	10 Persons	N/A	Single adults with mental illness
Overcomers International Fellowship	34 Persons	No maximum typical Stay is 6 months	Single adults, many with criminal histories
Place of Hope Ministires - Christian Living Hope Residential Center	45	18 months	Single adults Women & children
Veterans Per Diem Program	7 beds	2 years	Single veterans
* Casa Mia closed in August 2009, but may reopen provided funding availability.			
Source: Maxfield Research Inc.			

Casa Mia

The Housing Coalition opened Casa Mia in 2000 but closed in August 2009 because of a lack of funding. The program operated out of two buildings known as Casa Mia I and II and combined for a total of 42 transitional housing beds. Residents of Casa Mia paid 30% of their income for rent, up to a maximum depending on family size. Case management, support services, tenant training, and housing advocacy were provided. The typical clients were families and mothers who lost their children due to their chemical dependency. The maximum stay at Casa Mia was one year, although residents at Casa Mia rarely stayed longer than six months. The Casa Mia program strived to get families into permanent housing as quickly as possible.

During the 2008-2009 program year (through July), Casa Mia served 24 families consisting of 31 adults and 55 children plus five single women. Demand was strong for the program; but loss of funding resulted in the closure of Casa Mia. In fact, demand was strong enough that beds were added in 2006 in response to growing need combined with an increasing average length of stay due to the economic downturn, plus fewer Section 8 Vouchers were available. In September, after closing in August, Casa Mia received 27 inquiries from potential residents. The families and mothers normally served by Casa Mia are referred to other organizations, such as including Salvation Army and Place of Hope, however there are not many other options. Housing Coalition is seeking funding to reopen Casa Mia.

Catholic Charities Veterans Transitional Housing

Catholic Charities has a partnership with the Veterans Administration Medical Center (VAMC) and the St. Cloud HRA to provide temporary housing for chemically dependent veterans in two four-bedroom single-family houses. The transitional housing program was started in 1995 and is specifically targeted to veterans coming from in-patient chemical dependency treatment and halfway house/Independent Living Skills Program at the Ct. Cloud VAMC. All applicants must have four months sobriety, no felony record, and stable incomes above \$400 per month. The program maintains zero tolerance for relapse. Veterans agree to remain connected with Addictions Counseling at VAMC for their length of stay in the program. They are also responsible for yard work and snow removal. The monthly program fee is fixed at \$265 per month.

In 2009 through November 20, the Veterans Transitional Housing program provided 1,362 bed nights to 13 veterans recovering from alcohol and or chemical dependency. Two of the 13 veterans are current residents. Of the eleven veterans who left the housing in 2009, six relapsed and five successfully moved to permanent housing. Occupancy in 2009 through November 20 has been 56% of the full capacity.

Given the volatile nature of the clientele, the Veterans Transitional Housing program has been budgeted at 75% of capacity over the years in response to unexpected move outs and delayed move in schedules while applicants complete the treatment process after being offered housing. In 2008, the usage rate was 65%, reflecting 17 veterans and 1,883 bed nights provide. Of the 11 veterans who left the transitional housing program in 2008, five moved to permanent housing, five relapsed, and one moved to a more structured group home setting for mental health reasons.

Statistics for 2008 and 2009 indicate that for the targeted population for Catholic Charities Veteran's Transitional Housing, there has been ample capacity.

Central Minnesota Transitional Housing Program Salvation Army

The Salvation Army operates the Central Minnesota Transitional Housing Program, which began operating in the fall of 2007. The program is for singles and families with children. To be eligible, singles and families with children must be homeless, on the streets, in automobiles, or shelters. They must also have six months sobriety if there are chemical dependency issues, have a willingness and desire to work towards greater self-sufficiency, and have education or employment goals, and work on these goals.

The program consists of seven apartment units scattered throughout St. Cloud which are leased by the Salvation Army, including two three-bedroom units, two two-bedroom units, and three single-room occupancy units. The Salvation Army then makes the units available to homeless individuals/families. The residents pay 30% of their adjusted gross income for rent and HUD pays the remainder of rent to the landlord. The maximum length of stay is two years, although the average length of stay is one year. All of the residents of the program have been ready to move into their own permanent housing before the two-year maximum length of stay.

The program is not just housing. All apartments are fully equipped with furniture and furnishings. An additional \$20.00 per month is collected and placed in an escrow account to cover any cleaning costs or damage done to the apartment or the furnishings. The program provides the following support services: weekly home visits, referral to money management classes, advocacy and referral to other community resources, and assistance with setting and achieving goals in areas such as employment, education, and personal development

Most of the residents of the Central Minnesota Transitional Housing Program come from emergency shelters in St. Cloud or are referred from Stearns County Department of Human Services. Demand is high for the program, as all seven apartments are occupied and an average of about seven to 10 inquiries are made each month from potential residents who are turned away because the apartments are occupied. While the demand has demonstrated that additional transitional housing units could be supported, the greatest need for the program participants is permanent affordable housing for them to move into after their stay in the program.

Domus Transitional Housing

Domus, owned and operated by Catholic Charities, provides transitional housing to homeless adults with custody of minor children and single women. Phase I of Domus Transitional Housing Program is a shared living space which has private bedrooms for up to 16 residents, all of whom must be women or children. Phase II is scattered site rental assistance.

Average stay for residents of the Phase I shared living site ranges from three to six months. Residents must spend a full-time equivalent on activities that promote self-sufficiency and inde-

TRANSITIONAL HOUSING REVIEW

pendence. This may include working or going to school, searching for independent housing, CD aftercare, financial and/or psychological counseling, and physical or mental health care. All clients must participate in ongoing assessments to ensure that they can move on to secure and sustainable independent housing as soon as possible. Priority is given to the needs of families with children, although single women who desire to work toward self-sufficiency are also considered for residency. According to a Catholic Charities staff member, rarely does a Domus graduate return to homelessness.

The Phase II Rental Assistance component of the program utilizes state funding to help achieving current residents move to an apartment they can stay in after being granted a Bridges or Shelter Plus Care voucher or attaining employment income making this housing affordable to them without assistance. The objective of this new component is to reduce the length of time families spend in shared housing and help them get into their own unit as soon as their stability warrants it. This allows the program to increase capacity without additional on site beds.

- ▶ In 2008, the Domus site provided 2,584 bed nights to 30 previously homeless women and children from 15 families. In 2007 the Domus site provided 3,175 bed nights to 34 previously homeless women and children from 16 families.
- ▶ Because of turnover, occupancy varies at Domus Transitional Housing, but has generally fluctuated between 12 and 15 residents (women and children).
- ▶ Of those who contact Domus with housing related issues, about one-third of them are simply seeking available housing and do not believe they need the level of assessment and case management that Domus provides. General housing and program information is offered to these callers. After a reflection on their need and lack of success in finding housing, some of them call back and ultimately enter the Domus program with positive results.
- ▶ The average age of women living at Domus is the upper 20s. There has been an increasing trend of more women with a chemical dependency and related criminal history. Many have completed treatment multiple times.

Home Again

Home Again was a 10-bed transitional housing facility operated by Housing Coalition that opened in 1999 but closed in August 2009 due to lack of funding. Home Again served single adults who were homeless. Residents paid 25% of their income for rent. There was a six month maximum stay, but Home Again's housing advocate had succeeded in helping most residents find permanent housing, or residents decided to move out on their own.

Residents at Home Again each had a private bedroom (furnished with a bed, dresser, and closet space), but shared common living space. A case manager helped residents deal with issues that contributed to their homelessness. During the 2008-2009 program year, Home Again served 19 adults. In the September after closing, 19 inquiries were made from individuals needed transitional housing.

Jill Eckhoff Transitional House

The Jill Eckhoff Transitional House is an independent, safe, supportive, affordable housing program for women and their children, managed by the Central Minnesota Task Force on Battered Women. There are four bedrooms in the house and, depending on family size, three or four families can be housed at a time. Women have usually sought emergency shelter at Anna Marie’s before moving to the Jill Eckhoff House. Women and children continue to receive counseling and services and begin to work on life skills such as budgeting and parenting to stabilize their lives before moving to a permanent housing situation.

The maximum stay at the Jill Eckhoff House is one year, and women must have low or moderate incomes and pay rent that is based on their income. Besides providing a safe living situation to help women rebuild their lives after living with domestic abuse, the Jill Eckhoff House offers advocacy, job counseling, educational assistance, child care, housing advice, and emotional support, and it assists individuals with economic stabilization. Jill Eckhoff House is fully occupied all the time and there is continuously a waiting list for women and children wanting to move from Anna Marie’s shelter into the transitional housing program.

Jill Eckhoff Clientele Served, 2001, 2004, & 2008

	2001-'02	2004-'05	2008-'09
Women*	16	8	7
Children	28	11	9
Total	44	19	16
Avg. Length of Stay	< 6 months	<13 months	15 months

* Includes women without children

During the last reporting period, a total of 16 people were assisted through the Jill Eckhoff Transitional Housing program, including seven women and their nine total children. The average length of stay during that time was 15 months. Table 9 reveals that while the number of people served in recent years is about half from 2001-2002, the average length of stay has doubled. This is due to a lack of affordable housing in the St. Cloud area and it is taking longer for many of the women to resolve issues enabling them to become more self-sufficient. According to staff, there is a need for additional transitional/permanent housing for their clientele. The most appropriate type of housing would be an apartment type building so that each family has their own space and can concentrate on stabilization as a unit instead of living in a group situation which often causes added stress and makes a transition to permanent housing more difficult. Based on the number of women served, staff identified a need for a 24-unit permanent supportive apartment.

New Beginnings

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New Beginnings is a facility providing temporary housing, education, and support for pregnant women age 16 to 21. The facility has capacity for up to 18 people (women and babies combined). New Beginnings is a unique facility because it accepts unaccompanied minors. Although New Beginnings is licensed by the state of Minnesota to serve women ages 16 to 21, the facility can get a license variance to serve 14 to 16 year olds. Prior to 2006, women over age 21 could also be served, but that changed when New Beginnings became licensed as a Children's Residential Facility.

New Beginnings received 130 referrals during the 2008-2009 year (July through June) but served about 30 women. The 100 women turned away was due to capacity or because the women do not meet requirements of the facility. Half of the turnaways in 2008-2009 and 2007-2008 were because the women were over age 21. Other reasons for turnaways were the women had other children with them, they were mentally unstable, or they had chemical dependence issues. All residents are required to be working or be in school while in the program and New Beginnings has a strict drug and alcohol policy. Mothers are tested on a regular basis (including tobacco use tests for residents under 18).

