

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MN-505 - St. Cloud/Central Minnesota CoC

1A-2. Collaborative Applicant Name: Central MN Housing Partnership, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliance

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Central MN Council on Ageing - Senior Citizen	Yes	Yes
Native American Tribal Representative	Yes	Yes
Veteran agencies and advocates	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

1. Central CoC ensures that all subpopulations are represented in the CoC and committees, as well as organizations from the different regions of the CoC, as it encompasses a large, mostly rural area. This is accomplished by regularly reviewing membership & conducting outreach to those in under-represented populations. This has resulted in getting valuable input from the following subpopulations: domestic violence victims, sex trafficked, veterans, youth, mental health, seniors, Native Americans, those with a criminal background, LGBTQ providers, homeless service providers including: shelters, outreach, prevention, TH, RRH, PHAs, and PSH.

2.CoC Coordinator and representatives attends various meetings including United Way, Governor's Task Force on Housing, Family Homeless Prevention and Assistance, Homeless Concerns, City Council, Property Management meetings and veterans bi-weekly meetings to speak on behalf of the CoC and to solicit valuable information and feedback needed to provide the best services to those in need. Information is provided to public forums to try to dispel the "myths" of who the homeless are; to obtain information from concerned citizens, agency personnel and public officials. All information is gathered and used to develop new programs and/or improve current programs.

3. An example is the inclusion of valuable sex trafficked information to better serve those in our area that are trying to remove themselves from their bonds. This resulted in a new program for Sex Trafficked victims. Meetings with the St Cloud Rotary resulted in a new drop in center for youth, sponsored by 4 Rotary agencies in the area.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

1. Central MN CoC advertises an open invitation to become a member at least once a year, via Facebook, the CoC Website and through emails. However Central CoC believes that invitations should be made on a daily basis. The Process for new member recruitment is: When a new agency arrives in the

CoC area, the CoC Coordinator and/or CoC members approach that agency, provide them information regarding the CoC; who we are, who we serve, how we operate, etc., and invite them to attend a CoC meeting. The CoC Coordinator meets with the agency individually to provide an orientation to the CoC.

2. The CoC communicates the invitation process through social media, Facebook, CoC website, email lists to area agencies and concerned citizens, other agency websites and discussions at area agencies such as the United Way, Family Homeless Prevention and Assistance programs, veteran meetings, state-wide CoC/State meetings, City Councils, landlord engagement meetings, healthcare meetings, Rotary, etc.

3. Central CoC solicits new members via social media at least annually, but our process is to solicit new members continually, day to day, especially when new agencies open in the area.

4. Special outreach is always conducted to encourage homeless and/or formerly homeless to join the CoC. The current CoC Coordinator and, 2 agency representatives are former homeless persons. Those that are currently homeless seem to shy away from becoming a CoC member. CoC Coordinator and CoC members attend Family Homeless Prevention and Assistance and Homeless Concerns meetings where current and formerly homeless persons attend. We receive valuable input for them through more targeted settings. The CoC needs to go to where homeless feel most comfortable. That way we receive the most valuable, honest information.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

1. Central CoC notifies the public that the 2018 HUD NOFA is open and accepting project applications by emailing agencies in the area, and posting the information on Facebook and on the CoC Website. All housing, social service, government and non-profit agencies receive this notice as soon as the HUD NOFA comes out; it is providing ample time for the interested agencies to notify the CoC of their intent to apply for funds. Special efforts are made to reach out to agencies serving households disparately impacted by homelessness that have historically not applied for HUD funds. CoC Coordinator also notifies agencies of the NOFA information and how to apply for the funding at various meetings. Instruction links for both new and renewal projects is included online. The link takes the potential applicant to the CoC Website that has the timeline for applications as well as a guideline handbook that takes them through the application process.

2. The Scoring Committee reviews and scores new applications for eligibility, meeting homeless unmet needs, priority needs in the area, project design and HMIS and Coordinated Entry requirements. All agencies that meet eligibility requirements are invited to submit a full application through eSnaps. Notification includes basic information about applicant and proposed subgrantees, project type, project location, and target population. New project applicants are strongly encouraged to communicate with the CoC Coordinator before submitting an Intent to Apply to ensure compliance and receive technical assistance, if

needed. New project notification of Intent to Apply will be collected via electronic form.

3. Central CoC publicly announced the 2018 HUD NOFA on July 5, 2018.

4. Not applicable. Central CoC accepts proposals from organizations that have not previously received CoC program funding and announced it was open to proposals from non-CoC Program funded organizations.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Senior Citizen Housing	Yes
Health Care Organizations	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

1. Minnesota's Department of Human Services (DHS) Office of Economic Opportunity (OEO) is the ESG recipient for the balance of state. In the ESG RFP process DHS OEO and Central CoC Coordinator reviews, scores and ranks proposals which lead to funding recommendations. Central CoC review

committee includes a range of providers from all 13 Central CoC counties so geographic concerns were addressed. HMIS and PIT count numbers were used to assist in determining the ESG needs in the CoC area. Scoring Criteria include: priority need in area, past performance of sub-grantees, program design, program policy and procedures and budget.

2. DHS-OEO takes into consideration the CoC recommended funding levels, specific CoC feedback about ESG applicant performance, level of collaboration & local priorities in funding decisions and has influenced OEO's overall plans for prevention/RRH distribution due to the lack of shelters in the outstate areas. Additional local homeless information (such as market housing trends, rental and transportation barriers) was provided by CoC members through public hearings, written comments, and directly to State staff who regularly attend CoC meeting across the state.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and

(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.

(limit 2,000 characters)

1 The Central Continuum of Care (CoC) allows participants who are victims of domestic violence, dating violence, sexual assault, Trafficking, or stalking to request an emergency transfer from the participant's current unit to another unit (if scattered site the participant may search for another comparable unit). The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of a housing program to honor such a request may depend upon a preliminary determination that the participant is or has been a victim of domestic violence, dating violence, sexual assault, trafficking or stalking, and on whether the housing program has another housing unit that is available and is safe to offer the participant for temporary or more permanent occupancy.

To request an emergency transfer, the participant will request for transfer to the housing provider. The Housing Provider will provide reasonable accommodations to individuals with disabilities and provide assistance

completing the written request if asked by the participant.

2 A participant that is eligible for an emergency transfer will receive priority for a transfer or placement on a waiting list of their choice that is at least equal to any additional priority that the housing provider may already provide to other types of emergency transfer requests.

The housing provider keeps confidential any information that the participant submits in requesting an emergency transfer, and information about the emergency transfer, unless the participant gives written permission to release the information on a time limited basis, or disclosure of the information is required by law or court order. This includes keeping confidential the new location of the housing unit of the participant if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the participant.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

1 The Central COC agencies work with victim's services to provide training to COC area projects and Coordinated Entry staff. Agencies are trained on the following: Trauma Informed Care: an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. Motivational Interviewing (MI): an evidence-based treatment that addresses ambivalence to change. MI is a conversational approach designed to help people with the following:

- Discover their own interest in considering and/or making a change in their life (e.g., diet, exercise, managing symptoms of physical or mental illness, reducing and eliminating the use of alcohol, tobacco, and other drugs)
- Express in their own words their desire for change (i.e., "change-talk")
- Examine their ambivalence about the change
- Plan for and begin the process of change
- Elicit and strengthen change-talk
- Enhance their confidence in taking action and noticing that even small, incremental changes are important
- Strengthen their commitment to change

Cultural competence: the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses. being aware of one's own world view. developing positive attitudes towards cultural differences. gaining knowledge of different cultural practices and world views.

2 With implementing these specific trainings COC projects and Coordinated Entry staff will have the knowledge to work with individuals experiencing domestic violence, sexual assault, and stalking. COC projects and Coordinated Entry staff will also continue to cross collaborate with area domestic violence shelters in order to best serve those individuals experiencing a domestic violence situation.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

1. It is important to get a complete picture of the issues revolving around domestic violence, dating violence, sexual assault, trafficking and stalking in order to assist their needs. In order to do this we analyzed information and data from the MN Day One report (A report based on the calls for DV, sexual assault, trafficked in Minnesota); MN Council of Battered Women; statistics from the HMIS demographics report; conversations with state and local victim service personnel and from victim survivors themselves. This provides the CoC with an overall picture of the plethora of services needed to provide safe, secure, and affordable housing and services. Policies and procedures are developed, based on this information. A housing safety and stability plan is developed and specialty services are procured

**1C-4. DV Bonus Projects. Is your CoC Yes
applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	☐
RRH	☒
Joint TH/RRH	☐

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1. Central CoC is currently serving 347 domestic violence survivors in the CoC geographic area, 65 of those were actively fleeing domestic abuse. The number of sex trafficked victims is unclear at this time. Central MN, according to national sex trafficked organizations, is a core center for sex trafficking. Rural trafficking looks pretty different than urban trafficking. There are reports of youth sexually assaulted at remote casino hotel parties, where they might be lured by the promise of free booze or drugs. Sexual assault is the biggest precursor to being trafficked.

2. The data source the CoC used for the calculations is HMIS and a count of DV and sex trafficked

survivors in shelters in the CoC geographic area on January 24, 2018

3. How the CoC collected data: Specifically, the HMIS report used pulls in domestic violence data from all emergency shelter, homelessness prevention, permanent housing, safe haven, services only, street outreach, and transitional housing project types within Central MN CoC. Based on data element 4.11,294

persons indicated that they were a Domestic Violence Victim/Survivor. The report was pulled for the night of the 2018 PIT: January 24, 2018. Area DV shelters and safe havens were contacted to obtain a count of 53 DV and trafficked survivors that were in residence on January 24, 2018. This date was used to coincide with the Point in Time count date.

1C-4c. Applicants must describe:

(1) how many domestic violence survivors need housing or services in the CoC's geographic area;

(2) data source the CoC used for the calculations; and

(3) how the CoC collected the data.

(limit 2,000 characters)

1. 438 domestic violence survivors need housing or services in the CoC's geographic area.
2. HMIS and a count of those in DV shelters and safe havens were used as the data sources for this count.
3. This number reflects the 347 persons currently served and adds HMIS data on domestic violence from the CoC's Coordinated Entry system. Specifically, the CoC collects the following question of all Coordinated Entry participants: "Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?" 37 households with at least 91 members responded in the affirmative. As with question 1C-4b, the report used to generate Coordinated Entry data was pulled for the night of the 2018 PIT: January 24 2018.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;

(2) quantify the unmet need for housing and services for DV survivors;

(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and

(4) describe how the CoC determined the unmet need for housing and services for DV survivors.

(limit 3,000 characters)

1. There is an unmet need of at least 112 units of housing for DV survivors. This does not count the number of trafficked in the area.
It is more difficult to estimate the unmet need for housing and services for DV survivors because survivors most often flee in a hurry and try to find whatever shelter they can. This means they flock to a DV shelter or other shelters if they are available. Area shelters are often full so they double up with friends or family until they can no longer stay there and have to move on. In 2017 over half the occupants in CoC area projects were DV survivors and twenty five percent fled their abuser within the past three months. This does not include those that were in a DV shelter as they cannot enter their DV survivors into the HMIS system or the HMIS Coordinated Entry Priority List.
Like victims of other types of crime, such as domestic violence or sexual assault, survivors of human trafficking have multiple and wide-ranging service needs as a result of the victimization experience. However, trafficking victims also have some unique needs arising from the particular experience of being

transported into a foreign country—legally or illegally, willingly or unwillingly—and held against their will in a situation where they were forced to work for little or no pay, and were not free to leave. Since most international trafficking victims do not speak English or understand American culture or legal systems, the sense of being isolated and trapped is very real.

In the last decade, the country has experienced significant economic upheaval resulting in substantial funding cuts at the federal, state, and local levels.

Continued cuts and reduced government spending have forced many programs to reduce services and caused some to permanently close their doors. At the same time, they are experiencing an increase in the demand for services. While shelters and programs do their best to meet survivors' needs and often go to incredible lengths to provide services, resources have been stretched thin.

2. Quantify the unmet need for housing and services for DV survivors; 112 DV households

3.Data sources: HMIS, Point in Time Count, HMIS Priority List, DV priority list, Central MN DV shelter information.

4. How the CoC determined the unmet need for housing and services for DV survivors: CoC took the number of DV households on the Point in time count plus the number of DV survivors in DV shelters minus the number of available housing units they are eligible for.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

Central CoC RRH project will assist 12 DV survivor households procure safe, decent housing away from their abusers. This does not, by any means, cover the unmet needs of domestic violence survivors, but it is a start, and will change the lives of those 12 households. Other HUD CoC PSH and RRH will assist in addressing their needs as well. In 2017 over half the occupants of in CoC area projects were DV survivors and twenty five percent fled their abuser in the past three months.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
- (2) rate of housing retention of DV survivors;**
- (3) improvements in safety of DV survivors; and**
- (4) how the project applicant addresses multiple barriers faced by DV survivors.**

(limit 4,000 characters)

1 Lakes and Pines currently operates a HUD funded RRH project. In the past year the 4 DV survivors that came from the Coordinated Entry Priority list were housed (100%)

2. Three of the 4 housed DV survivors remained in their housing in the past year (75%)

3. Client Confidentiality is held at the highest level for all enrolled participants; staff sign a Confidentiality Agreement during the hiring process and do not

share participant information with any other agencies, individuals, landlords or others unless a Release of Information is provided by the participant. Safe housing is also located for the participant away from their abuser and a housing inspection is done to ensure that all doors have adequate locks and that the participant is aware of how to reach law enforcement if necessary. Staff will work with school officials to ensure that the children's addresses and information is also not shared unless released by the parent. If a participant becomes unsafe in their housing an Emergency Transfer Plan is in place to ensure that the participant is moved into another safe housing unit.

4 Lakes and Pines Staff are trained in: Trauma Informed Care, Motivational Interviewing, and the Strength-Based Practice to help DV survivors address and work on their barriers. Staff connect with DV survivors enrolled in the program on a bi-weekly basis (more frequently if needed) to help them develop goals and provide resources to help them maintain their housing and work on decreasing their barriers. Lakes and Pines is aware also that many survivors of DV have an undiagnosed mental health disorder from the trauma they have been through, and therefore has a contract with Therapeutic Service Agency (TSA) in Pine City to provide individualized counseling. DV survivors are also connected to employment service agencies and support groups to help them address their barriers.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
HRA of St Cloud MN	8.00%	Yes-Both	No
HRA of Brainerd, MN	6.00%	No	No
Todd County HRA	26.00%	No	No
HRA of Long Prairie MN	45.00%	No	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)**

The CoC has strong working relationships with the PHAs within the CoC. The St. Cloud HRA does have a homeless preference. Historically, PHAs have played a role in the CoC through holding Shelter + Care grants and administering various HUD vouchers. Central CoC works closely with the St. Cloud, Brainerd and Todd County HRA's, all of which are active participants on the CoC Advisory Committee. The Brainerd HRA does not have a written homeless preference, but notifies the CoC when they were opening up the waiting list for their HCV and PH units so that homeless households are able to be one of the first people applying for housing. The CoC is talking to Stearns County HRA and Cambridge EDA on the benefits of having a housing preference. PIT count numbers have been shared with them indicating the need in their jurisdictions. We continue to encourage PHA's to provide a homeless preference for their HCV and PH programs. Most major PHA's in Central CoC have very large waiting lists. As a result their waiting lists have been closed for several years.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

Central CoC provides quarterly and annual training for all housing providers on trauma informed & client-centered interviews. The following trainings are ongoing for new employees & then annually: Fair Housing , "A Guide to Making Homeless Shelters Safe for Transgender People" Safe Space Training, University of MN Diversity & Inclusion practices. Each housing agency provides quarterly cultural competency training to their staff. Central CoC, through its annual conference, provides a series of workshops and training relative to case management and providers work with the vulnerable population. Anti-Racism, Anti-discrimination policy was adopted on 5/1/17 in the CoC Coordinated Entry MOU and Partnership agreements. The policy was adopted in the CoC Policies and Procedures January 2018. Moreover, all providers are posting 'safe zone signs' in very eye-catching locations in the service areas

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
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2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	☒
Engaged/educated law enforcement:	☒
Engaged/educated local business leaders:	☒
Implemented communitywide plans:	☒
No strategies have been implemented:	☐
Other:(limit 50 characters)	
engaged/educated local landlords	☒
decriminalization of trafficked youth	☒
	☐

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1. Central CoC has multiple CE entry sites. Due to the large geographic area (13 counties spread out over hundreds of miles) Central CoC has three CE hubs which are Northern, Eastern and St Cloud/Central. All CE activities are provided to people in all regions. Households are able to access CES services in any region of the CoC. Central CES has an open access policy so households can enter several entry sites to receive CES services within the entire geographic area.

