

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 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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:

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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 of Community Alliance

1B. Continuum of Care (CoC) Engagement

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	No	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Central MN Council on Aging-Senior Citizens	Yes	Yes	Yes
Native American Tribal Representative	Yes	Yes	Yes
Veteran agencies and advocates	Yes	Yes	Yes

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
 - 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
 - 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
 - 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
- (limit 2,000 characters)**

1. Central CoC ensures that all subpopulations are represented within the different regions of the CoC. This is accomplished by ongoing review of membership & outreach to those in under-represented populations. Central CoC values 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 attend meetings including United Way, Community Solutions, Family Homeless Prevention & Assistance (subcommittee of the CoC), Homeless Concerns, City Council, Property Management meetings and veteran's bi-weekly meetings to speak on behalf of the CoC and to solicit valuable information/feedback needed to ensure those with the most needs are served effectively. Communities are educated on who is experiencing homelessness in their community and encouraged to participate

in discussions and solutions to preventing and ending homelessness.

3. Concerned citizens, agency personnel and public officials all contribute to program improvement & development. Our CoC is proactive and creative in solutions for our aging population. Through data review and community discussions we are seeing the numbers of senior experiencing homelessness increasing. This has resulted in a section 202 senior housing provider taking their every 5th opening from our CE Priority List.

4. Central CoC solicits feedback from individuals with disabilities by providing telephone and email contact. Telecommunications relay services are utilized. Interpreters are accessible as needed. Central CoC monthly meetings are held in spaces with handicap accessibility. It is important to get the opinions from those with disabilities & life experiences as they can tell us what works and what doesn't work.

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 the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
 - 4. how often the CoC solicits new members; and**
 - 5. 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 open invitation for new members at least annually, via emails, Facebook & the CoC Website. Meetings are open to anyone interested in preventing & ending homelessness. New agencies are welcomed & provided with information regarding the CoC; who we are, who we serve, how we operate & invite them to attend a CoC meeting. 2. The CoC communicates the invitation process through social media, Facebook, CoC website, email lists to area agencies & concerned citizens, other agency websites & 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 ensures effective communication with individuals with disabilities by providing accessible information on our Facebook and Website with options for telephone & email contact. Telecommunications relay services are utilized. Central CoC monthly meetings are held in spaces with handicap accessibility. These methods make it easier for those with a disability to connect with the CoC & ask questions about membership. 4. Central CoC solicits new members at least annually, but our process is to solicit new members continually, especially when new agencies open in the area. 5. Special outreach is conducted to welcome those who have experienced homelessness or are currently homeless to join the CoC. Two agency representatives have experienced homelessness. Voices of those currently homeless are being brought to meetings through outreach workers & their advocates who attend. Central membership committees attend free community meals to have open discussions with those currently experiencing homelessness. CoC Coordinator & CoC members attend, Family Homeless

Prevention & Assistance Program (a CoC subcommittee) where current and formerly homeless persons attend. We receive valuable input through this subcommittee

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
 - 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
 - 3. the date(s) the CoC publicly announced it was open to proposal;**
 - 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
 - 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**
- (limit 2,000 characters)**

1. Central CoC notifies the public that the 2019 HUD NOFA is open & accepting project applications by emailing agencies, posting information on Facebook & on the CoC Website. All housing, social service, government & non-profit agencies receive notice as soon as the HUD NOFA comes out; it provided ample time for 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 & how to apply for the funding at various meetings. Instruction links for both new & renewal projects are included online. The link has the timeline for applications & a guideline handbook that takes them through the application process.

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

3. Central CoC publicly announced the 2019 HUD NOFA on 7/15/19.

4. CoC provides NOFA notification to individuals with disabilities in the following formats: Facebook & Website in pdf, word & different languages. Notices are sent to agencies that work with individuals with disabilities with instructions on how to apply.