The average age of the women staying at New Beginnings is between 16 and 18 and they generally stay from six to 12 months. Although there are many reasons why women need housing at New Beginnings, conflicts with parents and other relationships are two of the main reasons women come to New Beginnings. Current trends mentioned by a representative of New Beginnings include more homeless women seeking help, more women dealing with a chemical addiction, and more women receiving court referrals to the program. These women are court ordered into a supportive facility due to past child protection issues, chemical dependency issues, or because they are underage runaways.

New Beginnings is the only facility and program of its kind in the State of Minnesota. About 50% of the residents are from the St. Cloud area and the other portion is from the Twin Cities or greater Minnesota. There are even a few residents from other states. New Beginnings works closely with other organizations in the area to provide strong case management for the residents. This includes weekly visits from a public health nurse, participation with Early Head Start and employment and education programs.

Staff at New Beginnings has recognized a need for similar transitional housing for pregnant women over the age of 21, since they have turned away about 50 women during the each of the past two years because they were over 21. These women are homeless, at risk of homelessness, or in an unstable living environment, but there are few other resources to assist them with housing. Thus, New Beginnings is exploring the potential to add a second facility in St. Cloud to meet this need. Preliminary proposals are for a facility with six to 12 rooms licensed to serve women over age 21.

Northway IRT

Northway Intensive Residential Treatment (IRT) is a transitional living facility operated by the Central Minnesota Mental Health Center. Northway IRT serves both men and women who are

experiencing severe psychiatric, emotional, and/or behavioral difficulties. These individuals are in need of a restrictive setting and are at risk of significant functional deterioration. Services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting.

Northway IRT has a total of 10 beds that are separated into a six to four ratio and are designated for men or women depending on need. Currently, nine of the beds are occupied and the facility has a waiting list of four men and two women. Most residents are between the ages of 20 and 40 and most come to Northway IRT from one of the State's Community Based Health Hospitals (there are ten 16-bed CBHHs in the State, including ones in Annandale, Cold Spring, and Alexandria; they provide short-term, acute inpatient psychiatric services) and the St. Cloud Hospital.

The maximum stay at Northway IRT is 90 days and upon leaving, most residents move to adult foster care, with family, or to their own apartment/home. None of the residents are discharged until they have secured housing.

Overcomers International Fellowship

Overcomers International Fellowship was founded in 1995 and operates three facilities in St. Cloud – the Dream Center, Hospitality House, and Caleb House. These facilities offer a safe, supportive environment for men 18 over and older who desire to get their lives on a productive course. Together, they combine for a capacity of 34 people.

To reach the goal of caring for themselves and others, residents of Overcomers International Fellowship facilities attend daily support groups, receive individual counseling, and have a structured accountability program that includes the resident working a full-time job or attending school to prepare for gainful employment. Residents must also sign in and out, perform household chores, follow a personal weekly plan of goals and accountability, and participate in other activities essential to reintegration into mainstream society. As residents progress through the program, they gain more freedom as they successfully take on more responsibility in their personal social growth and community activities.

The original focus of Overcomers International Fellowship was on homeless people recovering from chemical dependency, but more recently has focused on men who have been in jail. Thus, Overcomers International Fellowship works closely with probation officers and prison case workers, as well as the Central Minnesota Reentry Project, to receive inmate referrals.

The Dream Center is located in a single building that has 14 rooms. The Dream Center receives funding through Stearns County Group Residential Housing (GRH) program which allows them to work with people who were unable to meet some of the qualifications required by other funding sources. These people usually have severe mental health problems as well as case management requirements and medication needs.

Hospitality House is located across the street from Dream Center and provides transitional housing to up to 14 people in four apartments. The Caleb House is an adult foster care facility with a capacity of six people. It is located in a single-family home adjacent to Dream Center.

In 2008, Overcomers International Fellowship served 68 single men. This is down from previous years, but only because residents are staying longer. Demand for the beds at the Overcomers International Fellowship facilities is very high because the State's inmate population has grown substantially over the past decade. Overcomers International Fellowship is always at capacity with a lengthy waiting list. Most referrals come from case workers at the Department of Corrections, mental health services, or institutions.

Overcomers International Fellowship turn over rate has recently decreased from an average stay of three months a few years ago to four to eight months, due to their focus change. They have more residents that stay long term, and people need greater levels of assistance before moving to another living situation.

According to a representative of Overcomers International Fellowship, there remains a need for more transitional beds in St. Cloud to serve the growing number of inmates being released from jail/prison. The odds of successfully integrating back into society increase with the supportive services for this population. Besides lack of housing options, a current hurdle for this population is the lack of jobs. It is much more difficult for felons to find jobs in the current poor economy than in the past, and the recidivism rate increases when felons are unemployed.

Place of Hope Ministries – Christian Living Hope Residential Center

Place of Hope's Christian Living Hope Residential Center opened in 2000 as a spiritually-based life skills facility for single adults and women with children, who have chemical dependency and/or mental health issues (it is licensed as a board and lodging facility and receives GRH funds from Stearns County). There are two buildings with one of the buildings reserved for GRH funded residents with the requirement of sobriety and a preference for veterans. The Christian Living Center began working with the Veterans Administration because of the high number of veterans seeking shelter in the Church of the Week program (30% to 40% of those sheltered). The Christian Living Center provides another transitional housing opportunity to veterans waiting for treatment at the VA Medical Center and also when they leave treatment. Currently, there are 45 beds available in both buildings and 31 of them are occupied (by four women and 27 men).

The programming at the Christian Living Center uses National Teen Challenge curriculum, a national program to disciple people with alcohol, drug, and other life-controlling problems. Participants commit to six-month stays, in which they must work toward goals, attend chapel every day, be chemical free, attend life skills classes, computer classes, nutrition classes, and recovery groups. New components added in 2006 are a licensed marriage and family therapist and employment training. Place of Hope contracts with businesses in the community with their own supervisor to do on the job training for residents in the last part of Phase One. This is a great addition to help people gain self-sufficiency. There are three phases to the programming. When people first enter the program, they will be in the 6-month "nurturing" phase known as Phase

One. Most will continue into the three to six month transition phase – Phase Two. Phase Three is an opportunity for housing in the new H.O.P.E. on Ninth Apartments.

Veterans Per Diem Program

Seven beds within the Salvation Army Emergency Shelter are designated as transitional housing for veterans. Funding for the transitional housing is through the Department of Veterans Affairs' Grant and Per Diem program. This program was initiated in 1994 and pays outside organizations, such as the Salvation Army, to provide case-managed transitional housing for veterans.

The Salvation Army's Veterans Per Diem Program began in March 2009 and currently has six residents. Four other veterans have resided in the program, including two that successfully transitioned into permanent housing. Residents are allowed to stay two years, although extensions are possible under certain circumstances. To reside in the program, veterans must remain sober and have short- and long-term goals that they are working to achieve. These goals include obtaining education or employment and finding permanent housing.

Demand has been strong for the Veterans Per Diem Program. Since opening in March, the Veterans Administration has referred 60 veterans to the program, despite there being only seven beds available. Besides referrals, veterans can also contact the Salvation Army directly about the transitional housing program. Given the strong demand for the program, the Salvation Army recognizes a need for additional transitional housing for veterans. The Salvation Army proposes another facility with up to 20 to 30 beds that would be funded through the Veterans Administration's Grant and Per Diem program. The facility could potentially include transitional housing beds with rules similar to the existing Veterans Per Diem Program plus some recovery beds.

Summary of Findings

A major obstacle of many homeless people finding permanent housing is a poor rental history, in part, because they lack the skills necessary to manage an apartment on their own. Transitional housing provides a structured living environment that teaches individuals necessary skills to manage housing on their own and also helps build a positive rental history. Thus, transitional housing allows more time for people who would otherwise struggle with homelessness to improve their negative lifestyle habits that make it difficult to maintain permanent housing. Overall, the transitional housing programs in St. Cloud have continually operated near capacity, which indicates a strong need for these programs.

Many changes have occurred in the transitional housing programs offered in the St. Cloud Area since 2006. The primary change is the closure of Better Homes & Gardens Transitional Housing in 2006 and Casa Mia and Home Again in 2009. These losses have particularly reduced the options for recovering chemically dependent women. Two new programs were added – Central Minnesota Transitional Housing Salvation Army and Veterans Per Diem Program (a combined capacity for 14 beds/units).

TRANSITIONAL HOUSING REVIEW

Besides a gap for chemically dependent women created by the closing of facilities, another gap identified in St. Cloud's homeless services network is transitional housing for people with a criminal history. With most apartments in the St. Cloud area refusing to accept people with a felony, criminal history has become a large barrier to finding and maintaining private housing. Thus, transitional and/or permanent supportive housing that accepts those with a criminal history was identified as an area of need in St. Cloud. An additional facility(s) that accept people released from corrections was identified as being needed in St. Cloud.

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Introduction

While the goal of both emergency shelters and transitional housing programs is for their residents to eventually obtain permanent housing, for some people, this is not a reality. Because of various reasons, most notably mental illness, chemical addiction, or both, some people are unable to maintain independent housing. Many people also have a criminal record, most commonly a felony or unlawful detainer, that prevents them from being able to find permanent housing because most landlords are unwilling to take the risk.

Currently, there are three permanent housing facilities in St. Cloud that offer supportive services – SARAH’S Place, Al Loehr Apartments, and H.O.P.E. on Ninth. Shelter Plus Care and HUD-VASH offer permanent supportive housing to individuals residing in private housing – much the same way as HUD Section 8 Vouchers. In addition, four board and lodging facilities for people with mental illness are in the St. Cloud area and provides permanent housing to many people who would likely have a difficult time maintaining independent housing, and thus, would be faced with homelessness. Another permanent supportive housing facility for chronic inebriates is under construction (River Crest). Table 7 lists the permanent supportive housing facilities/programs and is followed by summaries of each facility/program.

TABLE 7 PERMANENT SUPPORTIVE HOUSING FACILITIES ST. CLOUD, MINNESOTA NOVEMBER 2009		
Facility	Capacity	Clientel
Al Loehr Apartments	60 units	single adults
H.O.P.E. on Ninth	10 units	single adults/ families
HUD - VASH (Veterans Affairs Supported Housing)	35 units	single veterans & veteran families
SARAH's Place	28 units	single adults
Shelter Plus Care	37 units	single adults/ families
Brotts Board & Lodge	50 beds	single adults with mental illness
Cummings Care Center	36 beds	single adults with mental illness
Murphy's Board & Lodge	14 beds	single adults with mental illness
St. Elizabeth's Board & Lodge	18 beds	single adults with mental illness
River Crest (under construction)	40 units	chronic inebriats
Source: Maxfield Research Inc.		