2. Street outreach workers assess those who do not come in for services. To reach those that are least likely to ask for assistance "Call to Connect" cards are given to agencies to hand out so their clients have a 24-hour phone number to

contact for help. "Call to Connect" fliers (in different languages) are given to agencies to post at their locations. These fliers highlight the "Call to Connect" option and the Central MN CES website & Facebook.

3. The goal is to contact clients within 24 hours. An assessment is conducted to determine level of service needed for the household, then entered on the most appropriate housing/service priority list based on assessment score, and client choice. Those with the highest vulnerability score that has been on the priority list the longest are the first to be chosen for their appropriate housing. The household is referred to the provider with an opening matching the needed service through the CE process. All agencies agree to accept households available from the top of the priority list.

4. Participating service providers include the following agencies: CoC, ESG, homelessness prevention, shelters, transitional housing, rapid rehousing, permanent supportive housing, youth service providers, domestic abuse, veteran, sexual assault, outreach workers, non-profit, for-profit, hospitals, mental health, social services, agencies working with people with criminal backgrounds, agencies working with trafficked people, police and county agencies, etc.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	☒
Health Care:	☒
Mental Health Care:	☒
Correctional Facilities:	☒
None:	☐

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	☒
Health Care:	☒
Mental Health Care:	☒
Correctional Facilities:	☒
None:	☐

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

1. The CoC scoring tool rewards projects that serves households with the most severe barriers, such as: disabilities, chronic homelessness, substance abuse, etc. then the scoring committee looks at, and rewards, the applicants that have the most vulnerable in their program maintain their permanent housing, have maintained and/or increased households' incomes and have worked with households to obtain needed mainstream resources. The CoC also reviewed agency policies, applications, Housing First Assessment, APR data and threshold assessments to identify if service plans and coordination met level of need for project type and were low barrier.

2. The CoC Scoring and Ranking committee considers the results of the scoring tool as well as the target populations and service approaches toward clients with severe needs and vulnerabilities in the ranking conversation. Projects who serve more chronic homeless or those with high barriers (criminal histories, low to no income, etc.) to housing are priorities above those who do not.

- 1E-3. Public Postings.** Applicants must indicate how the CoC made public:
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

- 1E-4. Reallocation.** Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

- 1E-5. Local CoC Competition.** Applicants must indicate whether the CoC:
- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
 - (2) rejected or reduced project application(s)—attachment required; and
 - (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: page 4 of MOU
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? MediWare Information Systems

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	220	58	123	75.93%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	258	7	209	83.27%
Rapid Re-Housing (RRH) beds	221	0	221	100.00%
Permanent Supportive Housing (PSH) beds	291	0	214	73.54%
Other Permanent Housing (OPH) beds	218	9	197	94.26%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

1. ES. Of the 162 ES beds, 39 were not in HMIS. There was an influx of new tribal shelters the past 18 months. Currently 1 Tribal ES has moved into HMIS. ICA, our Lead HMIS agency is working with the 2 other Tribal ES shelters to move them into HMIS. This would add 21 more ES beds into HMIS, increasing the ES HMIS beds to 144/162 or 88.88% by the end of 2018. Cass County and the St. Cloud School District both have funds to shelter homeless people using a voucher system to put them up in a hotel for a very limited time. Although they are both year round programs, their bed count will vary depending on need. They use an alternative method to count their homeless beds. Central CoC and ICA have had several meetings to discuss the benefits of using the HMIS system. TH 83.27%. Of the 209 TH beds 20 come from Catholic Charities and 22 come from Place of Hope. Both are religious organizations that do not receive any state or federal funding that requires them to use an HMIS system. They now attend CoC meetings and we continue to encourage them to use HMIS. PSH 73.54%. The 75 PSH units that are not in HMIS are HUD VASH beds.

2 The CoC will continue to engage the religious organizations that operate ES and TH agencies and identify the advantages of voluntary HMIS participation, including more rapid referrals for permanent housing. ICA, MN DHS and the CoC are working with the tribes to train them into the HMIS system. We anticipate those ES beds will be in HMIS next year. Ongoing discussions are in process with the VA, St Cloud HRA, MACV to strongly encourage HMIS participation for their PSH beds.

**2A-6. AHAR Shells Submission: How many 6
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

**2A-7. CoC Data Submission in HDX. 04/27/2018
Applicants must enter the date the CoC
submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).**

(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter 01/24/2018
the date the CoC conducted its 2018 PIT
count (mm/dd/yyyy).

2B-2. HDX Submission Date. Applicants 04/30/2018
must enter the date the CoC submitted its PIT
count data in HDX (mm/dd/yyyy).

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)**

1. The CoC continued to conduct a complete census count using HMIS & an online survey, including a special one for DV agencies. Specific changes include: significant data clean-up occurred prior and post count (thanks to the addition of a local system administrator and PIT management process); a live online PIT tool for non-HMIS agencies helped CoCs see PIT results immediately (adding to the ability to clean-up data earlier and more time to assure data was complete and accurate); coordination between the 10 CoCs, state, and ICA was more streamlined (messaging to projects on timeline, instructions, and training was earlier and coordinated to reduce confusion); and additional reports were provided to the CoC for the ability to monitor and verify data (extrapolation tool, HIC reports, data quality, and PIT counts that were combined, project type and count type specific).
2. These methodology changes did not change the outcome of the sheltered PIT count as much as the change in services, especially from transitional housing to rapid rehousing. The change from transitional housing to rapid rehousing caused a 120 decrease in homeless counts. 34 Tribal ES beds were not in service for the 2018 PIT as it was undergoing a major renovation.

**2C-2. Did your CoC change its provider Yes
coverage in the 2018 sheltered count?**

**2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of
beds that were added or removed in the 2018 sheltered PIT count.**

Beds Added:	0
Beds Removed:	154
Total:	-154

**2C-3. Presidentially Declared Disaster No
Changes to Sheltered PIT Count. Did your
CoC add or remove emergency shelter,**

transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

1. Central CoC's PIT Committee engaged youth service agencies, LSS Youth Services, Catholic Charities TH for Youth, Lakes and Pines HYA providers, Open Doors for Youth, 2 youth outreach workers, college students, homeless youth and School Homeless liaisons to determine the best strategy to locate where youth congregate and where their campsites are. Meetings were held monthly starting in June to prepare for the PIT count in January. The State of MN Office to Prevent and End Homelessness sent notice to all schools notifying them of the count and providing local contacts.

2. PIT notices were posted on online youth sites to inform youth where the PIT count sites were. As a result of the planning, additional Project Connect sites were added that included incentives such as backpacks, food, sanitary items, gas cards, etc. to entice youth to come to the program, receive assistance and take the PIT survey. Central CoC had an influx of "homeless" youth attend the

functions and fill out the survey. The vast majority of homeless youth in Central CoC are couch hopping or doubled up, so were not counted in the 2018 PIT count as homeless.

3. Homeless youth accompanied Youth Outreach workers to campsites, malls and parks where homeless youth tended to congregate.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

(1) individuals and families experiencing chronic homelessness;

(2) families with children experiencing homelessness; and

(3) Veterans experiencing homelessness.

(limit 2,000 characters)

1. For CH individuals and families: prior to the PIT count, volunteer training sessions were held in three different locations and continued monthly until the PIT count. Training sessions were held with volunteer advocates, community agencies, police, veterans, school homeless liaisons, outreach workers to go over the definition of chronic homeless. Being familiar to the CH definition, the surveyors could assist homeless households to determine the CH status. Outreach workers, who are familiar with local homeless hangouts, went with surveyors to those locations on the night of the count.

2. Special PIT surveys were conducted for schools, where school homeless liaisons could count the homeless families with children and unaccompanied youth. 2018 was the first year schools were given surveys designed to collect needed PIT information without overburdening staff and volunteers.

3. The VA and volunteer veterans assisted in drafting additional questions for the survey that immediately linked homeless veterans with services by means of a veteran registry. Veterans were enlisted from the VA, Veterans of Foreign Wars and American Legions to be surveyors on the night of the PIT. A toll free phone number was set up for veterans to call in to answer the survey questions

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	1,479
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3A-1a. Applicants must:

(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.
(limit 2,000 characters)

1. The 10 MN CoC's and state agencies analyzed Coordinated Entry, HMIS and state and federal homeless data to determine which risk factors would identify who would potentially become homeless. Risk factors assessed include current housing status, income, barriers to housing, history of homelessness, and ongoing affordability of housing. Analysis concluded that the following risk factors contributed to homelessness: economic instability, relationship breakdown, domestic violence, mental health, substance abuse. Housing affordability and housing availability is one of the most significant reasons people lost their housing and became homeless.
2. Technical assistance was provided to use the results of the analysis to develop a statewide prevention and diversion tool. The strategy to address those at risk of becoming homeless is for all state and federal agencies, including the CoC's in MN to use the prevention and diversion tool for those seeking prevention funding. Diversion strategies are used to assist households with coming up with alternative options to prevent their homelessness. State Family Homeless Prevention and Assistance funds, along with VA, county emergency services, United Way, and private donations are used to provide assistance to those determined they would become homeless without assistance.
3. The Central MN CoC Coordinator is ultimately responsible overseeing the CoC's strategy to reduce first-time homelessness in Central MN 505.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must: (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);

(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1. The average length of time for persons in ES, SH and TH is 109 bed nights. This is a slight increase over the 2016 revised bed nights.
2. The strategy to reduce the length of time households are homeless includes: increasing PH and RRH beds, using CE to target HH with the highest barriers and longest time homeless; increase houses first CoC programs from 80% to 100% enabling those with multiple barriers to get into housing quicker. Use navigators to assist CH homeless and LTH homeless with obtaining needed documentation as they are put on the priority list so documentation is completed by the time a unit is available, thus saving time obtaining documentation when they are the top of the priority list and a unit is available. Central policy is to house those that have been homeless the longest first; providing landlords with incentives such as landlord mitigation funds, to increase the housing stock for those that have multiple barriers to housing; Work with MN Housing and housing developers to build affordable housing the Central CoC. Two new projects containing over 40 units of affordable housing with 8 long term homeless units are currently in development; Collaboration with medical facilities to quickly house those that are on the street and using emergency medical facilities frequently (10-1 BR apartments); Work with newly formed safe haven for sex trafficked people to get them off the street and housed quickly. Use the combined state and federal funding resources to maximize needed resources to house people quicker, based on their eligibility criteria.
3. Central CoC identifies and houses and persons in families with the longest lengths of time homeless through the Coordinated Entry Priority list. Those that were homeless longest with the highest scores are assisted first.
- 4.. The Central MN CoC Coordinator is ultimately responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

- (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
- (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	44%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

3A-3a. Applicants must:

(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
 (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. Central CoC's strategy to increase the rate individuals & persons in families in ES, SH, TH & RRH exit to PH destinations include: Use of CE to move households (HH) into appropriate housing quickly; work with HH on a housing plan as they enter the temporary housing which includes budgeting, plan to increase income & linking HH to mainstream resources; identify options available to HH to reduce overall housing costs relative to their budget; use of tenant/landlord mediation to encourage HH to resolve lease violations through solution driven action plans; use of Landlord Mitigation funds to reduce the financial risk when renting to households with barriers; on-going case management support that focuses on housing stability; increasing affordable housing stock by working with state funding agencies & developers to develop more affordable housing. These strategies will stabilize HH by increasing their income & using available connections to strengthen their ability to move in and stay in PH.

2. Central CoC has a 91% rate that HH retain their PH. Strategy: to continue to provide case management with HH once HH obtains housing to keep & increase HH stabilization. Including: budgeting to reduce overall housing costs relative to their budget; tenant/landlord mitigation (if needed) to help resolve lease violations through solution driven action plans; link households to mainstream resources they may need, including: childcare assistance, medical assistance, veterans assistance, domestic violence resources, SSI/SSDI, workforce agencies, Substance abuse, transportation options, just to name a few. Working with HH in all areas of their life will increase housing stability and will reduce the returns to homelessness.

3. CoC Coordinator is responsible for overseeing the strategy to increase the rate of HH exiting to PH from ES, SH, TH & RRH.

4. CoC Coordinator is responsible for overseeing the strategy to increase the rate of HH maintaining PH or exiting PH to PH

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	4%

3A-4a. Applicants must:

(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
 (2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
 (3) provide the name of the organization or position title that is

**responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)**

1. CoC uses shelter data, CES reports and HMIS data to identify households with multiple homelessness incidents or at risk for shelter re-entry to target for preventative services A MN Housing returns report identifies common characteristics of those who return to homelessness. ICA provides quarterly returns to homeless reports and frequent user reports.
2. CoC's strategy to reduce the rate of additional returns to homeless includes:
 - 1) continue to improve our CE system to match clients with housing outcomes that best meets their needs.
 - 2) Service providers will offer longer rent subsidies (if needed), intensive case management, assist clients in finding employment and unearned income, health resources to maximize their housing stability.
 - 3) Recruitment and training of landlords to minimize evictions and maximize collaboration and help identify new housing options before discharge for those losing their housing.
3. CoC Coordinator is responsible for overseeing the strategy to reduce the rate households return to homelessness.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**
 - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - (3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

1. Strategy: 1) collaborate with area workforce centers, community education, employment agencies to provide ongoing training & access to employment services. 2) Connect clients with workforce centers, provide job readiness programs, employment coaching, resume creation, interview practice & training for specific careers, assist clients with filling out SSI, SSDI, unemployment & other unearned income benefits. 3) Focus on promoting youth employment programs 4) Assist Veterans with engagement to Veteran Service Officers and agencies to receive veteran pensions 5) Connect households to the SOAR program that assists households in obtaining SSDI AND educate them on how they can also work to increase their income without losing needed benefits.
2. Mainstream employment organizations are an essential part of the success of households obtaining and/or increasing their cash income. CoC agencies have partnerships with for-profit and non-profit, employment agencies and workforce centers. This partnership includes on-site services for homeless households that includes resume writing, interview practice and employment coaching. Employment agencies notify homeless service agencies of potential job openings and often provides the training needed for some jobs.
3. CoC Coordinator is responsible for overseeing the strategy to increase job and income growth from employment

3A-6. System Performance Measures Data 05/30/2018

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Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:

- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	48
Total number of beds dedicated to individuals and families experiencing chronic homelessness	61
Total	109

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	☐
Number of previous homeless episodes	☒
Unsheltered homelessness	☒
Criminal History	☐
Bad credit or rental history	☐
Head of Household with Mental/Physical Disability	☒

3B-2.2. Applicants must:

(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1. Strategy is: 1) 1. Implement RRH subsidy ranges based on CE data in HMIS & best practices. State homeless funds are used to pay rent & damage deposits. Service providers assess HH needs & implement a housing strategy 2) Current LOT homeless is 36 days 3) Maintain an HMIS baseline data at both the ES & CE system for families entering shelter & develop strategies to decrease time homeless, review & plan re: traits of high risk. 4) Continue to strengthening the CE system for responsiveness to prioritizing families for RRH. Both CoC & ESG RRH jurisdictions are dedicated to full coordination of these funds to meet our system-wide goals. 5) Added 4 Navigators to assist families obtain documentation needed for housing, thus reducing time homeless by having documentation ready. 6) Increase supports (expanded DHS Supportive Services funding requested, indemnification fund expanded); and training (CoC online trainings of CES and core principles known to improve housing access & stability. The CoC is following the USICH Benchmarks and monitoring through HMIS. Central adopted the 30 day time-frame for all households.

2. Strategy: 1) Case managers are trained to ensure all households are connected to mainstream services such as employment, education, SSI/SSDI, childcare, transportation, WIC, food supports, healthcare, to ensure the household has all the "tools" necessary to maintain their housing once assistance ends. 2) Landlord Mitigation funds assist households with any landlord/tenant related issues. 3) Systems are in place to rehouse households to another program if needed.

3. CoC Coordinator is responsible for overseeing the strategy to rapidly rehouse families with children within 30 days of becoming homeless.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	☒
Number of Previous Homeless Episodes	☒
Unsheltered Homelessness	☒
Criminal History	☒
Bad Credit or Rental History	☒

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1. Strategy: Engage & train School Homeless Liaisons to encourage unattended youth to receive needed services & obtain housing. CoC collaborates with area Rotaries, United Way & youth serving agencies to develop & implement programming to assist homeless youth. The result was the opening of the Pathways4Youth Resource Center, a program paid for by the area Rotary. Youth serving agencies have offices there to assist youth in the area. Two other youth drop in centers joined the CoC this past year to better coordinate services for youth in the 13 county CoC region. MN DHS funds are used to provide youth outreach services and house youth that do not fit the HUD homeless requirement, but are doubled up or couch surfing, and/or living in dangerous situations. DHS Safe Harbor Initiative funds provide navigator services specifically for youth who are or at risk of being sexually exploited, serving the broader homeless youth population not currently served. Some youth service agencies were awarded State Landlord Mitigation funds for youth to reduce

landlord financial risks when renting to youth with barriers to accessing housing. A new organization for trafficked people assists in providing services & housing for trafficked youth. Collaborations have resulted in lower unsheltered pit numbers.