5. Not applicable. Central CoC accepts proposals from organizations that have not previously received CoC program funding.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

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)	Yes
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;**
 - 2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**
 - 3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**
- (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.
3. Central CoC local needs are addressed along with the other 9 MN CoC's and are part of the MN Consolidated Plan and updated as needed.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.

Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan

updates.

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 protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and

**2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)**

1. Central CES has a 24 hour number for victims of violence to quickly inform, educate & refer to appropriate services in each region. DV/Trafficked are referred to shelters who provide safety, advocacy & a place to stay. The DV/Trafficked are assessed & put on a confidential priority list by number vs name. DV, dating violence, sexual assault, trafficking, or stalking can request an emergency transfer from the participant's current unit to another unit. The housing provider keeps confidential any information that the participant submits in requesting an emergency transfer & 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. Throughout this process client safety and confidentiality are a high priority. The Housing Provider will provide reasonable accommodations to individuals with disabilities & provide assistance completing the written request if asked by the participant. Throughout Central CoC staff are trained on Trauma Informed Care and Client Choice. The CoC has partnerships with the local DV shelters, LSS Programs for victims of sex trafficking, Terebinth and Day One. 2. Central CES uses de-identifying information on a DV priority list. The PLM contacts DV providers when there is an opening the DV victim is eligible for and the DV provider works with the DV household. Domestic violence households have the right to access housing & offered housing where they feel safe Victims of violence (domestic or trafficking) will be provided with advocacy numbers for emergency services.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and

2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.

(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 (CES). Agencies are trained on the following: Trauma Informed Care: an organizational structure & treatment framework that involves understanding, recognizing & responding to the effects of all types of trauma. Trauma Informed Care emphasizes physical, psychological & emotional safety for both consumers & providers & helps survivors rebuild a sense of control & 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 & eliminating the use of alcohol, tobacco, & other drugs) • Express in their own words their desire for change • Examine their ambivalence about the change • Plan for & begin the process of change • Elicit & strengthen change-talk • Enhance their confidence in taking action & noticing that even small, incremental changes are important • Strengthen their commitment to change Cultural competence: the ability to understand, communicate with & 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 & world views. 2 Focus on Client Centered & Trauma Informed Care training prepare COC project & Coordinated Entry staff to work with individuals experiencing domestic violence, sexual assault & stalking. COC projects & CES continue to cross collaborate with area domestic violence shelters in order to best serve those individuals experiencing a domestic violence situation. CES completes annual trainings to implement best practices and trauma-informed approaches.

1C-3b. Domestic Violence—Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (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. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 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., Moving On
St Cloud HRA	5.00%	Yes-Both	No
Brainerd HRA	12.00%	No	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:

1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or

2. state that the CoC does not work with the PHAs in its geographic area. (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. 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. We continue to encourage PHA's to provide a homeless preference for their HCV and PH programs. 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. Most major PHA's in Central CoC have very large waiting lists. As a result their waiting lists have been closed for several years. The St Cloud HRA wait list has been closed for several years. In 2019 the wait list was opened using a lottery method. Central CoC is working with a regional HUD representative and is at the beginning stages of implementing the move on strategy.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

No

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

(limit 2,000 characters)

1. Central CoC has implemented CoC wide anti-discrimination policy that applies to all our projects regardless of the funding source. Anti-Racism, Anti-discrimination policy was adopted on 5/1/17 in the CoC Coordinated Entry MOU & Partnership agreements. The policy was adopted in the CoC Policies and Procedures January 2018 Central CoC takes action on discrimination based on color, disability, familial status, national origin, race, religion & sex through education & advocacy. All agencies are required to complete a Fair Housing form. 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 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.

2. The CoC requires all HUD agencies to adhere to Fair Housing and train staff on Fair Housing. Anti-discrimination is an ongoing expectation of our CES training as a new employee orientation and updated annually. In addition to this, the majority of CoC agencies also provide their own training.