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Al Loehr Veterans and Community Studio Apartments

The Al Loehr Veterans and Community Studio Apartments (Al Loehr Apartments) opened for occupancy in May 2006. The 60-unit permanent housing project is located on St. Cloud Veterans Administration Medical Center property and is targeted to men and women without children who are homeless or near homeless. It is managed by the Catholic Charities of the Diocese of St. Cloud. The project is running at approximately a 5% vacancy rate.

The Al Loehr Apartments consist of 60 efficiency apartment units – each with approximately 500 square feet and a small kitchen and private bathroom. Ten units have a monthly rent of \$278, another 10 units have a monthly rent of \$358, and 40 units rent for \$383. While all of the units are similar, the rent varies to accommodate residents with varying incomes.

Most potential residents will have difficulty obtaining rental housing due to credit and/or rent and/or criminal history issues, etc. Many will have successfully completed chemical dependency treatment or transitional housing programs. As a condition of state funding, in the event of housing approval timing being equal for non veteran and veteran applicants, qualified veterans will be given first preference if 51% of the residents in the Al Loehr Apartments are not veterans. Many of the veterans in the Al Loehr Apartments are people who have, at some time, received treatment at the Veterans Administration's Chemical Dependency or Dual Diagnosis Treatment Program and remain connected with services there.

While targeted to people who are homeless or near homeless, the Al Loehr Apartments offers service coordination rather than direct support services. Although case management is not directly connected with the housing, the need for and existence of ongoing outside support systems is considered as part of the screening and acceptance process. The project will play a service coordination role and it is expected that many residents will receive services through community agencies or the St. Cloud Veterans Administration Medical Center as a condition of being offered housing. Meeting rooms are available on-site for this purpose. Possession and use of alcohol or illegal drugs on site is prohibited and will result in loss of housing. Being under the influence of alcohol or illegal drugs on-site is a lease violation will also result in loss of housing.

H.O.P.E. on Ninth

H.O.P.E. on Ninth is a 31-unit supportive housing apartment adjacent to their Christian Living Hope Residential Center. Place of Hope Housing owns the facility, Sand Companies manages the property, and Place of Hope Ministries provides support services. The apartment building is named H.O.P.E. (housing opportunities for people being empowered) on Ninth and includes 10 “supportive housing” units. These units are designated for people who have experienced long-term homelessness. H.O.P.E. on Ninth utilizes the Low Income Housing Tax Credit (LIHTC) program to offer affordable rents. It opened for occupancy in November 2007.

The 10 supportive housing units include four studio units with 386 square feet and six one-bedroom units with 576 square feet. These units rent for \$311 and \$413 per month, respectively. There is an on-site supportive services coordinator to assist those living in the supportive hous-

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ing units. The 10 supportive units are full and have a waiting list of over 40 people. Demand for the supportive units is high from families and singles. People seeking to live at H.O.P.E. on Ninth typically have a mental illness, chemical dependency, criminal record, and/or a very bad rental history. Families seeking supportive housing are turned away every week because the facility is full (there are only three two-bedroom units).

Based on the demand for H.O.P.E. on Ninth, a staff member believes that there is a need for more permanent supportive housing in the St. Cloud area along with transitional housing for those waiting for permanent housing.

HUD – VASH

In 2008, Congress enacted the Department of Housing and Urban Development – Veterans Affairs Supported Housing (HUD-VASH) Program. HUD-VASH provides long-term case management, supportive services, and permanent housing support to eligible homeless veterans. HUD provides 20,000 “Housing Choice” Section 8 vouchers designated for HUD-VASH to participating Public Housing Authorities to assist with rent payment. The Veterans Administration provides case management and supportive services to support stability and recovery from physical and mental health, substance use, and functional concerns contributing to or resulting from homelessness. The program goals include promoting veteran recovery and independence to sustain permanent housing in the community for the veteran and the veteran’s family. The vouchers are portable, allowing veterans to live in communities where VA case management services can be provided.

HUD-VASH was designed to address the needs of the most vulnerable homeless veterans. To be eligible for this program, veterans must be VA Health Care eligible, homeless, and need and participate in case management services in order to obtain and sustain permanent independent community housing. Veterans who need case management services have serious mental illness, substance use disorder history, or physical disability. The St. Cloud Veterans Administration determines clinical eligibility for the program and the St. Cloud HRA determines if the veteran participant meets HUD’s regulations for this program based on income limits.

On October 1, 2009, the St. Cloud Veterans Administration was awarded 35 HUD-VASH vouchers. As of October 29, twenty vouchers were issued and seven veterans had found housing. It is anticipated that 35 more vouchers could become available in 2010.

SARAH’S Place

SARAH’S Place is permanent housing that provides housing to a population that is at risk of homelessness. SARAH’S stands for Single Adult Rooms And Hope Services, and is operated by Housing Coalition. It is a 28-unit single room occupancy (SRO) facility that serves single adults who have incomes below 30% of the County’s Median Household Income as well as some type of physical or mental disability.

Residents at SARAH'S Place have private bedrooms, but share common living space. SARAH'S Place is accepting of a high risk population (although anyone who has previously had assault charges filed against them is not accepted), but there are several rules and restrictions that residents must follow. Most vacancies are attributed to potential residents not wanting to follow all the rules.

All of the beds at SARAH'S Place are HUD-insured and reserved for people with disabilities (physical or mental, including chemical dependency). Many of the residents utilizing the HUD-insured beds are veterans having a mental illness in conjunction with chemical dependency issues. Because of their mental and chemical problems most of them are unable to work. Since the majority of residents cannot pay the maximum rent, the facility gets reimbursed enough through the HUD funding to continue to operate a successful program.

- ▶ SARAH'S Place provided housing to 33 adults during the 2008-2009 program year, compared to 39 adults during the 2005-2006 program year.
- ▶ The occupancy rate during the 2008-2009 program year was 98%, indicating the strong demand for the facility. SARAH'S Place typically has a couple open beds because of normal turnover of residents into more independent housing and because some potential residents do not want to adhere to the rules for occupancy at SARAH'S Place, which require sobriety and goal setting.
- ▶ There is no maximum stay at SARAH'S Place since it is permanent housing, but, the majority of residents do not stay longer than a year. Some residents have been at SARAH'S Place for up to four years, however.

Shelter Plus Care

One of the programs Central Minnesota Mental Health Center operates is Shelter Plus Care. Shelter Plus Care is a St. Cloud HRA program managed by the Central Minnesota Mental Health Center that provides subsidized housing to a total of 27 people and 10 families. The program operates much like the Section 8 program as each person/family get assistance in finding their own apartment and the program will cover rent expenses as long as the individual/family contributes 30% of their monthly income towards rent.

Individuals participating in the Shelter Plus Care program are required to receive supportive services while in the program and must have been homeless prior to receiving assistance from the program. The families and individuals are served by the program for as long as they need assistance but barring any changes in their situation/behaviors that would make them ineligible. Participants are required to remain drug free and crime free, although alcohol is permissible.

The program originally had 14 slots that are still designed to serve individuals that have a dual-diagnosis such as a handicap/disability and chronic inebriety, and their families. These slots are available to residents in Stearns or Benton Counties. Another 10 slots were added in 2005 that

are still designed to serve individuals with a mental health disability, and are available to individuals in Stearns, Benton, Wright, and Sherburne Counties. Since then another eight slots became available that are designed for singles with a mental illness or chemical addiction and are restricted for use to units in the new Al Loehr Apartments located on the Veterans Administration campus. The last five slots awarded are for families in private housing units leased by the Salvation Army.

The average age of women participants in the Shelter Plus Care program is 30 while most of the men participants are between the ages of 31 and 50. Currently, two of the 37 participants are veterans. Typically, participants in the program have poor credit, poor rental history, or a criminal record. These factors, along with a mental illness and/or chemical dependency make it difficult for these people to find and maintain housing.

Board and Lodging Facilities for People with Mental Illness

Significant changes amongst the offerings for people with severe mental illness in need of permanent housing have taken place in St. Cloud and throughout Minnesota as the regional mental health treatment facilities are closed as part of the redesign of adult mental health services. The redesign included closing of Region Treatment Centers and returning those people back to their county of residence. As part of the redesign, community behavioral health hospitals (CBHH) opened in 2006 in Annandale and Cold Spring to serve the St. Cloud area. CBHH are short-term, acute psychiatric hospitals and patients are typically discharged back to their county of origin where they must often find housing.

Currently, there are four board and lodging facilities in St. Cloud for people with severe mental illness in need of permanent housing. They serve people who are extremely vulnerable and need intensive supportive services. The following are key points on each facility.

Brotts Boarding & Lodging Homes Inc.

Brotts Boarding & Lodging Homes provide supportive housing to people with a serious and persistent mental illness. To be eligible to live at Brotts, as well as Murphy's, Cumming's and St. Elizabeth's, a person must have a mental illness diagnosed by a doctor, and a recommendation by a county social worker that the person belongs in a board and lodging facility.

Maxfield Research Inc. was unable to contact a representative of Brotts. As we understand, Brotts has three facilities; one each in St. Cloud, Waite Park, and Sauk Rapids. During past studies, the facilities operated near full occupancy and rarely been any openings. In addition, very few of the residents who left the facility were able to successfully gain steady employment and permanent, independent housing for the rest of their lives.

Cummings Care Center

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Cummings Care Center provides supportive housing to men and women with a serious and persistent mental illness, many of who have a chemical dependency. To be eligible to live at Cummings, as well as the other board and lodging facilities, a person must have a mental illness diagnosed by a doctor, and a recommendation by a county social worker that the person should reside in a board and lodging facility. There is also a zero tolerance for drugs and alcohol at Cummings Care Center.

Cummings Care Center moved into a new 36-bed facility (the conversion of a former convent) in 2007 in Sauk Rapids, expanding their capacity by six beds from their previous facility. The facility is in a residential neighborhood but is within walking distance to shopping and services in downtown Sauk Rapids. The facility provides a home-like atmosphere to residents and the 24-hour, on-site staff provides services such as medication, ordering, supervision, personal grooming and hygiene reminders, daily laundry and housekeeping, three home-cooked meals along with snacks, free Cable TV, and free phone use.

Since moving into the new facility two years ago, Cummings Care Center has always been fully occupied as demand for housing from people with a mental illness is very high. To try to meet this great demand, Cummings Care Center has appealed to Benton County to expand their facility despite the current county-wide moratorium on new board and lodging beds. In addition to needing more beds to meet the growing demand, an increase in service rates by board and lodges with special services is needed to ensure that facilities such as Cummings Care Center can remain viable over the long-term. The State reduced the service rate twice in 2009 making it difficult to operate board and care facilities with special services.