2. CoC increased the availability & services for youth experiencing unsheltered homelessness by adding a drop in center for youth, adding 2 drop in centers & an agency for trafficked to the CoC, thus collaborating to provide services & increase the knowledge of available housing for the youth in the 13 county region. Three Rotary organizations provided the funding for a new youth drop in center, thus increasing services for youth in an area where there were growing numbers of youth. CoC Coordinator meets with School Homeless Liaisons to educate them on the services available for youth to quickly & effectively provide services & housing information. A CoC HUD RRH program prioritizes youth.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.

(limit 3,000 characters)

1. Evidence used to measure both strategies to increase the availability of housing and services for youth experiencing homelessness: measure would be: 1) actual physical additions to services and housing. 2) Increase in the number of School Homeless Liaisons working with agencies and the CoC. 3) Increase in the number of RRH housing for youth. 4) HMIS data to measure increase in youth receiving services and obtaining housing. HMIS data to measure the decrease in homeless youth.

2. Measures used: HMIS and PIT data regarding the number of homeless youth. Number of TH, PH, or RRH beds dedicated to homeless youth; % of youth with successful exits or retention from ES, TH, RRH, and PH, and decrease in unsheltered youth in the PIT unsheltered count.

3. Looking at the % of youth who successfully exit to PH shows whether we are having an impact on decreasing homelessness, as does a decrease in unsheltered youth. Quantifying TH, PH, or PH-RRH beds dedicated to youth will show the CoC whether we are increasing beds for this population and developing the infrastructure to end youth homelessness in our CoC.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

(1) youth education providers;

(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);

(3) school districts; and

(4) the formal partnerships with (1) through (3) above.

(limit 2,000 characters)

1 CoC agencies work with Area Learning Centers to ensure homeless youth are provided services. Providers notify the outreach workers when a homeless youth starts school. The outreach worker ensures that the youth have knowledge of all the programs/ services available, including; transportation, childcare, housing, health services, etc. CoC agencies & outreach workers provides educators with a 24/7 call in number they can give to homeless or near homeless household for housing/ services. 3 CoC agencies have Headstart programs within their facilities.

2 CoC receives a list of liaisons annually & distributes to providers. Providers contact their liaisons to engage them in local planning. MDEA provides online training for schools & homeless providers. School liaisons currently serve on 3 regional Homeless Advisory Boards (FHPAP) & the CoC Youth Committee. The 3 CAPS host our local Head Start Programs, which have homeless preferences. Liaisons participate in annual PIT planning & partner with agencies to identify, enroll, house, & support youth.

3 & 4 Formal partnerships are maintained between Youth Service workers & Homeless School Liaisons (HSL's) to ensure they are informed of resources & are aware of referral process. Youth workers provide written guidelines to HSL's & the school districts connections are made between schools & family services collaborative staff. HSL's participate in community homeless meetings with CoC members & Youth Outreach workers, including: FHPAP, United Way Youth Council, Central MN Human Trafficking, SELF Advisory Committee, Student's IN Common, Youth Services Advisory Board. MDEA educates liaisons & connects them to CoC's through annual meetings & training sessions to enhance the partnership. Youth Service providers, HSL's, social service agencies, law enforcement are very involved in housing related efforts. CoCs ensure youth attend some form of educational facility on a regular basis.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.

(limit 2,000 characters)

From page 14 of the Central CoC Policies and Procedures:

I. Policies

a. Education policies: All homeless assistance projects within the Central MN CoC region that serve households with children (ES, TH, RRH and PSH) will be expected to comply with the following policies:

i. Identify staff person(s) who have primary responsibility for school attendance.

ii. Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children are able to maintain enrollment in school.

iii. Advocate for families with their school district to ensure that transportation is arranged (as needed).

iv. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed).

v. Assist families in developing education related goals for all family members when completing Housing Goal Plans.

vi. Ensure that all family members are connected to relevant educational resources in the community.

vii. Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	Yes	Yes
Public Pre-K	Yes	Yes
Birth to 3 years	Yes	Yes
Tribal Home Visiting Program	No	Yes
Other: (limit 50 characters)		
	No	No
	No	No

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

CoC partners participate in the Homeless Veteran Registry, a state-operated by-name list of Veterans experiencing homelessness. The Registry is designed to create housing plans for every veteran by engaging CoC-funded programs, VA, the MN Dept. of Veterans Affairs, county and local governments, Minnesota Assistance Council for Veterans, and others. Veterans join the Registry through a homeless service provider or by calling a toll-free hotline (888-LinkVet). Registry case review meetings occur every other week to create housing plans for every Veteran on the Registry. Involved partners include CoC funded programs, VA (representing HUD-VASH, GPD, CRRC, and other resources), county and local government staff, the Minnesota Department of Veterans Affairs, and others. As part of the case review process, Veterans not connected with resources they may be eligible to receive -- e.g., HUD-VASH, various state and federal Veteran benefits. Several partners, including SSVF grantees, VA, and MDVA, also operate dedicated Veteran outreach programs. Veterans are also prioritized on the CE priority list for access to non-Veteran specific housing resources.

3B-3.2. Does the CoC use an active list or by Yes

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name list to identify all Veterans experiencing homelessness in the CoC?

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: No
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:

- (1) assists persons experiencing homelessness with enrolling in health insurance; and
- (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
	No	No

4A-1a. Mainstream Benefits. Applicants must:

- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
- (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1. Minnesota has a statewide document vault accessible through its Disability Benefits 101 & Housing Benefits 101 programs. These online programs provide easy access to benefit information for SSI, SSDI, health care programs, SNAP, Energy assistance, work programs, childcare, affordable housing, Veteran Housing, Housing & Supports Program etc., and forms needed to apply. CoC program staff use these programs to assist clients apply for needed mainstream services. Clients will not have to travel from agency to agency to apply for these benefits, but can do so from a computer. The use of these mainstream services provide both the client & agencies with alternatives to HUD housing and/or additional supports to help increase incomes & housing stability. CoC Programs have SOAR trained staff to assist with SSDI applications. The Housing

Supports program (Formerly Group Residential Housing) provides room and services in their own place, not a group home, and is available for homeless households that qualify. Minnesota Supplemental Aid Housing Assistance helps people move out of group settings and move into the community.

2. The CoC Coordinator provides notices of available trainings and funding opportunities via email and at Gov. Board meetings and invites people to attend meetings to discuss available resources. CoC Programs receive SOAR training to assist households with SSDI applications. Housing Benefits 101 provides program staff with up-to-date mainstream & other resources.

3. The CoC Coordinator in partnership with State DHS is responsible

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	11
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	11
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

1. The CoC has 6 outreach workers, 3 for youth and 3 for singles & families. 100% of its 13 county region is covered. Outreach services are provided several times a week. Translating services are available through phone calls, written materials & in person if needed. Outreach targets homeless in encampments, transit hubs, on the streets, in vehicles & other places not meant for habitation, connecting them with services to meet their immediate needs, administering VISPDATs & entering data into HMIS (when possible). To reduce barriers, outreach workers come to people, rather than scheduling office appointments that require travel. Workers receive training in trauma-informed person-centered care, motivational interviewing, and unique strategies for youth, veterans, trafficked, persons with serious mental illness, and other unsheltered homeless persons. CoC maintains a 24/7 "homeless hot-line" for people needing housing assistance. HH can call that number anytime and be

connected to an agency that can help them. Outreach posters and business cards are given to local businesses, property owners, emergency responders, places of worship, libraries, food shelves, non-profit organizations and to media outlets so that anyone in the general community can call when they see someone needing assistance. Police departments have adopted policies to decriminalize homelessness. Outreach workers have devices with internet access so the HH has access to online services.

2. The CoC has 6 outreach workers, 3 for youth 3 for singles & families. 100% of the 13 county region is covered.

3. Outreach services are provided several times a week. Youth street outreach is conducted across the CoC on a daily basis.

4. CoC ensures outreach efforts target those least likely to request assistance through hiring practices that ensure experience with targeted populations, targeting strategic locations for outreach & using communication tools that are accessible to various sub-populations.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.

(limit 2,000 characters)

Central CoC has a non-discrimination policy for all its members, whether they receive HUD funds or not. CoC agencies follow affirmative, non-discriminatory action plans to reach eligible persons regardless of race, color national origin, religion, sex, age, familial status or handicap. Central CoC has a large Somali Population. Special written and voice outreach is provided in different languages, large print and translator services. Applicants who feel they have encountered a discriminatory situation that impedes fair housing are directed and assisted in receiving services from Legal Aide, the area Human Rights Commission, the State Department of Human Rights. Property owners, private and government agencies are required to post information on rights, responsibilities and ways to address fair housing issues.

2. Brochures on CoC housing resources are developed at grade 5 reading level, with large print, Spanish, and Somali versions available at many sites. HMIS releases have been translated into Spanish and Somali, and Coordinated Entry (CE) releases are being translated now. The CoC accesses regional transit for household with limited mobility and uses State Services for the Blind and Deaf to provide free Braille, sign-language, & translation services.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	104	221	117

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA homeless pref...	08/14/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated asses...	08/16/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	scoring and ranking	09/10/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	rate, rank review...	09/11/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Process	08/21/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Projects accepted...	09/05/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	projects rejectio...	09/05/2018
1E-5. Public Posting–Local Competition Deadline	Yes	public posting	09/10/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC and HMIS Lead...	09/05/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	09/05/2018
3A-6. HDX–2018 Competition Report	Yes	HDX 2018 competit...	09/11/2018
3B-2. Order of Priority–Written Standards	No	order of priority	09/10/2018

3B-5. Racial Disparities Summary	No	Racial Disparities	08/21/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA homeless preference

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated assessment tool

Attachment Details

Document Description: scoring and ranking

Attachment Details

Document Description:

Attachment Details

Document Description: rate, rank review and selection

Attachment Details

Document Description: Reallocation Process

Attachment Details

Document Description: Projects accepted Notification

Attachment Details

Document Description: projects rejection-reduction notification

Attachment Details

Document Description: public posting

Attachment Details

Document Description: CoC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description: HDX 2018 competition report

Attachment Details

Document Description: order of priority

Attachment Details

Document Description: Racial Disparities

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/11/2018
1C. Coordination	09/11/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/11/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/11/2018
3A. System Performance	09/11/2018
3B. Performance and Strategic Planning	09/11/2018
4A. Mainstream Benefits and Additional Policies	09/11/2018
4B. Attachments	Please Complete

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Submission Summary

No Input Required

August 14, 2018

To Whom It May Concern:

The St. Cloud Housing and Redevelopment Authority grants preferences to households that are involuntary displaced and are not living in standard, permanent replacement housing. Standard, permanent replacement housing is defined as housing that is decent, safe, sanitary, and adequate for the family size and does not include transient facilities.

Involuntary displaced is defined as a household that will be involuntarily displaced if the household has vacated or will have to vacate the unit where the household lives because of the following: displacement by disaster, government action, by action of the housing owner, domestic violence, hate crimes, reprisals, inaccessibility of a unit and HUD disposition of a multifamily project.

Sincerely,



Louise Reis

Executive Director

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

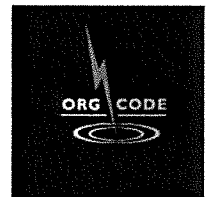
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Eric Rice, PhD

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SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters ☐ Couch surfing ☐ Other (specify): _____
☐ Transitional Housing ☐ Outdoors
☐ Safe Haven ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ ☐ Refused
 b) Taken an ambulance to the hospital? _____ ☐ Refused
 c) Been hospitalized as an inpatient? _____ ☐ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused
 6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? ☐ Y ☐ N ☐ Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? ☐ Y ☐ N ☐ Refused
- c) Because your family or friends caused you to become homeless? ☐ Y ☐ N ☐ Refused
- d) Because of conflicts around gender identity or sexual orientation? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? ☐ Y ☐ N ☐ Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? ☐ Y ☐ N ☐ Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

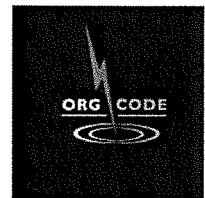
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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SPDAT Training Series

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

☐ Refused

3. In the last three years, how many times have you been homeless? _____

☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ ☐ Refused
 b) Taken an ambulance to the hospital? _____ ☐ Refused
 c) Been hospitalized as an inpatient? _____ ☐ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ ☐ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ ☐ Refused
 f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless?

☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?

☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

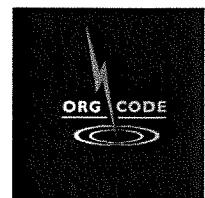
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Y ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES**.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN**.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY**.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT**.

SCORE:

Renewal Project Rating Criteria

Permanent Supportive Housing

Rating Factor	Performance Standard	Data Source	Rating Scale			Max Pts
			Does not Meet Standard	Partially Meets Standard	Meets or Exceeds Standard	
PERFORMANCE MEASURES						
Exits to Permanent Housing	≥ 90% remained in or exited to permanent housing	APR Q23a & Q23b	< 75%	75-89.9%	≥ 90%	5
Returns to Homelessness within 12 months of exit to Permanent Housing*	< 10% of participants returned to homelessness	SEC 054 Returns to Homelessness Report	> 15%	10-15%	< 10%	5
New or Increased earned income for project stayers	≥ 20% adult stayers increased earned income	APR Q19a1	< 10%	10-19.9%	≥ 20%	2.5
New or Increased non-employment income for project stayers	≥ 40% adult stayers increased non-employment income	APR Q19a1	< 25%	25-39.9%	≥ 40%	2.5
New or Increased earned income for project leavers	≥ 20% adult leavers increased earned income	APR Q19a2	< 10%	10-19.9%	≥ 20%	2.5
New or Increased non-employment income for project leavers	≥ 20% adult leavers increased non-employment income	APR Q19a2	< 10%	10-19.9%	≥ 20%	2.5
* Not applicable for projects from victim service provider applicants. Housing Stability rating criteria in DV section below.						
SERVE HIGH NEED POPULATIONS						
Serving chronically homeless participants	≥ 95% participants are chronically homeless	APR Q26a	< 80%	80-94.9%	≥ 95%	10
Unmet need: geography	Project location is a priority area for new PSH for household type	e-snaps application: Households table and location(s)	No match	Location priority match	Location and household type priority match	5
OTHER AND LOCAL CRITERIA	Project location is a priority area for new PSH for household type	e-snaps application: Households table and location(s)	No match	Location priority match	Location and household type priority match	
Project Management						
Bed utilization						
HMIS data quality (alternate DB for DV)	≥ 90% bed or unit utilization	APR Q7, APR Q8	< 80%	80-90%	> 90%	5
eLOCCS draws	≥ 75% data quality points possible	APR Q6a-6e	< 50%	50-75%	> 75%	5
Fund recapture	Draws are regular and at least quarterly	eLOCCS screenshots	< 4 & irregular	mixed	≥ 4 & regular	5
Policy/System Alignment	≤ 5% of funds recaptured in last grant cycles	eLOCCS screenshots, SAGE imported data	> 20%	5-20%	< 20%	5
CoC participation						
Coordinated Entry compliance	≥ 75% CoC meetings with project reps attending	Meeting minutes and sign-in sheets	< 50%	50-75%	> 75%	5
	Basic requirements met (agreements, training, referrals via CES) + participation in CES development activities	CES checklist, sign-in sheets, CES files, CES referral records	< 50%	50-75%	> 75%	10
Housing First Implementation						
POPULATION-SPECIFIC CRITERIA	≥ 75% points possible on Housing First Assessment	Housing first checklist	< 50%	50-75%	> 75%	10
For projects serving households with children or youth						
Early childhood development						
K-12 education	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Checklist	No plan	Partial plan	Full plan	5
For projects targeting survivors of domestic violence, dating violence, sexual assault, or stalking	plan with staff, partner roles	Checklist	No plan	Partial plan	Full plan	5
Reducing level of perceived risk						
Housing stability in permanent housing	> 80% participants report reduced level of perceived risk at 12 months	Participant survey report - 6, 12, 18, 24 months program after entry	<50%	50-80%	>80%	5
	> 90% participants remain in PH 12 moves after move in date	Alternate DB, Participant survey report	<70%	70-90%	>90%	5