3. Agencies train their staff on Fair Housing & cultural competency. Staff are trained in Fair Housing to support households through education of their rights & when there is discrimination advocates are assisting households through the HUD discrimination process. Agencies are trained on how to report a discrimination complaint should they feel that the non-discrimination principle has been violated. All complaints will be addressed and resolved in a timely and fair manner. Central CoC, through its annual conference, provides a series of workshops and training relative to case management and providers work with the vulnerable

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>

3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
Engaged and educated local landlords	<input checked="" type="checkbox"/>
Decriminalization of trafficked youth	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

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 for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (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. 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. Policies are put in place to ensure those who are fleeing DV & Trafficking are provided an alternative CES PL to ensure they are not excluded from the CES.

2. Street outreach workers assess those who do not come in for services. They go to campsites, food shelves, community dinners, libraries to reach out and assess households and put on the PL. "Call to Connect" cards are given to agencies to hand out so their clients have a 24-hour phone number.

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 homeless 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.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. 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:	<input checked="checked" type="checkbox"/>
Health Care:	<input checked="checked" type="checkbox"/>
Mental Health Care:	<input checked="checked" type="checkbox"/>
Correctional Facilities:	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Local CoC Competition

Instructions

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***1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Did not reject or reduce any project
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:

1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
 2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
- (limit 2,000 characters)

1. The CoC scoring tool rewards projects that serve households with the most severe barriers by signing higher points to agencies with dedicated chronic beds. 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-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:

1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>

4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 20%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:

- 1. describe the CoC written process for reallocation;**
 - 2. indicate whether the CoC approved the reallocation process;**
 - 3. describe how the CoC communicated to all applicants the reallocation process;**
 - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
 - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

1. Central CoC reallocation process starts with completing a gaps analysis to determine if there are any crucial gaps in the CoC region. If needed projects can be eliminated or reduced to accommodate the reallocation of funds. Determination factors include: A) Would the elimination of a grant cause a gap in needed services? B) Can the grant sustain a reduction in funding? C) Are there other funds that can be used to supplement the reduction in HUD CoC funding? D) Performance of reduced or eliminated grant.
2. Reduced and/or eliminated grant applications are approved by a vote of the CoC Committee and CoC Board at the same time as the scoring, rating and ranking of all HUD NOFA grant applications.
3. Agencies are notified regarding their reduction and/or elimination of grant funds by phone, followed up by email at least 15 days prior to NOFA submission date. If an applicant organization feels it has been unfairly eliminated from either the local or the federal competition, that a decision made by the Rating and Ranking Committee regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the current Continuum of Care Guidelines, the applying lead agency and sponsor if any may file an appeal by contacting the collaborative applicant for further instructions.
4. Central CoC identified low performing projects by reviewing APRs and looking at performance in the areas of returns to homelessness, increase in income, utilization rate and referrals to mainstream benefits.

5. Central CoC identified low performing projects by reviewing SMP, utilization rates and if there would be severe gaps in services if the programs were eliminated.

DV Bonus

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is Yes
requesting DV Bonus projects which are
included on the CoC Priority Listing:

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	<input checked="" type="checkbox"/>
2. Joint TH/RRH	<input type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

Need Housing or Services	288.00
--------------------------	--------

the CoC is Currently Serving

258.00

1F-2a. Local Need for DV Projects.**Applicants must describe:**

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
(limit 500 characters)

1. DV survivors Needing Housing or Services were calculated by data for DV in need on 9/1/19. Date Source: HMIS Core Report & Priority lists(HMIS & non HMIS) Priority List reports were filtered for those who experienced domestic violence. After de duplicating the values of 138 on the priority list and 150 on the Core Report for the 1st of September the total was 288. 2. The data sources used to for this information was HMIS Core Report and Central Priority List Report