The average stay at the Cummings Care Center varies from resident to resident. While many residents are unsettled and thus have short stays, some residents have lived at the facility for a decade or more. Many of the residents who leave the facility do so because of their chemical dependency (residents are not allowed to consume alcohol in the facility) and become homeless.

Murphy's Board and Care Home

Murphy's is a 14-bed facility in St. Cloud that provides supportive housing to people with a serious and persistent mental illness. Murphy's provides shelter and services to men who suffer from some type of mental illness and/or injury affecting their brain. Half of the residents are veterans who have completed treatment at the Veterans Administration Medical Center. About one-third of the residents also suffer from chemical dependency issues in conjunction with mental illness.

According to a representative of Murphy's, about half of the residents are long term (10 to 15 years). The other residents are relatively self sufficient and need transitional housing - their average stay for these residents is one month. Murphy's usually keeps two beds open to accommodate these shorter-term residents. Because of their mental illness, most residents of Murphy's have difficulty holding jobs and maintaining stable housing and thus, without board and lodging facilities, many would be at risk of homelessness. Inquiries from potential residents have increased recently due to the poor economy, as many people with a mental illness have lost their

job and/or housing. Based on the level of demand, about an additional 12 board and lodging beds in the St. Cloud area could be supported.

St. Elizabeth Residential Care Facility

St. Elizabeth is an 18-bed facility that provides supportive housing to people with a serious and persistent mental illness. St. Elizabeth is located in St. Cloud and is operated by Catholic Charities. St. Elizabeth is a hybrid of transitional housing and lodging; there is no maximum stay, and some people stay for years, but their goal is to make other arrangements to get clients into more community based settings. The goal of St. Elizabeth’s is to move residents toward independence. As such, the average length of stay is seven to eight months – shorter than at Brots and Murphy’s, where residents often stay for years. St. Elizabeth’s does not take accept drug users or people that are potentially dangerous to themselves or others (a recent psychotic episode for example).

St. Elizabeth’s is always at full capacity. However, due to lack of funding, maintaining the current supply of beds for the mentally ill population could become difficult. Key points about St. Elizabeth are as follows:

- ▶ The number of mentally ill homeless has increased due to the state downsizing of mental hospital facilities. There are more people with acute mental illness homelessness than ever before. These people are also more likely to be re-hospitalized for their illness.
- ▶ Some residents are employed. Although it is not a requirement, St. Elizabeth’s encourages residents to integrate into the community as much as possible. Residents are usually supported by social security disability, county social service dollars, or their own means.
- ▶ Thirty to forty percent of residents have dual drug addiction and mental illness.
- ▶ The majority of residents come from a 60-mile radius of St. Cloud.

Residents County of Origin in 2009			
Stearns	- 13	Clay	- 1
Wright	- 6	Hennepin	- 2
Anoka	- 1	Blue Earth	- 1
Benton	- 3	Marshall	- 1
Mille Lacs	- 2		

- ▶ The primary reasons for discharge at St. Elizabeth’s are 1) resident moving to independent living, 2) violating terms and conditions of residency, and 3) transfer to longer-term group home.

River Crest Apartments (under construction)

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The groundbreaking for River Crest Apartments was in October 2009. When complete, River Crest will have 40 single room occupancy units for chronic public inebriate men and women. It will offer 24-hour services to residents staffed by a case manager, site manager, nurse, kitchen staff, program assistant, and front desk staff that offer security and support to the tenants. There will be a minimum of two staff on site every day.

The target clientele for River Crest are people who are the most difficult to house with long histories of chronic alcoholism and homelessness. Resident selection for the River Crest Apartments will be based on a primary diagnosis of alcohol dependency, history of frequent detoxification admissions, previous attempts at primary treatment for addictions, long-term or frequent episodes of homelessness, medical and/or mental health co-morbidity, fragility, and personal vulnerability. The 40 people who will live at the River Crest Apartments will meet these criteria and will have been unable to maintain any long-term housing. Outreach for the program will reach chronically homeless people living on the streets or in a shelter who meet the chronic public inebriate definition of an alcohol dependent individual who has frequent, regular contact with law enforcement, detoxification centers, and emergency services.

Upon entry, participants will obtain permanent housing. River Crest will operate as a “housing first” model and will not require sobriety to maintain housing. All services will be voluntary. Harm reduction strategies will be used to decrease barriers to maintaining permanent housing and reduce the risks and harm associated with alcohol abuse. Services offered at River Crest will include nutritious meals and snacks, medication management, health monitoring, information, and education, money management, sober activities and support, advocacy, access to addiction treatment and mental health services, and enrollment in health plans.

The harm reduction strategies offered by the program staff at River Crest will be designed to focus not only on reducing the risks of alcohol use itself, but also the risks inherent in living on the streets. Safe housing is a first step. Consistent with the principles of harm reduction, residents are supported in any effort toward positive incremental change, including reducing the quantity and frequency of alcohol use, experimental periods of sobriety, eliminating toxic forms of alcohol use (shaving lotion, rubbing alcohol), and long-term abstinence. In addition, the accumulation of “recovery capital” is supported, including reengagement with family, tribe, or community and the development of positive therapeutic alliances with helping professionals.

Central City Housing Corporation (CCHC) is partnering with Recovery Plus Treatment Center to provide case management services to each person living at the River Crest Apartments. The case manager will bring knowledge and understanding of the stages of chronic alcoholism and the skills needed to work successfully with this population. In addition, their access to programs and services offered by their agency brings additional support to the programming offered to tenants. Recovery Plus has years of experience in working with this population in delivering treatment protocols. They also have an outpatient health clinic that is dedicated to people struggling with addiction issues. All residents of the River Crest Apartments will have the option of utilizing this clinic.

The River Crest Apartments project is modeled after the successful New San Marco in Duluth, Minnesota. The New San Marco opened its doors in May of 2007 and since that time has seen significant success with residents living in the facility.

The Center for Alcohol and Drug treatment, CCHC's partner at the New San Marco, contracted with the University of Minnesota Duluth to conduct a three-year evaluation of the program. Early data indicate the project has met its initial goal of maintaining permanent housing. There are also significant successes in detox admits and contact with police. All of the New San Marco tenants have spent many years living on the streets of Duluth. The average tenant has had multiple visits to the detoxification center each year. The average admissions to detox prior to entering the program was 11.9 per year for the 25 residents with over a year of residence. The current rate of admissions for this group is 1.9 per year.

CCHC has found there are other outcomes achieved, such as reduction in detox admissions, contact with police, reduction in jail time and reduced emergency room usage, improved quality of life, and improved overall health. Many residents of New San Marco have also successfully re-connected with families. However, the primary outcome for this type of project is obtaining and maintaining permanent housing. The New San Marco has successfully met this objective. Ten of the initial eighteen people who entered the program have now maintained their housing for two years. Another 12 residents have over one year of housing stability and six currently have six months of housing stability.

Summary of Findings

There is a group of people who, despite the best efforts to help them solve personal problems and move them toward permanent housing, will never function independently in permanent housing. Typically, these are people with a chemical dependency, mental illnesses, or both (dual diagnosis). It is difficult for this population to find and maintain permanent housing because of strict background checks, which reveal criminal history, credit rating, and rental history.

Great strides have been made in St. Cloud in the past few years to serve this difficult population. The Al Loehr Apartments and H.O.P.E on Ninth opened for occupancy since 2006 and River Crest is under construction. Shelter Plus Care was expanded and HUD-VASH began operating in 2009. These facilities will serve much of the need for permanent supportive housing from single adults over the next decade with the exception of some adults with a severe and persistent mental illness. Increased supportive housing capacity for this population is needed in the St. Cloud area.

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Introduction

Since chemical addiction is often a significant factor of a person’s homelessness, treatment facilities and halfway houses are often the first steps in a homeless person’s journey to self-sufficiency. This section discusses the treatment facilities and halfway houses located in St. Cloud. We identified five treatment facilities/programs and halfway houses in St. Cloud; they are listed in Table 8 below.

TABLE 8 TREATMENT FACILITIES & HALFWAY HOUSES ST. CLOUD, MINNESOTA NOVEMBER 2009		
Facility	Capacity	Clientele
EastHaven	24	Chemically dependent men age 18 and over
Focus XII	15*	Recovering chemically dependent men
Journey Home	68	Chemically dependent women
Passages	33	Chemically dependent men age 18 and over
Veterans Administration Medical Center	112	Chemically dependent Veterans only
* Focux XII will increase to 18 beds in January 2010.		
Source: Maxfield Research Inc.		

EastHaven Halfway House

EastHaven Halfway House is a drug or alcohol rehabilitation center that opened in St. Cloud in June 2007. It is licensed under Minnesota Department of Human Service’s Rule 31 and serves adult men.

EastHaven is a twelve-unit apartment complex with each apartment consisting of a living room, a fully equipped kitchen, two bedrooms, and a full bath. Three clients share an apartment with two clients sharing a double room. The remaining units include a staff office, therapeutic recreation area, group therapy room, and housing for paraprofessionals who provide coverage 24 hours a day. Clients are expected to maintain sobriety, follow all rules, expectations and policies of EastHaven. They must also participate in at least five to eight hours of scheduled programming each week through in-house groups, meetings and individual counseling sessions, as well as building strong community support through AA/NA meetings.

Staff, which is on duty 24 hours per day, includes two licensed alcohol drug counselors, a nursing and physician consultant, licensed social worker, and numerous CD techs to help clients

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make a successful transition to a self sufficient independent living environment. Clients develop individual treatment plan goals, often involving educational opportunities, volunteer work, and/or obtaining employment. EastHaven assists clients in job seeking, resume building, and other professional skills to secure employment and sober housing.

According to a representative of EastHaven, the majority of clients are local to the St. Cloud area and also need to find new housing upon leaving EastHaven. New housing is critical since their previous living arrangements often are not conducive to recovery. EastHaven staff works with transitional housing facilities and rental landlords in St. Cloud who are accepting of EastHaven's clients. However, there remains a need for more transitional and permanent supportive housing for their clients, who often have poor rental histories or no rental histories at all, making obtaining private housing immediately after leaving EastHaven difficult.

Focus XII Halfway House

Focus XII Halfway House is operated by the Central Minnesota Mental Health Center and provides chemical dependency treatment for men who need support when making the transition from a structured primary chemical dependency treatment program to independent living. Capacity is 15 beds but will increase to 18 beds in January 2010. Although it is not transitional housing, Focus XII provides temporary housing (usually 90 days although the maximum is 180 days) and support services that can help prevent single men from becoming homeless. The residents are referred through County 25 rule assessors while they are in inpatient chemical dependency treatment.