Renewal Project Rating Criteria

Rapid Re-Housing

Rating Factor	Performance Standard	Data Source	Rating Scale			Max Pts
			Does not Meet Standard	Partially Meets Standard	Meets or Exceeds Standard	
PERFORMANCE MEASURES						
Exits to Permanent Housing	≥ 90% remained in or exited to permanent housing	APR Q23a & Q23b	< 80%	80-89.9%	≥ 90%	5
Returns to Homelessness within 12 months of exit to Permanent Housing*	< 10% of participants returned to homelessness	SEC 054 Returns to Homelessness Report	> 15%	10-15%	< 10%	5
New or Increased earned income for project leavers	≥ 20% adult leavers increased earned income	APR Q19a2	< 10%	10-19.9%	≥ 20%	2.5
New or Increased non-employment income for project leavers	≥ 20% adult leavers increased non-employment income	APR Q19a2	< 10%	10-19.9%	≥ 20%	2.5
* Not applicable for projects from victim service provider applicants. Housing Stability rating criteria in DV section below.						
SERVE HIGH NEED POPULATIONS						
Serving chronically homeless participants	≥ 95% participants are chronically homeless	APR Q26a	< 20%	20-29.9%	≥ 30%	10
Unmet need: geography	Project location is a priority area for new PSH for household type	e-snap application: Households table and location(s)	No match	Location priority match	Location and household type priority match	5
OTHER AND LOCAL CRITERIA						
Project Management						
Bed utilization	≥ 90% bed or unit utilization	APR Q7, APR Q8	< 80%	80-90%	> 90%	5
HMIS data quality (or alternate DB for DV)	≥ 75% data quality points possible	APR Q6a-6e	< 50%	50-75%	> 75%	5
eLOCCS draws	Draws are regular and at least quarterly	eLOCCS screenshots	< 4 & irregular	mixed	≥ 4 & regular	5
HMIS data quality (alternate DB for DV)	≤ 5% of funds recaptured in last two grant cycles	eLOCCS screenshots, SAGE imported data	> 20%	5-20%	< 20%	5
Policy/System Alignment						
CoC participation	≥ 75% CoC meetings with project reps attending	Meeting minutes and sign-in sheets	< 50%	50-75%	> 75%	5
Coordinated Entry compliance	Basic requirements met (agreements, training, referrals via CES) + participation in CES development activities	CES checklist, sign-in sheets, CES files, CES referral records	< 50%	50-75%	> 75%	10
Equal Access Rule compliance	Fewer than 5 elements have a "no" response or are not verified	Equal access checklist	> 10 no	5-10 no	< 5 no	5
Housing First Implementation	≥ 75% points possible on Housing First Assessment	Housing first checklist	< 50%	50-75%	> 75%	10
POPULATION-SPECIFIC CRITERIA						
For projects serving households with children or youth						
Early childhood development	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Checklist	No plan	Partial plan	Full plan	5
K-12 education	Plan with staff and ,partner roles,	Checklist	No plan	Partial plan	Full plan	5
For projects targeting survivors of domestic violence, dating violence, sexual assault, or stalking						
Rapid connection to permanent housing	< 6 months	Alternate DB, PH movein date - program entry date	No plan	Partial plan	Full plan	5
Reducing level of perceived risk	> 80% participants report reduced level of perceived risk at 12 months	Participant survey report - 6, 12, 18, 24 months program after entry	<50%	50-80%	>80%	5
Housing stability in permanent housing	> 90% participants remain in PH 12 moves after move in date	Alternate DB, Participant survey report	<70%	70-90%	>90%	5

New Project Rating Tool

Non-Expansion Rapid Re-Housing

Project name: DV RRH

Applicant: _____

Rating Factor	Performance Standard	Rating Scale			Points			Reviewer Notes
		Does not Meet Standard	Partially Meets Standard	Meets or Exceeds Standard	Max	Claimed	Awarded	
PERFORMANCE MEASURES								
Exits to Permanent Housing	Clear plan for supporting PH placement	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (5)	Detailed plan, connected to renewal project	5			
Returns to Homelessness within 12 months of exit to Permanent Housing*	Clear plan for preventing returns to homelessness	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (2)	Detailed plan, connected to renewal project	5*			
New or Increased earned income for project participants	Clear plan for increasing participant earned income	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (1)	Detailed plan, connected to renewal project	2.5			
New or Increased non-employment income for project participants	Clear plan for increasing participant non-employment income	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (1)	Detailed plan, connected to renewal project	2.5			
* Not applicable for projects from victim service provider applicants. Housing Stability rating criteria in DV section below.								
SERVE HIGH NEED POPULATIONS								
Serving chronically homeless participants	≥ 30% participants are chronically homeless	< 20% (0)	20-29.9% (2)	≥ 30% (5)	5			
Unmet need: geography	Project location is a priority area for new PSH for household type	No match (0)	Location priority match (2)	Location and household type priority match (5)	5			
Unmet need: client choice	Project model targeted to unmet need for DV/SA, recovery, or reentry populations	No unmet need match (0)	Unmet need match with one housing site (2)	Unmet need match with multiple housing sites (5)	5	5		

Points subtotal: _____ max 25 claimed _____ awarded _____

New Project Rating Tool

Non-Expansion Rapid Re-Housing

Project name: DV RRH

Applicant: _____

OTHER AND LOCAL CRITERIA*Project Management*

Federal funds experience	Demonstrated capacity to manage federal funds for project	0 federal or state grants (0)	1-3 federal or state grants (2)	4+ federal or state grants (5)	5

HMIS data quality (alternate DB for DV)	Demonstrated capacity to manage project data	No reporting database experience (0)	Other reporting DB experience (2)	HMIS reporting experience (5)	5

Project implementation plan	Clear and reasonable plan to implement new project within time limits and in a manner that ensures the project meets renewal funding expectations	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (5)	Detailed plan, connected to renewal project standard (10)	10

Policy/System Alignment

CoC participation	≥ 75% CoC meetings with applicant attending	< 50% (0)	50-75% (2)	> 75% (5)	5

Coordinated Entry participation	Commitment to using CES	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (5)	Detailed plan, connected to renewal project standard (10)	10

Equal Access Rule compliance	Commitment to compliance with Equal Access requirements	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (2)	Detailed plan, connected to renewal project standard (5)	5

Housing First Implementation	Commitment to Housing First project model	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (5)	Detailed plan, connected to renewal project standard (10)	10

Points subtotal: _____ max **50** claimed _____ awarded

New Project Rating Tool

Non-Expansion Rapid Re-Housing

Project name: DV RRH

Applicant: _____

POPULATION-SPECIFIC CRITERIA

For projects serving households with children or youth

Early childhood development	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (2)	Detailed plan, connected to renewal project standard (5)	5
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K-12 education	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (2)	Detailed plan, connected to renewal project standard (5)	5
----------------	---	---	---	--	---

For projects targeting survivors of domestic violence, dating violence, sexual assault, or stalking

Reducing level of perceived risk	Clear plan for increasing participant reducing level of perceived risk and documenting it	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (2)	Detailed plan, connected to renewal project standard (5)	5
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Housing stability in permanent housing	Clear plan for supporting housing stability for at least 12 months after move to PH and documenting it	No plan, or plan does not connect to renewal standard (0)	Non-specific or -relevant plan elements, unclear path to meeting renewal standard (2)	Detailed plan, connected to renewal project standard (5)	5
--	--	---	---	--	---

Max points

Adults only = 80

Adults only, DV = 85

HH w children = 90

HH w children, DV = 95

Total Points				Raw score
				Weighted score (100 pt scale)

Points subtotal: _____ max ¹¹ claimed _____ awarded

Supplement for Projects Serving Survivors

of Domestic Violence, Dating Violence, Sexual Assault, Trafficking, or Stalking

Project reporting

HUD does not allow victim service providers to use HMIS. Instead, HUD requires that victim service providers must use a database comparable to HMIS to produce Annual Progress Reports required for grantees with HUD CoC Program funding.

What database is used by the Victim Service Provider grantee or subgrantee for HUD CoC Program reporting?	
Where can the specifications for this database be reviewed?	
Who has reviewed the database regarding its ability to produce reports that meet specifications for the APR? (Name, title)	
Who is responsible for data entry for this project? (Name, title)	
Who is responsible for monitoring and maintaining data quality in the database for this project? (Name, title)	
Who is responsible for submitting the project's APR to HUD (or to the primary grant recipient, if applicable)? (Name, title)	

Other notes on data management and reporting:

CMHP | United States | X

Secure | https://www.cmhp.net/continuum-of-care-information

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2018 HUD NOFA

[Notice of Funding Availability](#)

2018 NOFA Overview - Changes from 2017-2018 (DOCX)

[Local CoC Program Competition Guide 2018](#)

[Central CoC Rating Criteria By Project Type](#)

[Central Project Rating and Ranking Tool](#)

[Central Project Rating Tool Expansion Permanent Supportive Housing - Fillable](#)

[Central Project Rating Tool Non-Expansion Permanent Supportive Housing - Fillable](#)

[Central Project Rating Tool Expansion Rapid Re-Housing - Fillable](#)

[Central Project Rating Tool Non-Expansion Transitional Housing/Rapid Re-Housing - Fillable](#)

[Central Project Rating Tool Non-Expansion Rapid Re-Housing - Fillable](#)

[Housing First Checklist](#)

[Central Equal Access Supplement - Fillable](#)

[Central K12 Early Childhood Supplement](#)

2018 CoC Priority List

2018 Collaborative Application - Document Coming Soon

[Competition Rate, Rank & Selection](#)

Continuum of Care (CoC) Program NOFA Released

The Central Minnesota Continuum of Care (CoC) is pleased to announce that a joint application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for funding under the Continuum of Care McKinney-Vento Homeless Assistance Grant Program.

Please read the Intent to Apply and FY2017 NOFA Overview.

[Priority Listing Application 09.21.2017](#)

November 6
December TBD

The majority of the 2018 Central MN CoC meetings will take place at the St. Cloud Library. Please check monthly agenda's for location updates.

Location address:
1300 W. St. Germain St.
St. Cloud, MN 56301

CoC Meeting Information

2018 Meeting Agendas:

[January 2018](#)
[February 2018](#)
[March 2018](#)
[April 2018](#)
[May 2018](#)
[June 2018](#)
August 2018
September 2018
November 2018

2018 Meeting Minutes:

[January 2018](#)
[February 2018](#)
March 2018
[April 2018](#)
[May 2018](#)
[June 2018](#)
August 2018
September 2018
November 2018

[2018 Meeting Attendance/2018 NOFA Voting](#)

2017 Meeting Agendas:

[January 2017](#)
[February 2017](#)

9:23 AM
9/11/2018

Central MN Continuum of Care 2018 Local CoC Program Competition

Local CoC Program Competition Guide

Project applicants should review this Guide along with the Call for Projects, application materials, HUD CoC Program Competition NOFA, and the Program Rule 24 CFR 578.

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Section VII: Reallocation

A. Criteria for reallocation

The CoC may reduce or reject a funding request from a project applicant. For renewal projects, this is considered reallocation. Reallocation may be required for any of the following reasons:

- Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- Not aligned with HUD policies, ie: Housing First, Racial disparities, maintaining families together, LGBTQ inclusiveness, commitment to school age education, etc.
- Project not needed in geographic area.
- Audit finding(s) for which a response is overdue or unsatisfactory;
- History of inadequate financial management accounting practices;
- Evidence of untimely expenditures on prior award;
- Evidence of noncompliance with HUD and/or CoC policies, including coordinated entry and written standards for assistance;
- History of other major capacity issues that have significantly impacted the operation of the project and its performance;
- Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month;
- History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes;
- Failing to consistently meet the CoC performance measures, e.g. low score in the evaluation process;
- Failing to provide documentation required by the CoC for a project application or project review in the time or manner required; or
- Applicant choice to voluntarily reallocate all or a part of its award.

B. Involuntary Reallocation

Involuntary Reallocations may be initiated by the Scoring and Rating Committee based on any of the criteria above, during the scoring phase or during the ranking phase of Scorings. Whenever possible, reallocation decisions will be made during the scoring phase. The Committee will evaluate and determine if programs will have a full or partial reallocation of funding, based on the extent of compliance or noncompliance with the criteria above. Any reallocation strategy the Committee chooses will be applied for all projects with the same violation, and rationale will be recorded for inclusion with the Project Priority List.

All funds freed through involuntary reallocations may be made available for one or more new projects. The applicant may choose to compete for a portion or all of the funds made available for reallocation.

Project applicants that are subject to partial involuntary reallocation must develop a plan to continue with their renewal project, with the reduced level of funding. This includes HUD contract compliance for numbers of persons served and the types of services provided. It may be possible to seek a contract amendment from HUD for some changes; applicants should contact their HUD representative to discuss any options for amendment. If the reduction in funding will result in loss of assistance for persons currently served by the program, the applicant must work with the CoC Coordinated Entry Committee to develop a transition plan for these persons.

C. Voluntary reallocation

For projects not subject to involuntary reallocation, an applicant may choose to reallocate funds from an existing renewal project, in order to free additional funds for one or more new projects. If the same applicant wishes to apply for a new project using those same funds, the following parameters apply:

- The applicant may choose to reallocate all or a portion of its renewal funds to create the new project. The applicant who reallocates renewal funds will have “first rights” to the funds IF the existing (reduced or ended) project scored at or above average for project management and CoC participation scoring criteria in the previous year, and IF the new project proposed is eligible if the NOFA, and IF the new project will meet a high project type priority for the project location (identified in the priorities for reallocation). First rights does not confer any preference in ranking or scoring. As a new project, it will be scored and ranked like other similar new projects.
- The applicant may also choose to compete for a portion or all of the funds available to the CoC through involuntary reallocation of other projects or bonus funds, if available.

Through the reallocation process, the CoC ensures that projects submitted with the CoC Collaborative Application best align with the HUD CoC funding priorities and contribute to a competitive application that secures HUD CoC dollars to address and end homelessness in Central MN CoC. The CoC will make decisions based on alignment with HUD guidelines, performance measures, and unspent project funds.

C. Priorities for use of reallocated funds

Three types of projects will be prioritized for reallocated and Bonus funding in FY2018. These are listed below, with rationale:

- a. New Rapid Re-Housing or Joint Rapid Re-Housing/Transitional Housing for identified target populations (singles, youth, DV) or in communities without adequate shelter resources.
Rationale: As evidenced in Coordinated Entry priority lists as well as the Point in Time Count and the 2016 statewide survey of homeless Minnesotans, Central MN CoC experiences continued need for effective projects serving persons homeless due to domestic violence and persons who remain homeless due to limited emergency housing options.
- b. New PSH or RRH targeted to unmet needs and/or that increase client choice
 - Specialized programs that offer choices such as culturally-specific programming, recovery-based models, family reunification programs, or work/employment partnerships are encouraged.
 - Existing projects that choose to reallocate and reapply to target current community needs and gaps are encouraged.
 Rationale: Evidence from research on homeless programs indicates that sustainable housing solutions requires responsive housing and service programs that meet the needs of clients, and may be a critical tool in reducing disparate impacts on diverse populations.
- c. Expansion of existing high performing PSH or RRH programs to serve more households
Rationale: As evidenced in Coordinated Entry priority lists as well as the Point in Time Count and the 2015 statewide survey of homeless Minnesotans, Central MN CoC has additional households meeting the chronic homeless definition or otherwise demonstrate high need for PSH and RRH. Housing and supporting households with the highest needs and most extensive histories of homelessness is critical to ending homelessness in the CoC region.



nofa

*Notices to agencies
that applications were
approved*

AG Huot <ag@cmhp.net>

AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:47 PM

To: Deanna Hemmesch <deanna@cmhp.net>, Jason Krebsbach <jason@cmhp.net>

Deanna and Jason

This is your official notification that the CoC approved your HUD Coordinated Entry and Planning Grant applications

Thanks for all your hard work and dedication.

AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

Email: ag@cmhp.net

P: (320) 258-0674

Fax(320) 259-9590

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Heading Home Central Coordinator

Central MN Housing Partnership

37 28th Avenue North, STE. 102

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AG Huot <ag@cmhp.net>

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AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:47 PM

To: Lois Mueller <lmueller@rseden.org>

Lois

This is your official notification that the CoC approved your RS Eden Belle Haven HUD PSH application

Thanks for all your hard work and dedication.

AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

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P: (320) 258-0674

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Heading Home Central Coordinator

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AG Huot <ag@cmhp.net>

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AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:47 PM

To: Demetri Vincze <demetri.vincze@icalliances.org>

Demetri,

This is your official notification that the CoC approved your ICA HUD HMIS application

Thanks for all your hard work and dedication.

AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

Email: ag@cmhp.net

P: (320) 258-0674

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Heading Home Central Coordinator

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AG Huot <ag@cmhp.net>

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AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:47 PM

To: Bryan Newman <bnewman@centercityhousing.org>, Nancy Cashman <ncashman@centercityhousing.org>

Nancy and Bryan

This is your official notification that the CoC approved your River Crest HUD PSH application

Thanks for all your hard work and dedication.

AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

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P: (320) 258-0674

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AG Huot <ag@cmhp.net>

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AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:48 PM

To: Lori Schultz <Lori.Schultz@tricap.org>, Theresa Flinck <Theresa.Flinck@tricap.org>

Theresa and Loir

This is your official notification that the CoC approved your Tri-CAP HUD Central MN RRH application and your HUD Central Navigator application
thank you for your hard work and dedication
AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

Email: ag@cmhp.net

P: (320) 258-0674

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AG Huot <ag@cmhp.net>

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AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:48 PM

To: Louise Reis <lreis@stcloudhra.com>

Louise

This is your official notification that the CoC approved your HUD St Cloud HRA Shelter Plus Care 1,5 and 7 applications

Thanks for all your hard work and dedication.

AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

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P: (320) 258-0674

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AG Huot <ag@cmhp.net>

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AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:48 PM

To: Hyacinth Stiffler <hyacinth.stiffler@bicap.org>

Hyacinth

This is your official notification that the CoC approved your Bi-CAP HUD Cass County Rapid Rehousing and PSH applications

Thanks for all your hard work and dedication.

AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

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P: (320) 258-0674

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AG Huot <ag@cmhp.net>

nofa

AG Huot <ag@cmhp.net>

Fri, Aug 31, 2018 at 1:48 PM

To: Kathy Sauve <ksauve@lssmn.org>, Rachel Zetah <Rachel.Zetah@lssmn.org>

Kathy

This is your official notification that the CoC approved your Lutheran Social Services HUD Central MN RRH application and your HUD Central Navigator application
thank you for your hard work and dedication
AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

Email: ag@cmhp.net

P: (320) 258-0674

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AG Huot <ag@cmhp.net>

Re: nofa**AG Huot** <ag@cmhp.net>

Fri, Aug 31, 2018 at 6:03 PM

To: Chassidy Lobdell <chassidy.lobdell@lakesandpines.org>

Yes sorry

On Fri, Aug 31, 2018 at 2:56 PM, Chassidy Lobdell <chassidy.lobdell@lakesandpines.org> wrote:

Thank you AG; they also approved the DV bonus correct under Tier 2?

On Fri, Aug 31, 2018 at 1:48 PM, AG Huot <ag@cmhp.net> wrote:

Chassidy

This is your official notification that the CoC approved your Lakes and Pines HUD Rapid Rehousing and Eastern Navigator applications

Thanks for all your hard work and dedication.

AG

AG Huot**Program Manager/COC Coordinator*****Heading Home Central Coordinator***

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

Email: ag@cmhp.net

P: (320) 258-0674

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37 28th Avenue North, STE. 102

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Email: ag@cmhp.net

P: (320) 258-0674

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Chassidy Lobdell, Emergency Services Program Manager
Community Services Department
Lakes and Pines C.A.C., Inc.
(320) 679-1800 ext. 163 (Telephone)
(320) 679-4139 (Fax)

AG Huot

Program Manager/COC Coordinator

Heading Home Central Coordinator

Central MN Housing Partnership

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

Email: ag@cmhp.net

P: (320) 258-0674

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Continuum of Care

HUD Notice of Funds Availability

2018 Local CoC Program Competition

The 2018 HUD NOFA is open! Please read the following information regarding eligible applicants and methods to apply. New this year - Domestic Abuse Bonus funds. For further information, contact AG Huot at ag@cmhp.net.

Central MN CoC 2018 Call for Projects and Notice of Proposal Submission Requirements (being revised with HUD 2018 guidelines)

[New 2018 CoC Intent to Apply & Threshold Assessment](#)

[FY2018 CoC Intent to Apply & Threshold Assessment](#)

[2018 Local CoC Program Competition Timeline](#)

[2018 HUD CoC Program Competition NOFA \(published 06/20/2018\)](#)

2018 HUD NOFA

[Notice of Funding Availability](#)

2018 NOFA Overview - Changes from 2017-2018 (DOCX) - Document Coming Soon

[Local CoC Program Competition Guide 2018](#)

[Central CoC Rating Criteria By Project Type](#)

[Central Project Rating and Ranking Tool](#)

[Central Project Rating Tool Expansion Permanent Supportive Housing - Fillable](#)

[Central Project Rating Tool Non-Expansion Permanent Supportive Housing - Fillable](#)

[Central Project Rating Tool Expansion Rapid Re-Housing - Fillable](#)

[Central Project Rating Tool Non-Expansion Transitional Housing/Rapid Re-Housing - Fillable](#)

[Central Project Rating Tool Non-Expansion Rapid Re-Housing - Fillable](#)

[Housing First Checklist](#)

[Central Equal Access Supplement - Fillable](#)

[Central K12 Early Childhood Supplement](#)

2018 CoC Priority List - Document Coming Soon

2018 Collaborative Application - Document Coming Soon

Continuum of Care (CoC) Program NOFA Released

The Central Minnesota Continuum of Care (CoC) is pleased to announce that a joint application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for funding under the Continuum of Care McKinney-Vento

2018 Meeting Schedule

Below are the 2018 meeting dates, held on the 1st Tuesday of every month.

January 2
February 6
March 6
April 3
May 1
June 5
July TBD
August 7
September 4
October 2
November 6
December TBD

The majority of the 2018 Central MN CoC meetings will take place at the St. Cloud Library. Please check monthly agenda's for location updates.

Location address:
1300 W. St. Germain St.
St. Cloud, MN 56301

CoC Meeting Information

2018 Meeting Agendas:

[January 2018](#)
[February 2018](#)
[March 2018](#)
[April 2018](#)
[May 2018](#)
[June 2018](#)
[August 2018](#)
[September 2018](#)
[November 2018](#)

2018 Meeting Minutes:

[January 2018](#)
[February 2018](#)
[March 2018](#)
[April 2018](#)
[May 2018](#)
[June 2018](#)
[August 2018](#)
[September 2018](#)
[November 2018](#)

[2018 Meeting Attendance/2018 NOFA Voting](#)

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Published by Sally Sturman Battig (2) · Just now ·

HUD Notice of Funds Availability

2018 Local CoC Program Competition

The 2018 HUD NOFA is open! Please click on the link below to read the following information regarding eligible applicants and methods to apply. New this year - Domestic Abuse Bonus funds. For further information, contact AG Huot at ag@cmhp.net.

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Hanna Kimmek
Lisa Cleys
Madi Cleys
Kari Kimberly
Jeff Karnik
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Angie Lucking
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Julie Schueller

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Continuum of Care

HUD Notice of Funds Availability

2018 Local CoC Program Competition

The 2018 HUD NOFA is open! Please read the following information regarding eligible applicants and methods to apply. New this year - Domestic Abuse Bonus funds. For further information, contact AG Huot at ag@cmhp.net.

Central MN CoC 2018 Call for Projects and Notice of Proposal Submission Requirements (being revised with HUD 2018 guidelines)
[New 2018 CoC Intent to Apply & Threshold Assessment](#)
[FY2018 CoC Intent to Apply & Threshold Assessment](#)
[2018 Local CoC Program Competition Timeline](#)
[2018 HUD CoC Program Competition NOFA \(published 06/20/2018\)](#)

2018 HUD NOFA

Notice of Funding Availability

2018 NOFA Overview - Changes from 2017-2018 (DOCX) - Document Coming Soon

2018 CoC Priorities/Ranking Process and Procedures/Appeal Process - Document Coming Soon

2018 NOFA Score Tool for Renewal Projects - Document Coming Soon

2018 CoC Priority List - Document Coming Soon

2018 Collaborative Application - Document Coming Soon

Continuum of Care (CoC) Program NOFA Released

The Central Minnesota Continuum of Care (CoC) is pleased to announce that a joint application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for funding under the Continuum of Care McKinney-Vento Homeless Assistance Grant Program.

Please read the Intent to Apply and FY2017 NOFA Overview.

Priority Listing Application 09/21/2017

Minnesota Homeless Management Information System

Memorandum of Understanding for Lead Agency and System Administrator Duties

A. Goals and Objectives

This Memorandum of Understanding is intended to confirm agreements between the ten Continuums of Care (CoC) in Minnesota and the Institute for Community Alliances (ICA) for the operation of Minnesota's Homeless Management Information System (HMIS). As such, the Memorandum of Understanding sets forth the general understandings, terms, authority, services, and specific responsibilities of each party relating to key aspects of the governance and operation of the Minnesota (HMIS).

B. Background

By federal mandate, each CoC across the United States is responsible for selecting an HMIS software solution that complies with the U.S. Department of Housing and Urban Development (HUD) data collection, management, and reporting standards. In Minnesota ten regional Continuums of Care comprise the network, namely: Central, Hennepin County, Northeast, Northwest, Ramsey County, Suburban Metro Area Coc (SMAC), Southeast, Southwest, St. Louis County, and West Central. Minnesota's ten CoCs jointly agreed to operate a statewide HMIS and to provide HMIS oversight through a shared HMIS Governing Board. In addition, each CoC provides funding to support the statewide Minnesota HMIS.

C. Purpose of HMIS

HMIS is used to: aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; measure the effectiveness of homeless assistance projects and programs; and as a tool to prevent and end homelessness (Coordinated Entry, case management, homeless fund management, reducing duplication of data entry, data sharing, service collaboration, referrals, etc.). Data produced are used for planning, education and reporting to funders.

D. Duration

This MOU is effective June 1, 2016 to December 31, 2017.

E. Designations

HMIS Software - The CoC designates the Bowman Systems' ServicePoint (SP) as the primary technical solution for Minnesota's HMIS.

HMIS Lead and System Administrator - The Institute for Community Alliances (ICA), a non-profit organization based in Des Moines Iowa, is designated as the official statewide Minnesota HMIS lead agency (LA) and state system administrator (SSA) for all 10 CoC geographic areas.

F. Specific Responsibilities of the Parties

- a. Responsibilities of the ten Continuums of Care:
 - i. Designate a single information system as the official HMIS software for the geographic area;

- ii. Designate a HMIS Lead to operate the system;
 - iii. Provide for governance of the HMIS Lead, including;
 - 1. Participate in a shared HMIS Governance structure;
 - 2. Require that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (hereinafter referred to as "CHO") requiring the CHO to comply with federal regulations regarding HMIS
 - 3. Hold CHOs responsible for failure to comply with regulations, including imposing sanctions; and
 - 4. Impose the participation fee, if any, charged by the HMIS;
 - iv. Maintain documentation in compliance with federal regulations and with the MOU;
 - v. Review, revise, and approve the HMIS policies, privacy and security plan, and data quality plan for the HMIS as required by federal regulation;
 - vi. Develop and implement a plan for monitoring the HMIS to ensure that:
 - 1. CHO consistently participate in HMIS;
 - 2. HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - 3. The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing CHO
 - vii. Commit to utilize the statewide HMIS network and seeking HUD and other resources to help fund the collective system.
 - viii. Oversee and monitor HMIS data collection and production of the following reports:
 - 1. Sheltered point-in-time count;
 - 2. Housing Inventory Chart;
 - 3. Annual Homeless Assessment Report (AHAR); and
 - 4. Annual Performance Reports (APRs).
- b. Responsibilities of the designated Lead Agency, The Institute for Community Alliances:
- i. Conduct day-to-day operational requirements of the HMIS software and system;
 - ii. Generate, develop, refine, make available, and submit reports as required for HUD compliance, including HUD funding application reporting requirements, performance measures, sheltered point-in-time count, housing inventory chart, AHAR, APR's, and other reporting that becomes a requirement by HUD during the timeframe of this MOU;
 - iii. Assist the Continuums of Care with design and implementation of their Coordinated Entry System within HMIS;
 - iv. Assist the Continuums of Care with implementation of performance measures within HMIS;
 - v. Ensure compliance with data transfer requirements for the SSVF and RHY programs;
 - vi. Facilitate, monitor, and report to CoC the participation of all agencies submitting data to HMIS and ensuring compliance with federal HMIS requirements;

- vii. Implement and maintain compliance with written HMIS policies and procedures as approved by the statewide governance committee and in accordance with § 580.31 for all CHOs;
- viii. Execute a written HMIS Participation Agreement with each participating CHO as ensuring the agreement includes: the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan and privacy policy with which the CHO must abide, sanctions for violating the HMIS Participation Agreement, and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement;
- ix. Serve as the applicant to the US Department of Housing and Urban Development (HUD) for CoC grant funds to be used for HMIS activities for the CoC's geographic area, as directed by the CoC in consultation with the statewide Governance committee, and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;
- x. Monitor data quality and train end users, agencies and the CoC to obtain and retain a high level of data from all CHOs;
- xi. Implement and monitor a security plan, an updated data quality plan, and a privacy policy to the CoC on a timeline agreed on by the CoC, HMIS Governing Group and HMIS Lead and in accordance with all HUD rules, notices, and guidance establishing the requirements of these plans. The HMIS Lead, in conjunction with the HMIS Governing Group and CoC, must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the CoCs, State Agencies and other HMIS stakeholders.
- xii. Participate in the design of and follow the HMIS Governance Annual Work Plan, which includes; reporting standards, budget, priorities, policies, and directives.
- xiii. Assure transparency in resource management, prioritization, and operations. Provide regular reporting on resource management, as directed by HMIS Governance.
- xiv. Support the broad use of HMIS as a tool to document, serve and end homelessness.
- xv. Assure system performance, including the ongoing availability and accessibility of the HMIS software and system.
- xvi. Provide HMIS and HMIS-subject related trainings to end users, agencies, Coordinators, funders, and planners to insure access and as needed for the purposes of: service delivery, documentation, coordinated entry, reporting, planning, and compliance, striving for good customer satisfaction in doing so.
- xvii. Implement a customer satisfaction feedback and improvement process promote customer satisfaction.
- xviii. Encourage and support using HMIS to its maximum potential, including increasing functionality, incorporating innovations, and assuring adaptively, as appropriate.
- xix. Assure HMIS is properly staffed to achieve responsibilities, deliverables and services described in this MOU including:
 - 1. Data Analyst: Provide 1 a minimum of full-time data analyst for Minnesota's HMIS.
 - 2. Report Writer: Provide a minimum of 1 report writer.

3. Regional System Administrators:

- a. Metro: Provide a minimum of 4 metro/suburban-metro SA positions.
- b. Greater Minnesota: Provide a minimum of 3 greater Minnesota SA with regional office locations.

c. Responsibilities of HMIS Governance:

- i. Develop HMIS policies and procedures. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Governance may not establish local standards for any CHO that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in b. Privacy;
- ii. Develop a data privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance;
- iii. Oversee and monitor HMIS funds, functionality and performance;
- iv. Provide directions and guidance on HMIS practices; and
- v. Set and jointly approve with HMIS Lead an annual HMIS Work Plan, priorities, budget, and policies.

G. Deliverables and timeframes

H. Following is an outline of core deliverables. The timeframe listed indicates whether the deliverable is an expectation of on-going operations, or a deliverable due to begin on a specific date.

I.

Deliverable Definition	Begin Date
HMIS Standards: Operate HMIS in compliance current HMIS Technical Standards, HUD HMIS Data Standards and other applicable state or federal laws, assuring providers are trained and monitored on how to be compliant with said standards and laws.	On-going
Data Privacy: Operate HMIS in compliance with data privacy and data security regulations/requirements (state, federal, and funder), assuring providers are trained and monitored on how to support compliance.	On-going
Adhere to MN HMIS Policies and Procedures. Make recommendations to HMIS Governance on improvements to policies related to compliance, system quality or functionality.	On-going

Deliverable Definition	Begin Date
Participation: Review, monitor and report HMIS coverage rates to the CoC and HMIS Governance, making recommendations and supporting improved coverage.	Initial quarterly review by 9/1/2016, then annual with additional reviews as designed by HMIS Governance.
Data quality: Provide a minimum of quarterly reports to CoCs on data quality. Make recommendations for improvement to data quality and support local agencies, state agencies and CoCs on continuous quality improvement efforts.	9/1/2016
Manage Bowman Vendor contract.	On-going
State meetings: Staff and engage in Statewide HMIS, CoC, and Homeless meetings at the request of HMIS Governance.	8/1/2016
Website: host the MN HMIS website	6/1/2016
Stakeholder engagement: Hold quarterly stakeholder feedback meetings and/or surveys in collaboration with HMIS Governance and the CoCs to assure valuable stakeholder feedback is integrated into HMIS.	9/1/2016
HMIS updates: provide email blasts to HMIS users and stakeholders for the purpose of compliance, education, awareness or input.	7/1/2016
Customized Assessments: Support State agencies and CoCs in developing customized assessments.	9/1/2016
CES assessments, visibility, workflow and reports will be set-up in the live site and demo site according to the state CES plan.	6/2016
Modules: Support the immediate addition, set-up, training, and customization for HMIS Modules into system functions including Call Point and Fund Manager.	7/1/2016
Modules: Support the addition, set-up, training, and customization for HMIS Modules into system functions for Eligibility Point.	10/1/2016
Customized reports: Meet with Continuums to assess needs for additional unified reports quarterly.	9/1/2016
Customized reports: Respond to and support requests from Continuums, state and agencies for customized reports. Respond to requests within 2 business days. Follow HMIS Governance protocol on prioritization when there is a bottleneck.	9/1/2016
Customized reports: Work with MICH and state agencies to annually create and/or update customized reports.	TBD
HUD: Assure HMIS reports are available for required HUD mandates, performance measures, annual/activities reports (PIT, HIC, APR, AHAR) and for data requested during the annual NOFA competition.	On-going

Deliverable Definition	Begin Date
State Agency and CoC staff trained and licensed as LSAs will have ability to run reports and see within their designated and approved tree structure.	6/1/2016 (Hennepin & Ramsey)
Help Desk: Provide SA and analyst staffing of help desk services between hours of 8-4 or 9-5 workdays AND provide after-hours emergency response to system outages. Requests for help should be responded to within 4 hours.	On-going
New User Trainings: Provide both online and/or in-person new user trainings on a monthly basis.	On-going
Program specific training: Provide customized trainings for specific programs to help assure all data elements and other funder requirements are understood and reported.	On-going
Maximize use of HMIS: Support and train on the utilization of enhanced and customized system functions that enable agencies and CoCs to improve quality of service, gain efficiencies, reduce duplication of data entry and encourage overall desire to utilize HMIS as a tool to prevent and end homelessness.	9/1/2016
Provide budget reports that clearly compare fiscal year-to-date actuals (income and expenses), summarized by categories, to original and revised budgets.	Monthly 1 week prior to HMIS Governance meetings beginning 9/2016.