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

Applicant Name	DUNS Number
Housing and Redev...	197069529

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	197069529
Applicant Name:	Housing and Redevelopment Authority of St. Cloud, MN
Rate of Housing Placement of DV Survivors–Percentage:	37.00%
Rate of Housing Retention of DV Survivors–Percentage:	89.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. HMIS Core report for PH providers & HMIS Returns to Homelessness reports were ran for 10/1/17 – 09/30/18. Housing placement: Clients identified as DV survivor (281) & clients exiting to PH (103). Duplicates removed. $103/281 = 37\%$. Retention: 103 clients housed were checked against client IDs who had reappeared (11) in Returns to Homelessness report. $103-11=92$, divided $92/103$. 89% DV survivors who exited to PH maintained their placement. 2. HMIS was used.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

DV survivors are quickly identified through the CE System. A Housing First model will reduce barriers to housing. Applicant has established working relationships with landlords, Legal-Aid, Lutheran Social Services, and Catholic Charities. Participants of the Rapid Re-Housing Program will be offered the opportunity to attend Renting 101 classes and financial literacy. Housing search resource include Housing Link (online search engine) and lists of possible landlords that work with the Applicant. Transportation will be provided for potential rental/housing meetings. Utility deposits will be available to those participants that need deposits before utilities can be hooked up in their name. The support services from Applicant advocates include trauma informed care and motivational interviewing, assist participants to access services including supportive services; social security application assistance, public benefits screening application assistance, financial fitness, transportation, mental health referral, connect participants to early childhood family development, education services, employment services, food shelves, free/low cost community involvement opportunities and libraries The combination of services will ensure that DV survivors are quickly housed.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
- 2. measured its ability to ensure the safety of DV survivors the project served.**

(limit 2,000 characters)

1)a)All advocates are trained in completing individual safety plans and DANCO (Domestic Abuse No Contact Order), OFP (Order for Protection), and HO (Harassment Orders). An advocate works with AVIVO so clients can get a Family Safety MFIP/DWP Employment Plan (A safety plan for the county) Additional training includes Trauma Informed Care, Cultural Competence and Motivational Interviewing.

b)The DV shelter has private intake rooms to ensure confidentiality and private conversation. The Center for Family Peace provides a safe confidential space for clients not staying at the shelter.

c)N/A- The DV provider does not work with both parties. They only work with the survivor.

d)Advocates assist in creating individualized safety plan for each DV survivor. Safety Plans include ways to remain safe while in the relationship, planning to leave and after you leave. During the housing search process location and apartment security are included in the plan. Safe at Home, an address confidentiality program is utilized.

e)Safety precautions for the shelter and Center for Family Peace include lights in the parking lots, cameras, building alarms and double locked doors with a secured system for entrance.

f)Only a PO Box is used for the location of the congregate facility.

2) Applicant measured its ability to ensure the safety of DV survivors by reviewing the number of police calls, incident reports and the number of 24 hour hotline calls. Agency also reviews police and medical response and the record of how quickly they place people into shelters and housing.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
- 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
 - (b) establishing and maintaining an environment of agency and mutual**

respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;

(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;

(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;

(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

**(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)**

1) Applicant has provided a safe place for victims of domestic abuse since 1979 assisting over 17,000 women & children and has a proven track record of providing safety for victims. Staff are trained in Trauma Inform Care (TIC) & victim-centered approaches to understand trauma reactions. These approaches are utilized in written manuals & all actions throughout the shelter. Practices and policies have been established that keep the most vulnerable and at-risk residents safe. Many services are onsite referrals to TIC professionals for child therapy & other services assist women & children through crisis & trauma. A 24hr hotline ensures DV are able to call for help at any given time. Individualized safety plans are used to ensure all unique family issues are addressed. The addition of Pet Safe Home provides a safe place for the pets of the women and children staying at the shelter increasing shelter usage of those previously not willing to flee.