Focus XII is located in an eight-plex apartment building in which fifteen residents share five apartment units (three residents per unit). The remaining units include an office/therapy center and a recreation area – one of the units will be converted back to housing to accommodate the additional three residents. This facility has staff on duty 24 hours per day. The staff includes a full-time counselor that also assists the residents in identifying housing options. The apartment plan encourages development of independence and self-reliance. Residents are required to participate in four hours of group therapy and meet with a counselor for one hour each week.

Focus XII is fully occupied and there is an extensive waiting list. Potential new clients are turned away almost daily. At the same time, Focus XII is experiencing less consolidated funding sources and more MA or Minnesota managed health care plans/ prepaid medical assistance plans (such as Ucare, Blue Plus, and Medica).

Journey Home and Passages

St. Cloud Hospital's Behavioral Health Services operates two halfway houses, Passages and Journey Home. They are residential facilities providing extended care and halfway house programming for chemically dependent people. Passages serves men age 18 and older and Journey Home serves chemically dependent women and their children. Passages moved into a former Ramada Inn in 2006 and has 33 beds (although it has capacity for 40 beds). Prior to 2006, Pas-

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sages had 28 beds located in six apartments. Journey Home is located in Sauk Rapids and has capacity for 38 women and 30 children.

The halfway house programs are structured, recovery-based programs designed to provide a transition for people completing a primary chemical dependency treatment program. To be eligible to stay at the halfway houses, people must have completed primary treatment and may be referred by treatment center counselors, social service agencies, physicians, psychologists or psychiatrists, or referred by family members.

Demand is strong for Journey Home and Passages, since there are few programs of their type in the State. Journey Home is the only facility of its kind in the St. Cloud area. Both facilities are fully occupied by people from Minnesota and the surrounding states. There are also waiting lists for both facilities. People stay an average of three months, with a maximum allowed stay of one year.

About one-quarter of the people entering Passages return to their families when they complete the program. Of the other three-quarters, some are homeless prior to entering the program and others are not welcome back to their previous living arrangement. These people need new housing when leaving the program and transitional housing is often an appropriate next step before seeking private housing. Because of the growing demand for Passages, the need for transitional housing and sober housing is also increasing.

St. Cloud Hospital's Behavioral Health Service also operates Recovery Plus program for chemically dependent adolescents and adults. This primary treatment program is an outpatient program with participants living either on the third floor of the Passages building (men) or in Our House (women). The Passages building has 55 beds for men and Our Home has 50 beds for women. Participants of this program spend eight hours a day in treatment and live in the facility. The average treatment for Recovery Plus program is 30 to 45 days. About 80% of the participants are dual diagnosis (chemical dependency and mental illness).

Veterans Administration Medical Center (VAMC)

St. Cloud is home to the St. Cloud Veterans Administration Medical Center, which delivers care to more than 32,000 veterans in the upper Midwest region. Along with primary medical care, the VAMC provides mental health programming, including acute psychiatric care, Residential Rehabilitation Treatment, programs and an outpatient mental health clinic. The programs use a recovery model to treat post-traumatic stress disorder (PTSD), substance abuse, and a variety of mental health conditions. Outpatient programming includes treatment for serious mental illness, vocational rehabilitation, and supported employment.

Many of the people in the various transitional housing programs in St. Cloud come from the VAMC's Behavior Health Program. The Behavior Health Program has a total of 148 beds. Most are used for short-term treatment for chemical dependency, with patients staying an average of 40 days. There is also a 20-bed unit within the Behavior Health Program for longer-term patients who need more time to prepare for their own housing and gain employment. Demand

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has been light for the longer-term beds, as 96% of the patients in the short-term beds are placed in housing somewhere.

People from across the State and Upper Midwest Region seek treatment in this program, and upon completing their treatment, some go home to their families, some move into halfway houses across the Upper Midwest, and some move into housing in St. Cloud, including transitional and permanent supportive housing programs. Among the facilities in St. Cloud are Catholic Charities' Veterans Transitional Housing, Salvation Army's Veterans Transitional Housing, and HUD-VASH units.

In 2008, 1,012 veterans were served by the VAMC's Behavior Health Program. Thirty-nine percent of the veterans were homeless upon entry into the program. Overall, about 20% of the patients were veterans of Operation Iraqi Freedom and Operation Enduring Freedom.

Summary of Findings

Chemical dependency is a major contributing factor in people becoming homeless or at risk of homelessness in St. Cloud. Most of the residents of emergency shelters, transitional housing facilities, and permanent supportive housing facilities have a chemical dependency that played a role in their inability to find or maintain permanent housing.

Our review of treatment facilities and halfway houses in St. Cloud revealed a large expansion in the total capacity. Total capacity, including the St. Cloud Hospital's Recovery Plus Program, is 357 beds, up from 280 in 2006. Passages and Journey Home both expanded and EastHaven was added. In addition, Passages may expand by another seven beds in 2010 and Focus XII is expanding by three beds. Still, demand for these treatment programs is high as these programs are operating at near capacity. While some clients of treatment programs have housing, often with their families, many are homeless or have experienced homelessness. Combined with their chemical dependency, many also have poor work histories, bad credit, and bad rental histories that make it very difficult to find housing.

Transitional housing facilities are often a first step for people leaving treatment facilities/halfway houses. Once people have maintained their sobriety, restored their credit, and/or established a rental history, they then have a greater chance of finding and maintaining private housing.

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Introduction

Many people and families that are homeless do not seek shelter at emergency homeless shelters. Instead, they may double up with friends or family, or some may sleep in places not meant for shelter, such as their automobile. Additionally, many people at risk of becoming homeless receive assistance from service providers to prevent them from becoming homeless. At some point, most of these people contact social service agencies for assistance. This section analyses the growth trends and needs of this population to determine the impacts they have on the need for additional emergency shelter beds and transitional housing in St. Cloud.

The following are summaries of programs, trends in needs, and other key findings from agencies that provide services to low income people who are at risk of becoming homeless or are already homeless.

Overall, the ability of service providers to assist people at risk of homelessness has been reduced by budget cuts to State programs. As of November 1, 2009, the State suspended funds to Emergency General Assistance (EGA), Emergency Minnesota Supplemental Aid (EMSA), and Minnesota Supplemental Aid Special Diets (MSA-SD). This unallotment of funds is to be in effect through June 30, 2011. Funding to the General Assistance Medical Care (GAMC) program has also been cut. GAMC serves a population often struggling with mental illness and/or chemical dependency that usually enters the health care system as a result of a health care crisis.

Partially offsetting the loss of these programs is an increase in funds to Minnesota Family Investment Program (MFIP) emergency or crisis services and stimulus funds through the American Recovery and Reinvestment Act of 2009 (ARRA). The stimulus created the Homeless Prevention and Rapid Re-housing (HPRP) and Temporary Assistance for Needy Families Emergency Assistance (TANF-EA) programs.

HPRP provides financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. The funds will provide for a variety of assistance, including: short-term or medium-term rental assistance and housing relocation and stabilization services such as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management. In the St. Cloud area, agencies that received HPRP funds include the St. Cloud HRA, Catholic Charities, Anna Marie's, the Central Minnesota Re-entry Project, and Tri-Cap.

TANF-EA funds can be used to provide benefits and services to families that comply with the four statutory purposes of the program. The four purposes are: 1) to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; 2) to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; 3) to prevent and reduce the incidence of out-of-wedlock pregnancies and establish numerical goals for preventing and reducing the incidence of these pregnancies; and 4) to encourage the formation and maintenance of two-parent families.

Benton County Human Services

Portions of the City of St. Cloud are located in Benton County, including the Salvation Army's emergency shelter. People and families in Benton County who are at risk of becoming homeless or who become homeless often look to St. Cloud service agencies for help.

Benton County Human Services' first option when a person or family who is homeless contacts them is to refer them to the Salvation Army Emergency Shelter. The second option if the Salvation Army Emergency Shelter is full is Church of the Week. The people that are medically fragile and have multiple issues are typically referred to adult foster homes, nursing homes, board and lodging facilities, the Salvation Army, or Place of Hope.

According to a Benton County Social Services representative, Salvation Army provides excellent services to the homeless population and Church of the Week has been a major benefit to the St. Cloud area as well. Church of the Week most often serves as a last resort for homeless single adults and families. Besides emergency shelter, many of the homeless people and people at risk of homelessness would benefit from additional transitional housing in the St. Cloud area, particularly for people who do not have a high level of disability, but can not find housing due to criminal history or bad credit. Increasingly, many people are at risk of homelessness because of the economy, not because of reasons such as mental illness, chemical dependency, criminal history, etc. Eighty more people requested services from the Human Services Department in September 2009 than in September 2008 – this increase was mostly due to the poor economy.

While demand for homeless assistance from Benton County has risen, the loss of State programs such as EGA and GMAC is making more difficult to serve people who are homeless or at-risk of homelessness. Increased funding to MFIP and the new HPRP program has helped offset the loss of these State programs, but primarily aid only families while singles remain with few options.

Stearns County Human Services

When a homeless person or family comes to Stearns County Human Services and it is determined that they are vulnerable and need shelter, they are referred to the Salvation Army Emergency Shelter. If the emergency shelter is full, homeless persons are referred to the faith community sponsored Church of the Week program. Landon Place was also an option but was closed in August 2009 and is no longer available.

Stearns County placed homeless people at Landon Place, Salvation Army, and Church of the Week for a total of 2,460 bed nights in 2006, 1,646 bed nights in 2007, and 1,119 bed nights in 2008, representing a continued downward trend from 2,649 bed nights in 2005.

The County receives applications from people near or at homelessness for assistance with basic needs, which are often provided through the Emergency Assistance Program. The primary goal of Emergency Assistance Program is to prevent homelessness by providing assistance that enables a family to meet needs in a crisis situation. People eligible for these programs are indi-

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viduals and families with children who will face an emergency situation that will threaten their health or safety if not resolved.

In 2009, the federal ARRA, commonly known as the Stimulus Package, infused funds to families in emergency situations through the TANF-EA program. Alternatively, Minnesota unallotted funding for the state Emergency Assistance programs through the 2010-2011 biennium, effectively eliminating emergency funding to single adults and married couples without children.