J. Performance and Evaluation of Services

- a. Monthly reports will be provided by ICA to HMIS Governance. The detailed format and content will be negotiated by the parties, but shall:
 - i. clearly articulate the status of deliverables identifying any relevant information related to responsibilities (issues, delays, challenges, solutions, recommendations, etc.),
 - ii. report financial and resource expenditures,
 - iii. provide updates on funder or federal policy/regulatory updates and changes,
 - iv. provide updates on Bowman and ServicePoint, and
 - v. identify system functions or innovations that will improve efficiencies, workflow, data quality, performance, or outcomes.
- b. HMIS Governance reserves the right to evaluate Lead Agency performance following each quarter of the contract. If performance is not compliant with the responsibilities and deliverables laid out in this MOU, HMIS Governance reserves the right to renegotiate or terminate the contract.
- c. If ICA meets or exceeds standards, HMIS Governance and Minnesota CoCs reserve the right to positively weight ICA in a future RFP, if needed, for Minnesota's HMIS.

K. Payment Standards

Payment standards and dates are covered under individual funder contracts.

L. Period of Agreement and Modification/Termination

This MOU becomes effective June 1, 2016 and shall remain in effect until December 31, 2017.

This MOU can be terminated for non-compliance by either party with a 30 day written notice.

Modification of this MOU can occur at the request and mutual agreement of either party.

The signatures of the parties indicate their agreement with the terms and conditions set forth in this document.

Central Minnesota Continuum of Care MN- 505
BY [Signature] Date 5/16/16
NAME AG Hoyt- COC Coordinator

The Institute for Community Alliance

BY [Signature] Date 6-1-16
NAME David Eberbach, Executive Director

AGREEMENT TO EXTEND THE MEMORANDUM OF UNDERSTANDING

FOR

LEAD AGENCY AND SYSTEM ADMINISTRATOR DUTIES

A Memorandum of Understanding (MOU) for Lead Agency and System Administrator duties exists between the 10 Continuums of Care in Minnesota and the Institute for Community Alliances (ICA). The MOU is effective June 1, 2016 to December 31, 2017.

In view of the continuing need for cooperation, the Parties have agreed to extend the Memorandum of Understanding (MOU) for the Lead Agency and System Administrator duties of the Minnesota Homeless Management Information System (HMIS) as follows:

1. The period of validity of the MOU shall be extended for six (6) months, effective January 1, 2018, or until a new MOU is executed and signed by all Parties.
2. Other provisions of the MOU, unless mentioned otherwise in this Agreement, shall remain in full force.
3. This Agreement may be amended or extended further by written agreement by all Parties.

This Agreement shall enter into force upon signature of the duly authorized representatives of the Parties.

For the Central MN Continuum of Care MN-505:

BY AC Hunt

DATE 12/13/17

NAME AC Hunt

TITLE CoE Coordinator

For the Institute of Community Alliances:

BY Demetri Vincze

DATE 12/22/17

NAME DEMETRI VINCZE

TITLE Project Director

**AGREEMENT TO EXTEND THE MEMORANDUM OF UNDERSTANDING
FOR
LEAD AGENCY AND SYSTEM ADMINISTRATOR DUTIES**

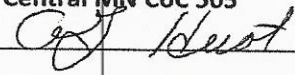
A Memorandum of Understanding (MOU) for Lead Agency and System Administrator duties exists between the 10 Continuums of Care in Minnesota and the Institute for Community Alliances (ICA). The MOU is effective June 1, 2016 to December 31, 2017, with an extension agreed by all Parties for the period January 1, 2018 through June 30, 2018.

In view of the continuing need for cooperation, the Parties have agreed to extend the Memorandum of Understanding (MOU) for the Lead Agency and System Administrator duties of the Minnesota Homeless Management Information System (HMIS) as follows:

1. The period of validity of the MOU shall be extended for six (6) months, effective July 1, 2018 through December 31, 2018, or until a new MOU is extended and signed by all Parties, whichever occurs first.
2. Other provisions of the MOU, unless mentioned otherwise in this Agreement, shall remain in full force.
3. This Agreement may be amended or extended further by written agreement by all Parties.

The Agreement shall enter into force upon signature of the duly authorized representatives of the Parties.

For The Central MN CoC 505

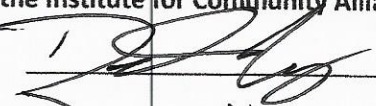
BY 

DATE 6/19/18

NAME AG Huot

TITLE CoC Coordinator

For the Institute for Community Alliances:

BY 

DATE 09/04/2018

NAME DEMETRI VINCZE

TITLE Project Director



MINNESOTA'S HMIS

Homeless Management Information System

MINNESOTA HMIS POLICIES

v. 2018.1

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1. INTRODUCTION

The Minnesota Homeless Management Information System (HMIS)¹ is a collaborative project of the ten Minnesota Continuum of Care (CoC), the State of Minnesota, and participating Partner Agencies. The HMIS is an internet-based database that is used by homeless service organizations across Minnesota to record and store client-level information to better understand the numbers, characteristics, and needs of homeless persons and those at risk of homelessness. Mediware Information Systems, Inc. administers the central server and provides the HMIS software, [ServicePoint](#). As of June 2016, the Institute for Community Alliances (ICA) is the Lead Agency/State System Administrator administering the system and managing user and agency licensing, training, and compliance. (Note: ICA is hereinafter referred to as simply the “Lead Agency.”)

HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps. Information that is gathered from clients via interviews conducted by service providers is aggregated and made available to policy makers, researchers, service providers, and advocates. Data about the extent and nature of homelessness in the state of Minnesota are used to inform public policy decisions aimed at addressing and ending homelessness at local, state, and federal levels.

Guidance for the implementation of Minnesota’s HMIS is provided by a broad-based Governing Board. Board committees work closely with the Lead Agency to secure funding, set and manage priorities within available funding, collect and incorporate user feedback, and provide appropriate oversight and guidance. The Continuum of Care, Minnesota Tribal Collaborative, and State Agencies select, and users elect, representatives to serve on the Governing Board, while committees are open to all stakeholders who may wish to participate in the direction of Minnesota’s HMIS. Meeting information is available on the Minnesota HMIS website.

This document provides the policy guidelines and standards that govern HMIS operations, as executed by the Lead Agency and Local System Administrators,² and also describes the responsibilities of Partner Agencies and users. It was approved by the HMIS Governing Board on January 8, 2018 and replaces two earlier documents: “Minnesota’s HMIS Policies and Procedures” (November 2014) and “Minnesota HMIS System Administrator Policies & Procedures” (December 2014). It will be reviewed annually by the Lead Agency and the HMIS Governing Board.

¹ A glossary of terms is provided in Appendix A.

² Local System Administrators include both Continuum of Care Coordinators and designated Local System Administrators, as they both have the same level of access in HMIS and are often one and the same.

1.1 Contact Information

Minnesota HMIS website: hmismn.org
HMIS Help Desk: MNHMIS@icalliances.org
Lead Agency: icalliances.org
1508 E. Franklin Ave.
Suite 100
Minneapolis, MN 55404

1.2 Participating Entities

Regardless of funding source, entities which may use HMIS include, but are not limited to:

- Coordinated Entry Assessors and Priority List Managers
- Day Shelters and Drop-In Centers for persons who are homeless
- Emergency Shelters serving homeless adults, families, and youth³
- Transitional Housing programs
- Rapid Re-housing programs
- Supportive Housing programs (whether scattered site or on-site)
- Street and Community Outreach programs to persons who are homeless
- Supportive Service programs serving persons who are homeless

In addition, HMIS participation is a requirement of various funders. On the Federal level, HMIS participation is mandated for service and housing providers that receive funding through the following agencies and funding sources:

Department of Housing and Urban Development (HUD)

- Continuum of Care Program (CoC)
- Emergency Solutions Grant (ESG)
- Housing for Persons with AIDS (HOPWA)⁴

Department of Health and Human Services (HHS)

- Projects for Assistance in the Transition from Homelessness (PATH)
- Runaway and Homeless Youth Program (RHY)

³ In general, domestic violence programs are prohibited from participation in the HMIS by federal legislation, under the Violence Against Women Act (VAWA). Please see hmismn.org or contact the Lead Agency for additional information.

⁴ Only competitively-funded HOPWA projects serving homeless individuals are required to use the HMIS. HOPWA block grants are not required to use the HMIS.

Department of Veterans Affairs (VA)

- Supportive Services for Veteran Families (SSVF)

On the state level, the Minnesota Department of Human Services and the Minnesota Housing Finance Agency require HMIS participation for their grantees under the following programs:

Minnesota Department of Human Services

- Emergency Services Program (ESP)
- Emergency Solutions Grant Program (ESG)⁵
- Long-Term Homelessness Supportive Services Fund (LTHSSF)
- Healthy Transitions and Homeless Prevention (HTHP)
- Housing Support (HS)
- Runaway and Homeless Youth Act (HYA)
- Transitional Housing Program (THP)

Minnesota Housing Finance Agency

- Family Homeless Prevention and Assistance Program (FHPAP)
- Long-Term Homelessness (LTH)

1.3 Federal HMIS Policies

In addition to the Minnesota HMIS Policies contained herein, Minnesota's HMIS must also comply with federal HMIS requirements. These requirements are detailed in a suite of HMIS Data Standard resources, an overview⁶ of which is provided below:

Manual Name & Link	Intended Audience	Contents
HMIS Data Standards Dictionary	HMIS Vendors & HMIS Lead Agencies	The manual provides the detailed information required for system programming on all HMIS elements and responses required to be included in HMIS software. It delineates data collection requirements, system logic, and contains the XML and CSV tables and numbers.

⁵ The Minnesota Department of Human Services distributes ESG funding as a sub-grantee of HUD. This funding has the same data collection requirements as other ESG funding in the state, which is distributed through cities and counties.

⁶ Source: HMIS Data Dictionary, June 2017, Version 1.2.

		The manual also includes critical information about data collection stages, federal partner data collection required elements, and metadata data elements.
HMIS Data Standards Manual	HMIS Lead Agencies & HMIS Users	The manual provides a review of all of the Universal Data Elements and Program Descriptor Data Elements. It contains information on data collection requirements, instructions for data collection, and descriptions that the HMIS User will find as a reference.
HMIS Project Descriptor Data Elements Manual	HMIS Lead Agencies	The Project Descriptor Manual is designed to provide specific information about the Project Descriptors required to be set up in the HMIS by the HMIS Lead Agency.

These documents are typically reviewed and updated each year, and changes tend to be effective October 1, in line with the Federal Fiscal Year.

HMIS Federal Partner Program Manuals contain additional detailed information on HMIS project setup and data collection for federally-funded programs:

- [CoC Program Manual](#)
- [ESG Program Manual](#)
- [HOPWA Program Manual](#)
- [PATH Program Manual](#)
- [RHY Program Manual](#)
- [VA Program Manual](#)

2. JOINING THE HMIS

While HMIS participation is open to homeless service organizations regardless of funding source, all Partner Agencies and users must agree to and abide by HMIS policies and procedures and related requirements. These requirements are described throughout this document, whereas this section focuses specifically on the process of new agencies, projects, and users joining the HMIS.

2.1 Partner Agency Requirements

Agency-Level Documents

In order to obtain and maintain access to the HMIS, Partner Agencies must complete and adhere to the following documents:

1. **Agency Agreements** underwrite the legal relationship between a Partner Agency and the Lead Agency as it relates to HMIS responsibilities and compliance with policies and procedures. The Agency Agreement must be signed by the Partner Agency's executive director. The Lead Agency will retain the original document.
2. **Local HMIS Data Use and Administration Agreements (LSA Agreements)** underwrite the legal relationship between a Partner Agency and Local System Administrator as it relates to HMIS responsibilities and compliance with policies and procedures. The Lead Agency will retain the original document.
3. **Business Associate Agreements** are required for Partner Agencies covered under HIPAA and protect personal health information in accordance with HIPAA guidelines.
4. **Qualified Service Organization Agreements** are required for Partner Agencies covered under Federal Drug and Alcohol Confidentiality Regulations (42 CFR Part 2).

Minimum Technology Requirements

For proper access to the HMIS, Partner Agencies should meet the following minimum technology requirements:

Minimum Computer Requirements

- A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 7 (or later)
- The most recent version of Google Chrome, Safari, Internet Explorer, or Firefox. No additional plug-in is required. It is recommended that your browser have a 128 cipher / encryption strength installed. The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."
- A broadband Internet connection or LAN connection. Dial-up modem connections are not sufficient.
- Virus protection updates
- Mobile devices used for HMIS data entry must use the Mozilla Firefox, Google Chrome, or Apple Safari internet browsers. Apple Safari must be used on the latest version of iOS.

Additional Recommendations

Memory

- Windows 7: 4Gig recommended (2 Gig minimum)

Monitor

- Screen Display: 1024x768 (XGA) or higher; 1280x768 strongly advised

Processor

- A Dual-Core processor is recommended.

Slow system response times that may arise as a result of slow internet connections cannot be controlled by the HMIS Lead Agency.

Staff or Volunteers Eligible to Become HMIS Users

The Partner Agency must have at least one staff member or volunteer who is eligible to become an HMIS user. Users must be paid staff or official volunteers of a Partner Agency. An official volunteer must complete a volunteer application with the Partner Agency, undergo agency training, and record volunteer hours with the agency. Individuals who are solely contracting with a Partner Agency must be subject to the same vetting and training as staff and volunteers who become HMIS users. All users must be at least 18 years old and possess basic computer skills. The Partner Agency is responsible for the actions of its users and for their training and supervision, in accordance with the Agency Agreement.

Designated Agency HMIS Contact

The Partner Agency's Executive Director or their designee must select at least one person to act as the Designated Agency HMIS Contact. Multiple Contacts are most appropriate for large agencies that operate in multiple Continuum of Care regions or have multiple departments. The responsibilities of the Contact are to:

1. Provide updated agency information in a timely manner to the Lead Agency for update in the HMIS. This includes providing notification about new projects, new users, closed projects, and users that no longer work at the agency.
2. Understand and comply with funder data collection and reporting requirements.
3. Ensure that the Partner Agency obtains a unique user license for each user at the agency, and that HMIS access is granted only to staff members that have received training, have completed the User Agreement, and are authorized to use the HMIS. This includes making the Lead Agency aware of any changes to the users of the Partner Agency in accordance with the Agency Agreement.
4. Inform the Lead Agency of any violations of HMIS policies and procedures.

Use of a Comparable Database by Victim Service Providers

Victim service providers, as defined at 24 CFR 576.3, are agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Victim service providers must not directly enter or provide data for entry into the HMIS if they are legally prohibited from participating in the HMIS.⁷ Individual projects that meet the definition of victim service providers are subject to the same restriction, even if they are a part of an

⁷ Victim service providers in Minnesota have historically entered anonymous data into the HMIS. Update (11/1/2017): The HMIS Governing Board and the Lead Agency are working with the Minnesota Coalition for Battered Women on a plan to transition all victim service providers out of the HMIS in order to fully comply with the policy above.

agency whose primary mission is not to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

Victim service providers that are recipients of funds requiring participation in the HMIS, but are prohibited from entering data in the HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by the HMIS.

Persons fleeing domestic violence, dating violence, sexual assault, or stalking who are served by non-victim service providers are not prohibited from having their data entered into the HMIS. However, a client may refuse to answer HMIS questions in accordance with the Baseline Privacy Policy outlined in Section 5 of these policies. Data sharing is permitted if the client agrees to release their information by signing the Release of Information (ROI) form.