2. a) Advocates continue training on TIC & victim-centered practices to meet the needs of DV survivors. TIC and victim centered practices begin as an immediate response after law enforcement has secured the scene of domestic violence with ON Scene program. Women are given the opportunity to complete an assessment tool to be on a housing priority list to secure housing in the place of their choosing. Housing options will be discussed with survivors keeping safety a priority for best outcomes. Survivor confidentiality with respect to identity will be maintained. Assistance is provided for housing search and applications. Limited transitional housing is available with extended support services for up to 24 months.

b) Only rules to ensure the safety of residents are used. Staff training promotes interactions based on equality to minimize power differential.

c) Advocates are constantly trained on TIC, victim-centered approaches, motivational interviewing and cultural competencies. Staff provide information to participants through resources such as internet, books, information on how to access counselors and community trainings.

d) Individualized case plans focus on strengths to empower survivors to make their own choices & set their goals, placing emphasis on the participant's strengths. Motivational-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participant's strengths and works towards goals and aspirations.

e) Staff are trained on equal access, cultural competencies and nondiscrimination. Applicant has a diverse staff including Latina & LGBTQ

advocates. Program participants include Somali, African American, Native American, Hispanic, as well as Caucasians. As such advocates are trained to be aware of cultural uniqueness and respect cultural differences.

f) Onsite weekly support groups and resident meetings assist women in making connections with spiritual groups, financial training & Legal Aid. Advocates assist in accessing services including: legal resources, filing restraining orders, safety planning, finding affordable housing, obtaining financial assistance, connecting to educational opportunities, and accessing physical and/or mental health care. The shelter offers support groups, workforce readiness, and financial literacy training

g) Parenting groups are offered weekly with daycare. Play therapy at the shelter is also an option for children. Children's Program provides daycare, group support, activities, and advocacy services to children in the shelter. The program provides immediate on-site help for children who have witnessed or experienced domestic violence. Children are assessed for developmental, mental health, and emotional needs and provided services as needed.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**
- **Drug and Alcohol Treatment**
- **Childcare**

(limit 2,000 characters)

Child Custody: Legal Aid & Law Library provide legal advice. Legal Services: Community Justice Intervention (CJI) advocates assist with Orders for Protections, Harassment orders, Safety planning & Lease Breaks. CJI checks abusers current cases, charges pending & inform victims of court dates, outcomes & counsel through the process. Criminal History- Advocates pull criminal history & any upcoming court dates. Renting 101 is offered onsite to assist in finding housing with a record. Bad Credit History- Referred to Credit Wise app, H&R Block or Wells Fargo Financial. Education- District 742 & Quarry View Education Center provide GED programs. Advocates assist in enrolling children into school & accessing transportation. Parent educators assist in enrollment & school issues. Women are connected to St Cloud Tech & St Cloud State University for further education. Job Training- Referrals to Goodwill- Easter Seals training program & other staffing agencies. CareerForce Center at St. Cloud Technical & Community College assist with resumes & job training. Employment-Assistance with job search & interview prep is available onsite. CareerForce Center assists with resumes & role-play interviews.

Physical/Mental Healthcare- An onsite health clinic provides health assessments, connection to providers, conducts well-child exams, and immunizations. A therapist (LCSW) & child psychiatrist are onsite. Advocates refer out for consistency after leaving the shelter. Advocates assist with accessing insurance & refer to Catholic Charities, CMMHC, Sexual Assault Center, Nystrom & Associates, and The Village Family Services for family therapy. Drug & Alcohol Treatment- Women for Sobriety group is offered weekly & is open to women after they leave the shelter for consistency. Rule 25 Assessments are provided in house for quicker inpatient & outpatient treatment. Childcare-An onsite licensed childcare center provides childcare while the women are at appointments/meetings.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2A-1. HMIS Vendor Identification. MediWare Information Systems

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	246	96	106	70.67%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	188	7	160	88.40%
Rapid Re-Housing (RRH) beds	155	0	155	100.00%
Permanent Supportive Housing (PSH) beds	252	0	203	80.56%
Other Permanent Housing (OPH) beds	271	9	250	95.42%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)

1.ES- ES beds increased from 220 to 246 this past year due to additional Tribal Shelters. DV beds increased from 58 to 96 for the same reason. Tribes with new ES beds start out not being in HMIS and are in the process of converting to HMIS. The CoC and ICA are working with the Tribes on this conversion into HMIS.