In addition to federal and state grants that Stearns County receives to address homelessness and mental illness, Stearns County also receives a state PATH grant (Project for Assistance in Transition from Homelessness). The objectives of the PATH grant are:

- Provide services to homeless persons with serious and persistent mental illness so that they can receive the basic needs of life. One of those basic needs for life is mental health services.
- Support the efforts of homeless service providers (i.e., shelter, drop-in centers, transitional housing programs, etc.) to assist homeless persons with mental illness.
- Collaborate with the mental health provider system to mainstream persons who are the hardest to serve to gain access to mental health services on an ongoing basis.

The PATH grant enabled Stearns County to hire a homeless outreach social worker in 2005. The primary duties of the social worker include:

- Making contact and developing relationships with homeless persons with mental illness at St. Cloud area homeless shelters, outreach drop-in centers, and other locations known to be frequented by homeless persons.
- Coordinating assistance efforts through county and community resources in securing housing and other services necessary to achieve sustainable housing environments.
- Assisting the person in accessing community resources and services.

In 2008, the homeless outreach social worker contacted 257 homeless people and served 245 people with PATH services. Of those served, 75% were men, 11% were veterans, 80% were under age 50, 14% were living outdoors, 51% in emergency shelters, and 25% at someone else's apartment or house. In comparison, the homeless outreach social worker contacted 252 homeless people in 2005 and served 176 people with PATH services.

Central Minnesota Mental Health Center

Central Minnesota Mental Health Center provides a wide range of mental health and chemical dependency services in Benton, Stearns, Sherburne, and Wright Counties, in addition to the Northway Group Home, Focus XII Halfway House, and Shelter Plus Care discussed in the previous sections. The services provided (there are several programs) include chemical dependency

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educational programs and out-patient treatment, out-patient mental health services, adolescent day treatment for students who have a documented emotional behavior disorder, a compulsive gambling out-patient treatment program, and detoxification services.

Central Minnesota Receiving and Referral Center (Detox)

The Central Minnesota Receiving and Referral Center is designated by the State Department of Health as an “Essential Community Provider,” or a detox center. It is a 12-bed facility located in St. Cloud that serves a four county area: Stearns, Benton, Sherburne, and Wright. The detox center has been operating near full occupancy for several years (it is usually fully occupied from Thursday to Monday). In the past three months, 100 people have been turned away because the detox center was full. In response to demand, the detox center is currently being expanded to 15 beds and will be designed in a more versatile layout to accommodate more people.

In addition to adding beds at the detox center, the development of River Crest Apartments (permanent supportive housing for chronic inebriates) will ease occupancy, and therefore reduce the number of times people are turned away because the detox center is full. According to a representative of the detox center, a 2008 review of chronic recidivism at the detox center identified 80 people who are chronic alcoholics who are unable to maintain housing. Chronic alcoholics accounted for over half of the 2,000+ admissions the detox center in 2008. Thus, River Crest Apartments should greatly reduce the number of visits by chronic inebriates to the detox center, and reduce costs to the County as well. Fifteen percent of high-access alcoholics account for 85% of the detox center cost.

The average age of people admitted to the detox center is 35 to 45, and 75% of admissions are men. In addition, one-third of the admissions are homeless veterans. There is also a rising percentage of admits to the detox center who have a mental illness. Currently, it is estimated that half of the people admitted to the detox center have a mental illness, and many of these people with a mental illness are homeless. In addition to River Crest Apartments, staff at the detox center identifies a need for permanent supportive housing in St. Cloud for people with a mental illness. Such a facility would help stabilize this population and thereby reduce their visits to the detox center.

Central Minnesota Re-Entry Project

The Central Minnesota Re-Entry Project (CMRP) began in 2006 with the mission of creating safer communities by providing ex-offenders the opportunity to transform their lives through mentoring, resources, and community partnerships. CMRP helps ex-offenders by putting them in contact with felon friendly employers and landlords, directing them to the appropriate social service agencies, connecting them with pro-social mentors, and providing financial assistance when necessary. These services reduce recidivism by helping to insure that the ex-offender has access to legal sources of support.

CMRP assists hundreds of ex-offenders who are released from state prisons and county jails into central Minnesota communities each year. According to a staff member, between 15 and 25 ex-

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offenders from the St. Cloud area contact CMRP each week; assistance with finding housing is one of the primary needs since many of them do not have solid attachments to their families or to the community. There are some transitional housing programs and landlords willing to accept ex-offenders but the need for housing from this group greatly exceeds supply. Through the stimulus package this year, CMRP has received a housing assistance grant from the HPRP that they will use to assist ex-offenders with security deposits, application fees, rent, etc. The grant funds became available in the past month and 60 ex-offenders have applied (but none have been awarded yet). This program will help some ex-offenders find housing in the short-term, but additional ex-offender friendly housing is needed in the long term to provide adequate housing options.

Supported Housing For Youth

Supported Housing for Youth (SHY) is operated by Catholic Charities and offers housing, counseling, and financial assistance for young people, ages 16 to 24, who are experiencing homelessness, near-homelessness, or aging-out of foster care. SHY is offered at no cost to the youth and helps build stability in their lives and maintain affordable housing. The SHY Program assists qualifying youth experiencing a crisis in housing to build a success plan for independent living, find and maintain affordable housing, and network with valuable community resources. Youth may participate in the program for up to six months or as arranged with their counselor. An independent living skills counselor assists youth in the SHY Program as they develop goals in the following areas:

- Career planning
- Completion of high school
- Continuing education
- Employment
- Financial management
- Housing
- Household maintenance
- Medical/mental health systems, facilitation, and/or referral
- Nutrition/meal preparation
- Self-esteem/decision-making
- Transportation
- Use of community resources
- Vital Document Folder preparation (includes: birth certificate, social security card, state identification, school identification, emergency contact forms, green card, and health insurance card)

The homeless population age 16 to 18 is greatly underserved because there are no shelters for unaccompanied youth (under 18) in the St. Cloud area. SHY is the only program in the St. Cloud area that specifically serves this population. In addition, there is a lack of awareness and funding for homeless youth. The SHY Program is receiving about 15% less funding for the next two-year cycle (2009-2011) than for 2007-2009. This will reduce the SHY program's ability to serve homeless youth.

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In the 2008 calendar year SHY served 36 youth, of which 10 were young parents. In addition, there are about 20 to 25 youths on a waiting list for assistance. Of the 36 youth served, 29 were females and seven were males. One client was age 17, 13 were age 18, seven were age 19, and the remaining 15 were ages 20 to 22. The previous living arrangements of the 36 clients in 2008 included eight living with their parents, 11 living alone, two with friends, three were homeless, two were in group homes, eight were in foster care, one was in transitional housing, and one was in treatment. Overall, these youth had not learned the life skills necessary to live independently before entering the SHY Program. The counseling and assistance from SHY provides these youth with the living skills that they may not otherwise gain.

Tri-County Action Program (Tri-CAP)

Tri-County Action Program, Inc. (Tri-CAP) is a federally funded program designed to serve low and moderate income residents of Benton, Sherburne, and Stearns Counties. Tri-CAP is an agency whose mission is to secure opportunities for people to become self-sufficient by inviting all of the community to participate at their various levels of awareness and abilities. Often, Tri-CAP services are extended to people living outside the three counties.

Tri-CAP administers a range of programs in the Tri-County Area that benefit low-income people, and more specifically, many people who may be at risk of becoming homeless. Among the programs that serve the homeless or near homeless population most directly are the Family Homeless Prevention and Assistance Program, Emergency Food and Shelter National Board Program, and the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

Family Homeless Prevention and Assistance Program (FHPAP) funds can be used for a broad range of purposes aimed at stabilizing families, youth, and individuals in their existing homes, shortening the length of stay in emergency shelters, and/or assisting families, youth, and individuals with securing transitional or permanent affordable housing. To be eligible for assistance through the FHPAP program people must have be unable to secure assistance through the County, be unable to secure housing in any manner (i.e., living with family members), and demonstrate that they have income to continue their future rent or mortgage payments. The main reason Tri-CAP turns people away is because they cannot demonstrate that they can make enough income in the future to cover their monthly expenses. If they cannot, Tri-CAP will provide them with budgeting education and assistance finding a less expensive place to live. In 2008, Tri-CAP served 270 people with FHPAP funds.

The Emergency Food and Shelter National Board Program (EFSP) is a Federal program administered by the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA). The program is entrusted to supplement and expand ongoing efforts to provide shelter, food, and supportive services" for the nation's hungry, homeless, and people in economic crisis. Emergency Food & Shelter Program works with families or singles who are homeless, at imminent risk of homelessness, or are living in shelters to stabilize their lives by providing rent or mortgage assistance. This program runs from approximately March through September of each funding year and can be utilized once every three years. In 2009, St. Cloud

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City/Benton, Sherburne, and Stearns Counties were awarded \$102,072. Tri-Cap served 183 people with its share of the EFSP funds.

In February, 2009, the American Recovery and Reinvestment Act of 2009 was enacted which includes \$1.5 billion for a homelessness prevention program called the Homelessness Prevention and Rapid Re-Housing Program (HPRP). The goal of HPRP is to rapidly re-house families who fall into homelessness, or prevent them from becoming homeless in the first place. Grants provided under HPRP are not intended to provide long-term support for individuals and families, nor will they afford mortgage assistance to homeowners facing foreclosure. HPRP offers a variety of short- and medium-term financial assistance to those who would otherwise become homeless, many due to sudden economic crisis. Assistance includes short-term rental assistance (up to three months), medium-term rental assistance (up to 18 months), security deposits, utility deposits, utility payments, moving cost assistance, and hotel vouchers. Payments are not made directly to households, but rather to third parties, such as landlords or utility companies. The program also provides assistance to rapidly re-house persons who are homeless and likely to remain stably housed, whether subsidized or unsubsidized, once the HPRP assistance concludes.

The most common reason people receive assistance from Tri-CAP give for being homeless is because they were evicted and could not afford rent due to a crisis situation. People served are either unemployed or are employed in low-paying service jobs. The biggest needs of low-income people to keep them from homelessness are more affordable housing, affordable child care, transportation to jobs, and self-sufficiency for low income people to help them survive without welfare.

United Way 2-1-1

United Way 2-1-1 is a 24/7, free and confidential community help line. On average, people make at least seven to eight calls before finding the right program to assist them. This inefficiency and ineffectiveness causes many people to give up before they find the help they need. By dialing 2-1-1 (or toll free 1-800-543-7709), a caller is connected with a certified information and referral specialist who listens and provides information on local human services that can help them, their family, or people they care about. 2-1-1 is able to direct callers to resources that may be able to assist them with housing assistance, food support, day care, volunteer opportunities, and more.

In December of 2008, United Way 2-1-1 conducted a survey with callers that had previously used the 2-1-1 services. Ninety-six percent of the respondents said the 2-1-1 call responder understood their needs and were able to assist them. Ninety-nine percent of respondents said they would recommend 2-1-1 services to others.