2.2 New Projects

A **Project Descriptor Elements Form** is required for new Partner Agencies and existing Partner Agencies with new projects. The form, which gathers information such as project funding source, target population(s), and beds, allows the Lead Agency to configure data collection appropriately for the agency in the database. Forms should be submitted at least 10 business days prior to the start of the project to allow enough time for processing.

2.3 New Users

In addition to completing New User Training as described in the following section, the following are required for each new user.

License Fee

An annual license fee is required for each user at the Partner Agency. Upon registration for New User Training, the new user will indicate whether the Partner Agency wishes to purchase an additional license or transfer a license from another user at no cost.

User Agreement

A User Agreement listing user policies and responsibilities is electronically signed by each authorized user. An electronic or hard copy of the original document must be kept by the Partner Agency.

3. USER TRAINING REQUIREMENTS

3.1 New User Training

All users are required to attend New User Training with the Lead Agency prior to receiving access to the system. The New User Training Series requires users to take program- and/or project-specific training related to the programs and projects administered by their agency.

Timely Completion

Once a new user begins the HMIS New User Training Series, the user has 20 business days to complete the training series and all required assignments. Lead Agency staff will review the user's assignments and determine if corrections are needed.

Successful Completion

Lead Agency staff may determine that a new user failed to grasp the necessary data entry concepts based on the quality of the user's assignments. Lead Agency staff may use their discretion to require new users to repeat New User Training. If a new user fails to successfully complete their assignments after repeated attempts, Lead Agency staff may use their discretion to determine that the new user is not capable of accurate and complete data entry and may refuse to issue the new user a Minnesota HMIS user license.

Exceptions

If a user requesting a new user license had a license for the Minnesota HMIS in the past 365 days, the user will be given the option to test out of New User Training through a demonstration of fundamental data entry knowledge. The Lead Agency has sole discretion to determine whether the user has successfully tested out of this requirement.

3.2 Ongoing Training

Annual Security Training

All users are required to attend annual security training provided by the Lead Agency to retain their user license.

Recertification Training

At the discretion of the Lead Agency, users may be required to complete a recertification training in the event of significant changes to data collection requirements, data entry workflow, or HMIS policies and procedures. Users who do not complete recertification training in a timely fashion may have their licenses suspended until training has been completed.

New User Training as Remedial Training

If the Lead Agency determines that data entered by a current user does not meet minimum data quality standards, or if a user has not accessed the system within three months of completing New User Training, users may be required to repeat this training.

4. DATA SECURITY

The Lead Agency, Local System Administrators, and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS security policies and procedures. When a security standard conflicts with other federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact the Lead Agency to collaboratively update the applicable policies for the Partner Agency to accurately reflect the additional protections.

4.1 Passwords

Passwords are the individual's responsibility and users cannot share passwords. Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.

4.2 Procedure for Reporting Security Incidents

Users and Designated Agency HMIS Contacts should report all unlawful access of the HMIS and unlawful attempted access of the HMIS. This includes borrowing, loaning, sharing, or theft of usernames and passwords. Security incidents should be reported to the Lead Agency within 24 hours of their discovery. The Lead Agency will use the HMIS user audit trail report to determine the extent of the breach of security.

4.3 Violation of Security Procedures

All potential violations of any security protocols will be investigated by the Lead Agency and/or the HMIS Governing Board, and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

All confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the Lead Agency and placed in the client's file at the Agency that originated the client's record.

Any Agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked, as described in Section 10.

4.4 Disaster Recovery Plan

Minnesota's HMIS is covered under Mediware Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Mediware Information Systems provides the following disaster recovery plan. Plan highlights include:

- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven-day backup history is stored locally on instantly accessible Raid 10 storage.
- One-month backup history is stored offsite.
- Access to a Mediware Information Systems emergency line to provide assistance related to “outages” or “downtime” 24 hours a day.
- Data is backed up locally on instantly accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
- Backups of the application site are near-instantaneous (no files older than five minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority-level response (ensures downtime will not exceed four hours).

5. DATA PRIVACY

The Lead Agency, Local System Administrators, and Partner Agencies are jointly responsible for complying with HMIS privacy policies and procedures. When a privacy standard conflicts with other federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact the Lead Agency to collaboratively update the applicable policies for the Partner Agency to accurately reflect the additional protections.

5.1 Baseline Privacy Policy

Collection of Personal Information

Personal information will be collected for the HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Personal information may also be collected from:

- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in the HMIS

Only lawful and fair means are used to collect personal information. Personal information is collected with the knowledge and consent of clients. While some information may be required by projects or public or private funders to determine eligibility for housing or services, or to assess needed services, clients generally should not be denied assistance if they refuse or are unable to supply certain pieces of information.⁸

Posted Data Privacy Notice

This Notice must be posted and viewable by clients at intake to provide information on their rights and HMIS policies related to personal data. This Notice provides a brief overview of data privacy.

HMIS Data Privacy Notice

This Notice⁹ must be reviewed with all clients at intake to provide information on their rights and HMIS policies related to personal data. This Notice provides more detailed information about why HMIS data is collected, when and to whom data may be released, privacy protections, and client rights.

⁸ HMIS intake forms include 'Client refused' response categories to allow programs to track refusals. The HMIS Data Standards Manual provides additional information about handling client refusals for federally-required questions.

⁹ The HMIS Data Privacy Notice is included as the first page of the Release of Information (ROI) packet.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their personal information maintained in the HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in the HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one's personal information may be denied if:

- The information was compiled in reasonable anticipation of litigation or comparable proceedings,
- The information was obtained under a promise of confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a client's request to view or correct their personal information is denied, the Agency where the client receives services will explain the reason for the denial. The client's request and the reason for the denial will be included in the client's record.

Client requests to view or correct their personal information may be denied if they are made in a repeated and/or harassing manner.

5.2 Statewide Data Sharing

As of October 2016, Minnesota's HMIS employs statewide data sharing as a means to implement Coordinated Entry, reduce data collection and entry burden, and facilitate other coordination between Partner Agencies.

Client Release of Information

Statewide Data Sharing is a process guided by the client through the Release of Information (ROI). It is therefore imperative that the client understand the ROI, and that the Partner Agency address any questions the client may have, while respecting the client's right to decline to share data.

Prior to designating any information for sharing with other Agencies, the Partner Agency will obtain the informed consent of the Client, using **Minnesota's HMIS Release of Information**. If a client does not consent pursuant to Minnesota's HMIS Release of Information form, information may be entered into Minnesota's HMIS, but may not be shared with other Partner Agencies. It is the responsibility of the Partner Agency entering information about a client to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for sharing or prohibit information sharing; and to implement any restrictions on information sharing.

Agency Responsibilities

At a minimum, the Partner Agency must meet the following standards:

1. The Partner Agency will use the Minnesota's HMIS Release of Information form (ROI), for all clients where written or verbal consent is required.
 - a. If the Partner Agency does not share data with other Agencies, the ROI form is not required. However, the Partner Agency will provide Minnesota's HMIS Data Privacy Notice for review by all clients and provide clients with copies as requested.
 - b. If questions arise (for example questions on which programs within the Partner Agency share data with other agencies), the Partner Agency will contact the Lead Agency.
2. The Partner Agency will note any limitations or restrictions on information sharing on a client's ROI with appropriate data entries into Minnesota's HMIS. If questions arise (for example, questions on how to implement restrictions on information sharing), the Partner Agency will contact the Lead Agency.
3. The Partner Agency will be responsible for ensuring that consent is knowing, informed and given by a person competent to provide consent. For example, in the case of a minor, The Partner Agency will comply with applicable laws regarding minor consent by obtaining the consent of a parent or guardian, unless consent of the minor is acceptable under the Minor Consent law (e.g. Minn. Stat. §144.341–144.347). In cases of incompetent adults, the Partner Agency must obtain consent from a person authorized to consent under Minnesota law.
4. If a client withdraws or revokes consent for release of information, the Partner Agency is responsible for immediately contacting the Lead Agency to ensure that client's information will not be shared with other Agencies from that date forward.
5. The Partner Agency that received the client's initial ROI form will scan and upload the signed copy of the form to the HMIS. Partner Agencies may be required to keep the original copy for a period of seven years, as dictated by Partner Agency policy or funder requirements. ROI forms will be available for inspection and copying by the Lead Agency at any time.
6. If an ROI has been properly recorded in the client's HMIS record by another Partner Agency, the Partner Agency need not present the client with another ROI form.¹⁰ However, Covered Entities must always present a ROI form, as detailed in the section below. Other Partner Agencies may elect to do so at their discretion.

Additional Responsibilities of Covered Entities

Partner Agencies that are also Covered Entities under HIPAA and any program subject to 42 CFR Part 2 must obtain a signed Minnesota's HMIS Release of Information form before authorizing the Lead Agency to use or disclose information entered into the HMIS. If a client does not sign Minnesota's HMIS Release of Information form, information may be entered into Minnesota's HMIS, but may not be further disclosed. The information may be used by the Lead Agency as permitted by law and the HMIS Data Privacy Notice. It is the responsibility of the Partner Agency entering information about a client to ensure compliance with HIPAA including ensuring that all appropriate HIPAA Notices have been provided to clients, to determine whether consent has been obtained; making appropriate entries to either designate the information as appropriate for use or disclosure by the Lead Agency or to prohibit such use or disclosure; and implementing any restrictions on the use of the information.

¹⁰ The requirement to scan and upload signed Consent forms is effective as of the date these policies were first adopted. Client records created prior to that date that recorded Consent according to the guidance from that time are considered to have Consent properly recorded.

Covered Entities may utilize their own forms but shall supplement these forms with the information conveyed in “Minnesota’s HMIS: Data Privacy Notice & Client Release of Information.”

Covered Entities must present a separate ROI form to each adult that is seeking services, regardless of whether a ROI form has been presented to them in the past.

No Conditioning of Services

Agency will not condition any services upon or decline to provide any services to a client based upon a client’s refusal to sign a form for the sharing of information in Minnesota’s HMIS, unless a program funder or internal management practices require the entry of identified information into the HMIS to deliver services. Further, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from the HMIS. Partner Agencies may not penalize a client based on historical data contained in the HMIS.

5.3 Research Uses and Publication of HMIS Data

Research uses and publication of HMIS data are governed by HMIS policies, including Minnesota’s HMIS Data Privacy Notice, Minnesota’s HMIS Release of Information, Agency Agreements, Local HMIS Data Use and Administration Agreements (LSA Agreements), and Business Associate Agreements.

Data may not be released in an aggregated report from a data set that is small enough or unique enough to allow identification of an individual client’s information to be extracted from the report. If it is determined that a preliminary report may not be published due to concerns of release of identifiable data, the Lead Agency or Local System Administrator will remove postings, shred paper copies of the report, and notify review partners to destroy any copies of the report.

A Local System Administrator may not access or use regional, Tribal- or agency-specific data for the purpose of providing their agency or any partner agency a competitive advantage. Data collection and reporting of Tribal-specific information will only be done with the written permission of the Minnesota Tribal Council or its authorized representative.

If a report identifies one or more specific agencies or programs, agencies will be given a period of 15 business days to review and comment on the information as presented in the report. Agency and Continuum of Care review periods may be waived if prior approval is obtained by the Lead Agency or the Local System Administrator.

Data may be released to external stakeholders for research purposes by the Lead Agency, as approved by the HMIS Governing Board. The HMIS Governing Board will approve or deny requests to release data based on the potential benefits and costs to clients, Partner Agencies, and other stakeholders. If at all possible, the release of identified data will be avoided. If identified data is needed, the HMIS Governing Board will work with the Lead Agency to ensure that proper procedures and precautions are in place prior to releasing data.

5.4 Client Complaints, Grievances, and Questions

If a client believes that their rights have been violated related to their personal or private data held in the HMIS, a written complaint may be filed. The complaint may be filed with the Partner Agency serving the client and forwarded to the Lead Agency if resolution is not found. If the client believes that their shelter or services may be threatened due to the complaint, a complaint may be made directly to the Lead Agency. The Lead Agency will report all grievances to the Governing Board, which will act as a final arbiter of any complaints not resolved by the Partner Agency or the Lead Agency.

The Partner Agency and the Lead Agency are prohibited from retaliating against clients for filing a complaint. Identifying information will be kept confidential, unless the client gives express permission for such information to be shared between the Partner Agency and the Lead Agency.

The Partner Agency must make **Minnesota's HMIS Service Recipient Grievance Form** available to clients upon request.

6. DATA QUALITY

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. No data collection system has a quality rating of 100%. However, to present accurate and consistent information on homelessness, it is critical that the HMIS have the best possible representation of reality as it relates to persons experiencing homelessness and the projects that serve them. Specifically, the goal is to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact on the homeless service system.

6.1 Minimum Data Collection Standards

All Partner Agencies are responsible for asking all clients a minimum set of questions, or data elements.¹¹ These required data elements include: (1) the Universal Data Elements required federally and at the state level by the HMIS Governing Board; and (2) Program-Specific Data elements, which depend on the funder and may not be required at all if a program is not funded by a program that requires the use of the HMIS. The minimum expectations for data entry for all programs entering data in the HMIS are the focus of New User Training.

Partner Agency programs are configured by the Lead Agency to collect the required data elements based on information provided by the Partner Agency and its Designated Agency HMIS Contact. Lead Agency staff will consult with the Designated Agency HMIS Contact in attempts to ensure proper setup, but responsibility for complying with funder requirements lies with the Partner Agency.

Agencies may collect additional information beyond the minimum required data elements, as long as the collection of these questions does not interfere with the minimum required data elements.

6.2 Data Quality Plan

To ensure high-quality data, the Lead Agency, Minnesota's ten Continua of Care, Partner Agencies, and users will regularly and collectively assess and address the quality of data by examining characteristics such as timeliness, completeness, and accuracy. This effort is detailed in the Minnesota HMIS Data Quality Plan, which is approved by the HMIS Governing Board and can be found on the Minnesota HMIS [Website](#).

6.3 XML Imports

While HMIS databases are required to have the capacity to accept XML imports, the Lead Agency and the HMIS Governing Board reserve the right to not allow XML imports into Minnesota's HMIS. Allowing XML imports may impact data integrity and increase the likelihood of duplication of client files in the system.

¹¹ However, as noted in the Baseline Privacy Policy in the prior section, clients may still refuse to answer certain questions.

7. HMIS SOFTWARE VENDOR REQUIREMENTS

Physical Security

Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection

The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication

Users may only access the HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security

HMIS users will be assigned a system access level that restricts their access to only necessary and appropriate data.

Database Security

Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support

The vendor will assist Lead Agency staff to resolve software problems, make necessary modifications for special programming, and will explain system functionality to the Lead Agency.

Technical Performance

The vendor maintains the system, including data backup, data retrieval, and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal

Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

8. LOCAL SYSTEM ADMINISTRATION

Minnesota's HMIS is a collaborative partnership with partners at all levels working to advance HMIS as a tool to inform and support efforts to end homelessness. Continuum of Care Coordinators and designated Local System Administrators, jointly referred to herein as "Local System Administrators," are key partners in analyzing data and meeting needs at a local level. While Local System Administrators must adhere to all policies contained in this document, this section enumerates roles, responsibilities, and policies specific to their work.

8.1 Coordination with the Lead Agency

As local needs and local capacity vary, coordination between the Lead Agency and Local System Administrators is key. The Lead Agency and Local System Administrators will jointly develop and approve a written annual plan for each Continuum of Care that delineates roles and responsibilities of both parties.

Responsibilities may include in-depth support for the following:

- Annual Homeless Assessment Report
- Annual Performance Reports
- Communicating HMIS updates to the Continuum of Care
- Continuum of Care Program Competition
- Housing Inventory Chart
- Maintaining and increasing bed coverage (participation of homeless programs in the HMIS)
- Point in Time Homelessness Count
- Quarterly Data Quality Process
- Supporting continuous quality improvement efforts
- Supporting HMIS user group meetings in the Continuum of Care
- Other projects or tasks as jointly approved by the parties

In the event that the Lead Agency and Local System Administrators cannot agree to a written annual plan, the matter will be escalated to the HMIS Governing Board for discussion and resolution.

8.2 System Configuration

Local System Administrators will not make changes to HMIS providers without prior approval from the Lead Agency and the Designated Agency HMIS Contact for that provider. However, Local System Administrators are allowed to create their own reporting groups in the HMIS for purposes of aggregate reporting.

8.3 Local System Administrator Expanded Reporting Access Agreement"

Due to technical issues with a prior database restructure, Local System Administrators (LSA) are currently unable to view all data within their Continua of Care. To address this problem, the Lead Agency and Policy and Prioritization Committee of the HMIS Governing Board developed the **Local System Administrator Expanded Reporting Access Agreement**. This agreement,

between the Lead Agency and the LSA, technically grants the LSA full visibility to statewide HMIS information in the Advanced Reporting Tool (“ART”) which is used to report on HMIS data. However, the agreement reaffirms that the LSA may only view data from their Continuum of Care as needed for legitimate business purposes.

9. AGENCY SYSTEM ADMINISTRATION

Minnesota HMIS Partner Agencies may elect to develop internal capacity for system administration. Partner Agency System Administrators are trained by the Lead Agency and granted system administration access at the sole discretion of the Lead Agency. While Partner Agency System Administrators must adhere to all policies contained in this document, this section enumerates roles, responsibilities, and policies specific to their work.

9.1 Coordination with the Lead Agency

As Partner Agency needs and capacity vary, coordination between the Lead Agency and Partner Agency System Administrators is key. The Lead Agency and Partner Agency System Administrators will jointly develop and approve a written annual plan for the Partner Agency that delineates roles and responsibilities of both parties. In the event that the Lead Agency and Partner Agency System Administrators cannot agree to a written annual plan, the matter will be escalated to the HMIS Governing Board for discussion and resolution.

9.2 System Configuration

Partner Agency System Administrators will not make changes to HMIS providers without prior approval from the Lead Agency.

10. SPECIAL POLICIES

10.1 User Conflict of Interest

Users who are also clients with files in the HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the Minnesota User Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Designated Agency HMIS Contact. The Lead Agency may run an HMIS user audit trail report to determine if there has been a violation or suspected violation of the conflict of interest agreement.

10.2 Users Entering or Reporting on Data for Another Partner Agency

Coordinated Services Agreements allow a specifically named HMIS user to enter client data as, or on behalf of, another specifically named Partner Agency and/or to report on behalf of a specifically named Partner Agency. The signed agreement will be maintained by the Lead Agency. The named HMIS User will have access to the designated HMIS Providers.

11. VIOLATION OF HMIS POLICIES

HMIS users and Partner Agencies must abide by all HMIS policies and procedures found in the HMIS Policies and/or Procedures manuals, the User Agreement, and the Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action. Any user or Partner Agency violations may be appealed to the HMIS Governing Board.

- First Violation – the user and Partner Agency will be notified of the violation in writing by the Lead Agency. The user's license will be suspended for 30 days, or until the Partner Agency notifies the Lead Agency of action taken to remedy the violation. The Lead Agency will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. The Lead Agency will notify the HMIS Governing Board of the violation during the next scheduled Governing Board meeting following the violation.
- Second Violation – The user and Partner Agency will be notified of the violation in writing by the Lead Agency. The user's license will be suspended for 30 days. The user and/or Partner Agency must take action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies the Lead Agency of the action taken to remedy the violation. The Lead Agency will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. The Lead Agency will notify the HMIS Governing Board of the violation during the next scheduled Governing Board meeting following the violation.
- Third Violation – the user and Partner Agency will be notified of the violation in writing by the Lead Agency. Lead Agency will notify the HMIS Governing Board of the violation and convene a review panel made up of Governing Board members who will determine if the user's license should be terminated. The user's license will be suspended for a minimum of 30 days, or until the Governing Board review panel notifies the Lead Agency of their determination, whichever occurs later. If the Governing Board determines the user should retain their user license, the Lead Agency will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Governing Board review panel.

Any user or other fees paid by the Partner Agency will not be returned if a user's or Partner Agency's access to the HMIS is revoked.

Notifying the HMIS Lead Agency of a Violation

It is the responsibility of each Designated Agency HMIS Contact and user to notify the HMIS Lead Agency within 24 hours of when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy, or procedure. A complaint about a potential violation must include the User and Partner Agency name and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS

Lead Agency at mnhmis@icalliances.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law

Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Potential to Escalate

All violations will be assessed by the Lead Agency and depending on their severity may be subject to the consequences listed under the Third Violation above as determined by the Lead Agency.

Multiple Violations within a 12-Month Timeframe

During a 12-month calendar year, if there are multiple users (three or more) with multiple violations (two or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.

12. APPENDIX A: GLOSSARY

Designated Agency HMIS Contact – The individual responsible for HMIS use at each partner agency.

Homeless Management Information System (HMIS) – an internet-based database that is used by homeless service organizations across Minnesota to record and store client-level information to better understand the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

HMIS Governing Board – the group of HMIS stakeholders who are responsible for approving and implementing the HMIS Policies and Procedures, and for funding, planning, and overseeing improvements to Minnesota's HMIS. Information on board composition, committee responsibilities, and meeting times can be found on the Minnesota HMIS Website.

HMIS Lead Agency – The HMIS Lead Agency is responsible for the technical design, implementation, and operation of the HMIS. In doing so, the Lead Agency provides Partner Agencies and users with training and technical support, ensures compliance with HMIS policies and procedures, and plans and jointly approves with the HMIS Governing Board an annual budget and work plan. Minnesota's HMIS Lead Agency is the Institute for Community Alliances.

HMIS Vendor – The HMIS Vendor designs the HMIS software and provides ongoing support to the System Administrators. Minnesota's HMIS Vendor is Mediware Information Systems.

Local System Administrators – Persons trained and approved by the HMIS Lead Agency who provide reporting or system administration support.

Partner Agencies – The homeless service organizations that use the HMIS.

Program-Specific Data Elements – Questions that are designed, managed, and required by at least one of the HMIS federal or state partner programs. Federal Program-Specific Data Elements are subject to change every year on October 1, whereas State Program-Specific Data elements are subject to change every year on July 1.

Universal Data Elements (UDEs) – The minimum set of questions that all homeless programs in the HMIS, regardless of funding source, must complete for all clients served. Federal UDEs are outlined in the [HMIS Data Dictionary](#) and the [HMIS Data Standards Manual](#), and are subject to change every year on October 1. Minnesota UDEs are determined by the HMIS Governing Board and are subject to change every year on July 1.

Victim Service Provider – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

2018 HDX Competition Report

PIT Count Data for MN-505 - St. Cloud/Central Minnesota CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	669	862	584
Emergency Shelter Total	276	260	226
Safe Haven Total	0	0	0
Transitional Housing Total	226	373	253
Total Sheltered Count	502	633	479
Total Unsheltered Count	167	229	105

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	18	17	64
Sheltered Count of Chronically Homeless Persons	12	8	40
Unsheltered Count of Chronically Homeless Persons	6	9	24

2018 HDX Competition Report

PIT Count Data for MN-505 - St. Cloud/Central Minnesota CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	113	127	104
Sheltered Count of Homeless Households with Children	100	120	99
Unsheltered Count of Homeless Households with Children	13	7	5

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	85	25	33	38
Sheltered Count of Homeless Veterans	61	24	21	25
Unsheltered Count of Homeless Veterans	24	1	12	13

2018 HDX Competition Report

HIC Data for MN-505 - St. Cloud/Central Minnesota CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	220	58	123	75.93%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	258	7	209	83.27%
Rapid Re-Housing (RRH) Beds	221	0	221	100.00%
Permanent Supportive Housing (PSH) Beds	291	0	214	73.54%
Other Permanent Housing (OPH) Beds	218	9	197	94.26%
Total Beds	1,208	74	964	85.01%

2018 HDX Competition Report

HIC Data for MN-505 - St. Cloud/Central Minnesota CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	22	53	30

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	13	19	46

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	53	104	221

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for MN-505 - St. Cloud/Central Minnesota CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	1122	1064	1100	36	33	32	-1	21	20	15	-5
1.2 Persons in ES, SH, and TH	1509	1476	1558	97	100	109	9	38	37	36	-1

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1140	1073	1100	83	84	167	83	30	29	42	13
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1549	1485	1577	157	155	239	84	60	60	91	31

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	20	57	0	2	4%	1	3	5%	0	3	5%	8	14%
Exit was from ES	184	271	19	19	7%	2	17	6%	6	17	6%	53	20%
Exit was from TH	197	224	2	6	3%	3	3	1%	9	25	11%	34	15%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	134	191	6	5	3%	2	4	2%	2	6	3%	15	8%
TOTAL Returns to Homelessness	535	743	27	32	4%	8	27	4%	17	51	7%	110	15%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	669	862	193
Emergency Shelter Total	276	260	-16
Safe Haven Total	0	0	0
Transitional Housing Total	226	373	147
Total Sheltered Count	502	633	131
Unsheltered Count	167	229	62

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	1580	1519	1595	76
Emergency Shelter Total	1149	1085	1116	31
Safe Haven Total	0	0	0	0
Transitional Housing Total	483	486	499	13

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	87	89	68	-21
Number of adults with increased earned income	8	11	10	-1
Percentage of adults who increased earned income	9%	12%	15%	3%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	87	89	68	-21
Number of adults with increased non-employment cash income	17	20	17	-3
Percentage of adults who increased non-employment cash income	20%	22%	25%	3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	87	89	68	-21
Number of adults with increased total income	21	28	25	-3
Percentage of adults who increased total income	24%	31%	37%	6%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	34	44	53	9
Number of adults who exited with increased earned income	6	10	14	4
Percentage of adults who increased earned income	18%	23%	26%	3%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	34	44	53	9
Number of adults who exited with increased non-employment cash income	11	12	8	-4
Percentage of adults who increased non-employment cash income	32%	27%	15%	-12%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	34	44	53	9
Number of adults who exited with increased total income	17	22	21	-1
Percentage of adults who increased total income	50%	50%	40%	-10%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1292	1309	1359	50
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	201	193	175	-18
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1091	1116	1184	68

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1529	1624	1719	95
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	255	293	240	-53
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1274	1331	1479	148

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	105	105	110	5
Of persons above, those who exited to temporary & some institutional destinations	22	22	12	-10
Of the persons above, those who exited to permanent housing destinations	57	57	40	-17
% Successful exits	75%	75%	47%	-28%

Metric 7b.1 – Change in exits to permanent housing destinations

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FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1143	1188	1228	40
Of the persons above, those who exited to permanent housing destinations	481	514	546	32
% Successful exits	42%	43%	44%	1%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	511	512	564	52
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	482	482	513	31
% Successful exits/retention	94%	94%	91%	-3%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

MN-505 - St. Cloud/Central Minnesota CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	156	262	199	249	283	206	229	322	437	470	516	545		74	53	104				
2. Number of HMIS Beds	133	215	136	212	207	123	166	203	340	361	396	426		31	53	104				
3. HMIS Participation Rate from HIC (%)	85.26	82.06	68.34	85.14	73.14	59.71	72.49	63.04	77.80	76.81	76.74	78.17		41.89	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	789	934	791	791	491	571	410	450	525	551	465	513	157	224	281	397	44	169	71	70
5. Total Leavers (HMIS)	688	835	721	689	265	341	206	247	150	139	94	128	75	157	147	178	36	80	14	15
6. Destination of Don't Know, Refused, or Missing (HMIS)	351	312	364	366	18	48	13	28	18	12	2	9	0	2	1	4	3	9	1	1
7. Destination Error Rate (%)	51.02	37.37	50.49	53.12	6.79	14.08	6.31	11.34	12.00	8.63	2.13	7.03	0.00	1.27	0.68	2.25	8.33	11.25	7.14	6.67

2018 HDX Competition Report

Submission and Count Dates for MN-505 - St. Cloud/Central Minnesota CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/24/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes

Central MN CONTINUUM OF CARE

order of priority Pg 13

GOVERNANCE CHARTER

Approved October 1, 2013

Amended and Approved June 20, 2014

Amended and Approved August 29, 2016

Amended and Approved September 5, 2017

Amended and Approved April 3, 2018

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existing Governance Charter or approve proposed changes to the Governance Charter at their next Annual Meeting.

Central MN Continuum of Care Priorities, Policies & Written Standards

I. Priorities for Administering Assistance

The CoC shall adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- a. Priorities will be based on regional needs. Focus on serving individuals and families with the longest or most barriers of homelessness.

Central MN CoC shall prioritize permanent supportive housing projects dedicated to serving households that meet the definition of chronic homelessness, and, of the chronically homeless, our CoC shall prioritize those households with the longest histories of homelessness or with most barriers to securing housing.

Central MN CoC shall also prioritize permanent supportive housing projects that have beds that are not specifically funded or otherwise dedicated to serve chronically homeless households but for which a priority has been given to serve chronically homeless households. The following “vulnerable” populations shall be prioritized in addition to being chronically homeless:

Central COC Region	HH Type-Priority 1	HH Type-Priority 2	HH Type-Priority 3	Subpopulation Priority 1	Subpopulation Priority 2	Subpopulation Priority 3
Central/Eastern Mille Lacs, Kanabec, Isanti, Chisago, Pine	Singles	Youth	Families	Mental Illness	Criminal/legal	credit history
Central/Northern Cass, Crow Wing, Todd, Morrison, Wadena	Families	Single youth	Single adults	Mental illness	CSA	Barriers to housing
Central/Central Stearns, Benton, Sherburne, Wright	Families	Single	Youth	MISA/DD	DV	Elderly and those with barriers

The CoC shall follow all the required recordkeeping/documentation per CPD-14-012.

- b. Homeless service providers throughout Central MN CoC utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment, to screen any single individual experiencing homelessness. The F VI-SPDAT is the common assessment tool to screen any family experiencing homelessness. The TAY VI-SPDAT is the common assessment tool to screen any youth experiencing homelessness. People not identifying themselves as homeless do not receive an assessment. All assessors receive standardized messaging so that the assessment process and its results are communicated clearly and consistently across the community.
- c. Focus on increasing the use of rapid re-housing to reduce the number of homeless families with dependent children. Central MN CoC shall prioritize for investment, rapid re-housing projects dedicated to serving homeless youth and households with children.

Central MN CoC shall prioritize for investment, rapid re-housing projects that are able to move families and youth out of shelter and homelessness the most quickly.

- d. Focus on housing first approach for permanent housing. The Central MN CoC shall prioritize for investment, permanent housing projects (permanent supportive housing and rapid re-housing) that adopt a housing first, entry-tolerant approach to housing people experiencing homelessness.
- e. Focus on serving individuals and families with disabilities, complex housing barriers, and high degree of vulnerabilities/risks. The Central MN CoC shall prioritize, permanent supportive housing projects which targets populations consisting of a wide range of vulnerabilities, including but not limited to individuals diagnosed with physical/mental/intellectual disabilities, at risk youth, elderly, victims of abuse, and criminal offenders. Careful assessment and consideration will be given based upon a wide range of factors influencing the individuals or families ability to maintain safety and minimize the risk of harm.

II. Policies

- a. Education policies: All homeless assistance projects within the Central MN CoC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) will be expected to comply with the following policies:
 - i. Identify staff person(s) who have primary responsibility for school attendance.
 - ii. Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children are able to maintain enrollment in school.
 - iii. Advocate for families with their school district to ensure that transportation is arranged (as needed).
 - iv. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed).
 - v. Assist families in developing education related goals for all family members when completing Housing Goal Plans.

Non-Discrimination Policy

Central MN Continuum of Care (MN-505)

Background

Central MN Continuum of Care (MN-505) is required to develop and operate a coordinated entry process that permits recipients of Federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; The Minnesota Human Rights Act (Chapter 363A of the Minnesota Statutes) also prohibits discrimination based on marital status, public assistance status, and sexual orientation;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

The CoC Program interim rule at 24 CFR 578.93(c) also requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Policy

The policy of Central MN Continuum of Care (MN-505) is to provide equal opportunity and equal consideration to all peoples without regard to race, religion, ancestry, national origin, color, creed, sex, age, physical disability, marital status, sexual orientation, or public assistance status.

Delivery of Services

Central MN Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall not discriminate or treat unequally or unfairly in the delivery of services any person because of race, religion, ancestry, national origin, sexual orientation, or sex; and will comply with all federal, state and local anti-discrimination laws.

Affirmative Marketing and Outreach

Central MN Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall affirmatively market access Coordinated Entry (and as a result to the housing and services available through Coordinated Entry) to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.

Obligation to Inform

Central MN Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall inform in plain writing all persons seeking services of these policies and the process for filing a nondiscrimination complaint.

Reporting a Nondiscrimination Complaint

At any time during the coordinated entry process, applicants for housing or services have the right to file a complaint, should they feel that the non-discrimination principle has been violated. All Applicants, whether individuals or families, will be provided with the process for filing a complaint. All complaints will be addressed and resolved in a timely and fair manner.

The following three contacts will be provided to address discrimination or grievance related concerns:

- For nondiscrimination complaints, contact the
 - Department of Housing & Urban Development, Chicago Regional Office: (800) 765-9372 or https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/onlinecomplaint
 - Minnesota Department of Human Rights: 651-539-1100 or Toll Free at 1-800-657-3704
- For complaints with Coordinated Entry policies or procedures in Central MN Continuum of Care, contact ag@cmhp.net
- For housing program related complaints, grievances will be directed to the appropriate housing provider for resolution.

Retaliation

Central MN Continuum of Care policy is that the Continuum of Care, its member agencies and its Coordinated Entry System agents and partners shall not retaliate against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful practice.