Within United Way of Central Minnesota 2-1-1's eight county area, there were more than 8,300 calls and 13,000 referrals in 2008. Forty-five percent of the callers were requesting assistance with basic need and life issues.

Summary of Findings

Interviews with human service agencies identified needs and trends of homeless and at-risk homeless people and difficulties in meeting the needs of both of these groups. Key findings from these interviews are as follows.

- ▶ Case loads at service agencies are up because of the poor economy. More people are homeless or at risk of homelessness primarily because of unemployment or foreclosure, not because of other personal issues. At the same time, overall funding for assistance programs is down, particularly for single adults.
- ▶ As with previous studies, poor rental history, poor credit, criminal record, and/or unlawful detainers are the usual issues that inhibit people or families from being accepted at rental projects. In addition, a lack of living skills often resulting in poor lifestyle habits that then results in these people being evicted. Thus, they cannot maintain a residence once they obtain it.
- ▶ There remains a need for transitional housing and permanent supportive housing despite the addition of new facilities in recent years. These facilities are often full when service agencies are seeking placement for clients who are homeless or at risk of homelessness.
- ▶ In addition to people with negative lifestyle habits or living skills that struggle to live independently, there are also many people with a mental illness who struggle to live independently. There is a strong need for facilities designed to provide supportive housing to people with a mental illness.

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Review of Findings

This update finds that there are several primary causes of homelessness in St. Cloud that have remained consistent since our first study was completed over 10 years ago. Most notable of these causes are the shortage of affordable housing, negative lifestyle habits, chronic inebriety and mental illness. Other causes include low wages, domestic violence, and the regional draw of homeless veterans to the Veterans Administration Medical Center located in St. Cloud. The current economic downturn has resulted in an increase in another group of people at risk of homelessness – people/families who are unemployed but have no other negative lifestyle habits that contributed to their situation. Since many of the facilities and programs to help reduce homelessness in St. Cloud focus on people with personal issues such as sobriety, mental illness, bad credit, etc., there often is little assistance for these unemployed people. Because Minnesota unalotted funding for the state Emergency Assistance programs through the 2010-2011 biennium, even fewer resources are available for single adults and married couples without children.

The shortage of affordable housing is not as large of a factor as earlier in the decade. However, very low wages prevent some people from affording even affordable rental housing and landlords are still implementing strict tenant screening. Thus, people with negative lifestyle habits (i.e. unlawful detainers, felonies, poor credit, poor rental history, and particularly those with criminal histories) have a difficult time finding permanent independent housing.

This update finds that the number of people who are homeless and at risk of homelessness continues to exceed the capacity of facilities and programs in St. Cloud. This is despite new facilities and programs that have been added in recent years to meet many of their housing needs, including the Al Loehr Apartments, a larger Salvation Army emergency shelter, H.O.P.E on Ninth, Central Minnesota Transitional Housing Program Salvation Army, HUD-VASH, and more Shelter Plus Care vouchers. River Crest is under construction and will accommodate demand from chronic inebriates beginning in 2010. Other programs have been lost, including Better Homes and Gardens Transitional Housing, Casa Mia, Landon Place, and Home Again. Casa Mia may be restored in 2010 provided funding is obtained.

Projected Demand for General Emergency Shelter Beds in St. Cloud

In the previous emergency and supportive housing needs studies completed by Maxfield Research Inc. for the St. Cloud HRA, we estimated that demand for general emergency shelter beds (not including battered women's shelters) would be 104 beds in St. Cloud in 2010. This total represented the number of beds needed to provide shelter on an average night for all of the homeless that are seeking shelter in St. Cloud such that no person eligible to stay in a shelter would be turned away. Based on the number of people receiving shelter and turned away from local emergency shelters and Church of the Week, we estimate that demand will actually be about 10% less in 2010, or for 95 beds. While slightly lower, this is still 52 more beds than exist in St. Cloud after Landon Place closed. The Salvation Army emergency shelter has 43 beds (not including seven beds used for veterans transitional housing) serving the general population. The Salvation Army is planning to expand the emergency shelter by 14 beds in 2010, bringing the to-

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tal bed count to 57 and thereby reducing the unmet demand to 38 beds. Thus, there will remain a need for the Church of the Week program.

The opening of River Crest will reduce homelessness in St. Cloud. However, it will serve people suffering from alcoholism and the Salvation Army emergency shelter has sobriety rules, thus River Crest will likely have minimal impact on turn aways at Salvation Army.

After the expansion of the Salvation Army's emergency shelter to 58 beds, we still find unmet demand for about 10 to 15 emergency shelter beds, provided that Church of the Week continues to serve about 20 to 30 people nightly. Without Church of the Week, demand for additional emergency shelter beds would increase to about 30 to 45.

The current economic downturn is impacting homelessness in St. Cloud, but that should be temporary until the economy improves again. Helping to temper homelessness over the long-term are transitional and permanent supportive housing options in St. Cloud that have been added recently and/or are proposed. These facilities and programs provide a more stable housing environment to many people who have a difficult time maintaining private housing, and therefore experience multiple episodes of homelessness.

Projected Demand for Emergency Shelter Beds for Battered Women

Demand for emergency shelter beds for abused women is calculated separately from demand for general population emergency shelter beds because of the specific purpose of abused women's shelters.

The closer an emergency shelter is to running at 100% capacity, the more people it will have to turn away. High turnaway rates start to occur when a shelter has occupancy rates above 80% over the course of a year. Thus, 80% occupancy is about the maximum that a shelter should be at to adequately provide shelter to all those who need shelter (so that no woman would have to be placed in other local shelters or battered women shelters in other communities outside the area). Anna Marie's operated at above 90% occupancy for many years and finally in 2008 operated at 107%. All of the beds were occupied almost every night and many nights women also slept on cots when they were referred by emergency services at night and there were no other places to find shelter.

With 34 beds, no more than an average of 26 beds would need to be occupied for Anna Marie's to remain at about 80% occupancy. With current occupancy at 107%, the current facility is no longer meeting the St. Cloud area's need for emergency shelter for battered women. A total of 45 to 50 beds would be needed for Anna Marie's to adequately serve the St. Cloud area. This would ensure that the majority of women seeking shelter would not need to be placed in a shelter outside the area. According to representatives of Anna Marie's, however, the need for additional shelter beds could be off-set somewhat by the expansion of transitional housing for battered women.

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Projected Demand for Shelter Beds for Chronic Inebriates

The 40-bed River Crest Apartments is scheduled to open in 2010 and will meet the shelter demand from chronic inebriates. The 2006 emergency and supportive housing needs study completed by Maxfield Research Inc. for the St. Cloud HRA estimated that the overall population of chronic inebriates in St. Cloud was about 65 people. Based on the estimate that a facility such as River Crest could capture two-thirds of the total chronic inebriate population at any one time, demand was estimated for a facility with 44 beds. Based on our current interviews with service providers, this demand still exists. A review of chronic recidivism at the Central Minnesota Mental Health Center's detox center in 2008 identified 80 people who are chronic alcoholics and unable to maintain housing.

Demand for Transitional and Permanent Housing with Case Management

Transitional and permanent housing facilities with support services have become critical tools to help people get their lives back together and end the cycle of homelessness. Compared to emergency shelters, transitional housing and other housing with support services allows more time for people who would otherwise struggle with homelessness to focus on balancing and improving life skills so they will be able to maintain permanent housing.

We identified nine transitional and nine permanent housing facilities with case management services in St. Cloud in November 2009. Combined, they have a current capacity of about 500 people. Each housing program identified serves a specific population. Although there is some overlap, we classified each facility as serving one of five populations. Below are the classifications with the total number of facilities, beds/units, and the combined occupancy rate (based on each facility's most current occupancy figures).

Clientele Served	Transitional Housing			Permanent Supportive Housing		
	Facilities	Beds/units	Occupancy	Facilities	Beds/units	Occupancy
Families & Women with children	3	42	94%	0	0	--
Single adults with mental illness	1	10	100%	4	118	100%
Single adults*	3	121	95%	2	88	96%
Single males	1	11	55%	0	0	--
Singles and Families	1	7	100%	3	82	100%
	9	191		9	288	

Overall, the nine transitional facilities and nine permanent supportive housing facilities are operating at about 93% and 99% capacity, respectively, indicating strong continued need for these facilities. Among the permanent supportive housing facilities are the four board and lodge facilities serving adults with a mental illness. All of these projects are at capacity, as demand is very strong for this type of housing.

Primary changes over the past three years among transitional housing in St. Cloud include two new transitional housing programs that were added by the Salvation Army – Central Minnesota Transitional Housing program (seven apartments) and Veterans Per Diem Program (seven beds).

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In addition, Place of Hope Ministries – Christian Living Center expanded to 80 beds. However, funding was lost for two facilities operated by the Housing Coalition – Home Again (10 beds) and Casa Mia (42 beds). Home Again is not likely to open again; however, the Housing Coalition is seeking funding to reopen Casa Mia. Another program that closed in 2006 was Better Homes & Gardens Transitional Housing, which served chemically dependent women with children and had capacity for 40 people. Better Homes & Gardens closed because of lack of funding not lack of need, as it operated at full capacity and had a waiting list.

Primary changes over the past three years among permanent supportive housing in St. Cloud include the expansion of Shelter Plus Care to 37 singles/families, the introduction of HUD-VASH (35 units), and the opening of H.O.P.E. on Ninth, and Al Loehr Apartments. In addition, River Crest, which will serve chronic inebriates, is under construction. These facilities have greatly expanded the housing options for single adults and families who are at risk of homelessness because of a chemical addiction, a mental illness, or other issues.

Our analysis finds that the overall need for transitional and permanent supportive housing programs in St. Cloud continues to grow. The transitional need is from both individuals and families who are striving to improve their lives and eventually obtain permanent housing. This includes single parents who are working to reunite with their children since two facilities that served this population closed (Better Homes and Gardens Transitional Housing and Casa Mia closed) and singles, including veterans.

Our research has found that demand for transitional and permanent housing for singles continues to increase. This demand comes particularly from people with mental illness as well as people with chemical dependencies, issues such as criminal records, and bad credit or rental history. Many of these people will always have difficulty obtaining and maintaining private housing. The new HUD-VASH program, Al Loehr Apartments, and H.O.P.E. on Ninth are valuable new resources in the community to help provide housing for people continually at-risk of homelessness. The opening of River Crest in 2010 will provide another valuable resource for people who, until now, have generally gone un-served with permanent supportive housing.

While many new transitional and supportive housing programs have been added in St. Cloud over the past three years, the fact that they are operating at near full occupancy indicates that there continues to be a need that is going unmet. Thus, there remains a need for additional programs/facilities in St. Cloud.

There are also some people who are unable or unwilling to abide by the rules of the transitional/permanent housing facilities and, consequently, are almost impossible to help. This group includes people with violent and uncooperative behavior and people who are unable, or unwilling, to hold a steady job that would provide them the necessary income to afford even rents based on 30% of income. These people will be difficult to serve with either transitional housing or permanent housing with support services and will always be at-risk of homelessness.

Recommendations

In the previous report examining the needs of the homeless and at-risk population in St. Cloud (July 2006), six priority areas were identified to address over the next five years. They were:

- 1) the proposed River Crest Apartments offering permanent supportive housing to chronic inebriates;
- 2) increased case management and support services for people living in permanent housing;
- 3) transitional housing for homeless adults;
- 4) transitional housing for women and families;
- 5) permanent supportive housing for abused women; and
- 6) supportive housing for homeless youths.

River Crest Apartments is under construction and therefore priority area one above is being achieved. Priority area two – increased case management – saw a boost with the opening of the Central Minnesota Re-entry Project came in 2006. The CMRP has added another agency offering case management to a group that often struggles with homelessness (ex-offenders being released from correctional institutions). This has helped off-set some loss in case management due to less funding available for social service agencies. Stimulus package funds that include the Homeless Prevention and Rapid Re-housing (HPRP) and Temporary Assistance for Needy Families emergency assistance (TANF-EA) programs will help agencies offer case management in the short-term, but additional case management will still be a priority over the next five years.

Helping to address priority area three was the opening of the Veterans Per Diem Program and Central Minnesota Transitional Housing Program by the Salvation Army. New permanent supportive housing options (H.O.P.E. on Ninth, Al Loehr, HUD-VASH, and more Shelter Plus Care vouchers) are somewhat indirectly helping address priority area three by creating new housing options that people in transitional housing can move into in a shorter amount of time. Our research finds that transitional housing programs for homeless adults remain at or near capacity and that additional units are still needed in the St. Cloud area.

Priority areas four through six have not been addressed since the previous study was completed in 2006 and remain priorities for the next five years. Three new priority areas have also been identified based on the current analysis: expansion of the existing Salvation Army emergency shelter by 14 beds to address the loss of Landon Place combined with increased demand; increase emergency shelter beds for abused women since Anna Marie's current size is no longer adequate to meet the need; and permanent supportive housing for persons with mental illness.

We recommend focusing current efforts to help people who are homeless or at-risk of becoming homeless by promoting the following recommended projects. Once these facilities have an operational history, the needs in St. Cloud should be reassessed to identify any new gaps in the continuum of care for homeless.

CONCLUSIONS AND RECOMMENDATIONS

We recommend the following be promoted in St. Cloud over the next three years:

- **The expansion of the Salvation Army Emergency Shelter to 64 beds.**

At the time the previous study was completed in July 2006, it was anticipated that the Salvation Army's new facility (which opened in 2006) would have 72 general emergency shelter beds, which would have met most of the demand for emergency shelter beds in St. Cloud when combined with Landon Place and Church of the Week. However, the facility was only able to open with 50 beds, of which seven are used for the Veterans Per Diem Program, leaving only 43 general emergency shelter beds. In addition, Landon Place closed in August 2009. Thus, Salvation Army is operating at capacity and there currently is a shortage of general emergency shelter beds in St. Cloud. We recommend the expansion of the Salvation Army emergency shelter to 64 total beds (57 shelter beds when excluding the Veterans Per Diem Program). While short-term demand for emergency shelter beds will still likely exist even after the expansion of the Salvation Army emergency shelter to 57 beds, an increased supply of transitional and permanent supportive housing should help temper demand over the long term.

- **Transitional Housing for Women and Families.**

Transitional housing for women and families was identified as a priority need in the 2006 study, particularly with the closing of the Better Homes & Gardens Transitional Housing program. Not only has the need remained strong since then, but Casa Mia closed in August 2009 due to lack of funding. To meet the transitional housing demand for women and families, efforts of the Housing Coalition to reopen the 42-bed Casa Mia facility should be supported. If the Housing Coalition is unsuccessful in reopening Casa Mia, a similar facility should be pursued. A new facility should focus on providing transitional housing for recovering chemically dependent women with children or who are pregnant. The housing program should strive to get families back into permanent housing by offering case management, tenant training, and other supportive services in addition to temporary housing.

- **Emergency Shelter for Abused Women.**

Anna Marie's is the only emergency shelter specifically for abused women in St. Cloud. It has 34 beds and is currently operating at 107% occupancy. Based on the level of demand, St. Cloud should have an emergency shelter facility with 45 to 50 beds so that the majority of women seeking shelter would not need to be placed in a shelter outside the area. Anna Marie's has capacity for five additional beds in its facility and we recommend these beds be added. The additional unmet demand could be off-set somewhat by the addition of permanent supportive housing for abused women (our next recommendation). If Anna Marie's is not expanded and no permanent supportive housing for battered women is added, then the development of up to 20 additional emergency shelter beds for abused women should be pursued in St. Cloud.

- **Permanent Supportive Housing for Abused Women.**

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Permanent supportive housing for abused women was also identified as a priority need in the 2006 study. No facility was added since then and it remains a priority with Anna Marie's and the Jill Eckhoff Transitional House (the only transitional facility for abused women in St. Cloud) both operating at capacity. We recommend supporting the addition of permanent supportive housing for abused women with up to 24 apartments. A new permanent supportive housing facility should not only provide a safe living situation to help women rebuild their lives after living with domestic abuse, but also offer advocacy, job counseling, educational assistance, child care, housing advice, emotional support, and assist women with economic stabilization. Unlike the existing Jill Eckhoff, however, a new permanent supportive housing facility should have apartment type units so that each family has their own space and can concentrate on stabilization as a family unit instead of living in a group situation. Communal living often causes added stress and makes a transition to permanent housing more difficult.

- **Permanent Supportive Housing for Adults with Mental Illness.**

The development of additional housing for adults with mental illness, such as board and care beds, should be pursued in St. Cloud. The St. Cloud area's four board and lodging facilities for mentally ill people are typically fully occupied and receive more inquiries from potential residents that they have to turn away. The State's redesign of the mental health network earlier this decade has contributed to greater need for housing for mentally ill people locally. In addition, mental illness is one of the leading causes of homelessness. A high percentage of these people have a severe and persistent mental illness that will prevent them from ever maintaining private housing, leaving permanent supportive housing as about their only option to avoid bouts with homelessness and continued assistance by local service agencies. The most recent homeless report published by the Wilder Foundation revealed that over half of the homeless adults and youth in Minnesota reported a serious mental illness. About 90% of the adults connecting with the St. Cloud Services Department's Service Entry have a mental illness.

In addition to needing more beds to meet the growing demand for permanent housing for adults with a mental illness, an increase in the service rate board and lodges with special services receive is needed to ensure that the facilities in the St. Cloud area can remain viable over the long-term. The State reduced the service rate twice in 2009 making it difficult to operate board and care facilities with special services.

- **Supportive Housing for Homeless Youths**

Supportive Housing for Homeless Youths was identified in the 2006 study as a priority need. No facility was added since then and it remains a priority. Almost all of the facilities in St. Cloud serving the homeless population are for adults or children with their parents. Homeless youth who are unaccompanied by an adult are left with few options. Based on information from Catholic Charities' Supportive Housing for Youth (SHY) program, the homeless youth population in the St. Cloud area is great enough to support a facility for youth age 16 to 21, with specific need for 16 to 18 year olds, that could in-

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clude emergency and transitional/permanent supportive housing. To meet the needs of homeless youth, we recommend a facility that would include four to eight emergency shelter beds and 12 to 18 transitional/permanent supportive housing beds for youths ages 16 to 21. Many of the youth in this facility would need housing for a short period of time while they secure permanent housing (either by finding a cosigner to rent housing or to find a friend/relative to live with). Others may need a longer stay working with a case manager to gain living skills and/or improve credit and rental histories. Youth living in the proposed facility should be required to attend school or be employed, as well as collaboratively work with a case manager.

- **Transitional Housing for Homeless Adults**

With existing transitional housing facilities in St. Cloud operating at high occupancy rates, additional transitional housing units for homeless adults should be supported. A few concepts for transitional housing for homeless adults have been proposed in St. Cloud. We recommend supporting at least one of these facilities within the next three years. The impact that the development of at least one of these facilities (along with the development of other types of permanent supportive housing and increased case management) has on the need for transitional housing in the St. Cloud area could be measured in a few years to determine what other, if any; types of transitional housing for homeless adults are needed.

One of the proposed transitional housing facilities is a collaboration of the Central Minnesota Housing Partnership, the Housing Coalition of St. Cloud, and the Veterans Administration Medical Center. This collaboration has proposed for several years to develop up to 24 units of transitional housing with supportive services for both veterans and non-veterans. The proposed concept, which is very preliminary, is for all one-bedroom units with a maximum stay of up to two years. The target group would be veterans and non-veterans who are homeless or at risk of becoming so and would be a stepping stone away from homelessness to either permanent supportive housing or private housing.

The Salvation Army has also proposed a transitional housing facility for veterans. The Salvation Army opened its seven-bed Veterans Per Diem Program in March 2009 and has had strong interest in the program. Hence, the Salvation Army is exploring the potential to develop a facility with capacity for up to 24 beds that would serve the same population through the Veterans Per Diem Program.

This study finds that the people with criminal histories, particularly those with felonies who are being released from correctional facilities, have a very difficult time obtaining private housing. We recommend supporting a transitional housing facility(s) with up to 30 units in the St. Cloud area that accepts people with criminal histories, including those with felonies and in some instances, those with violent felonies. It is anticipated that this type of facility would increase the success rate of the correctional release population and reduce crime in the community.

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- **Increased Case Management and Support Services for People Living in Permanent Housing.**

As found in the previous studies, it is very important to provide case management services and other support programs to families and individuals in private housing to help them remain self-sufficient for the long-term. The purpose of these support programs is to reduce the chances of high-risk people and families from losing their housing and entering the cycle of homelessness.

Case management and support services should be aimed at people and families who have a difficult time finding rental housing because of unlawful detainers, bad credit histories, and/or criminal backgrounds. Supportive programs and case management services would reduce the burden on emergency shelters and transitional housing facilities that are already functioning at or near capacity. Over the next three years, we suggest emphasizing increasing case management and support services for at-risk people living in private housing.

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