PSH- There were 49 HUD VASH vouchers in 2019 compared to 75 in 2018. The 49 HUD VASH vouchers are not in HMIS. The VA is working towards being in HMIS. Ongoing discussions are in process with the VA, St. Cloud HRA, MACV to strongly encourage HMIS participation for their PSH beds.

Note: TH- HMIS participation increased from 83% in the previous year to 88% in 2019 due to the CoC efforts in working with the Tribes.

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.

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 04/30/2019
(mm/dd/yyyy)

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2B-1. PIT Count Date. 01/23/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC's sheltered PIT count results; or

3. state "Not Applicable" if there were no changes.

(limit 2,000 characters)

1. Part of the methodology change of the 2019 PIT count was to improve the implementation by ensuring inclusion of Tribes. In addition, training on chronic homelessness definition continues throughout the CoC to address the inflated numbers of self identified chronic homelessness. However we are still finding a large number of self identified CH that are determined later to not be CH. These are coming primarily from the Native American Population.

2 These methodology changes increased the number of ES in the sheltered PIT count from 226 to 269 and increased the number of CH. The change from transitional housing to rapid rehousing caused a 56 decrease in homeless TH

counts.

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed 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 2019 sheltered PIT count.

No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:

1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC’s unsheltered PIT count results; or

3. state “Not Applicable” if there were no changes.

(limit 2,000 characters)

The 2019 unsheltered count methodology included expansion to ensure the Tribal population was counted. Increased efforts resulted in the increase of unsheltered Native Americans from 7 in the 2018 PIT count to 112 in the 2019 PIT Count.

2. These methodology changes increased the outcome of the unsheltered PIT count from 105 in 2018 to 213 in 2019.

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.

Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

1. plan the 2019 PIT count;

2. select locations where youth experiencing homelessness are most likely to be identified; and

3. involve youth in counting during the 2019 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. Youth serving agencies supplied PIT notices 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. Youth experiencing homelessness are most likely located in parks, campgrounds, vehicles, and campers; but the majority of youth experiencing homelessness tend to stay with friends. The vast majority of homeless youth in Central CoC are couch hopping or doubled up, so were not counted in the 2019 PIT count as homeless.

3. We involved youth in the 2019 PIT count by having homeless youth accompanying Youth Outreach workers to campsites, malls and parks where homeless youth tended to congregate.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 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)

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. The Tribal members have stated the majority of their unsheltered are chronic homeless. The increase in 2019 is due to the inclusion of unsheltered Native Americans that self disclosed as chronic.

2. Project Connect included activities such as haircuts, staff from mainstream resources, gift cards and free meals to entice families with children to come and complete homeless surveys.

3. The VA and volunteer veterans continue to assist 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 Training was provided to each community lead on the MN Homeless Veterans Registry and a 24-hour call line was established to that whatever agency encountered the Veterans could access immediate resources.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
--

1,585

3A-1a. First Time Homeless Risk Factors.

Applicants must:

1. describe the process the CoC developed to identify 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. Central CoC consists of three regions having common assessment prevention targeting tool to identify risk factors to determine who could potentially become homeless. Risk factors include current housing status, income, barriers to housing, history of homelessness, economic instability, relationship breakdown, domestic violence, mental health, substance abuse. Housing affordability and housing availability is one of the most significant reasons people lose their housing and become homeless.

2. Central CoC's strategy is to focus on diversion/prevention to reduce first time homeless. CES Coordinator puts an emphasis on diversion and prevention throughout the assessor trainings. CoC uses the prevention and

diversion tools for those seeking prevention funding serving those with the most risk factors. Landlord engagement committees partners with landlords to reduce the number of evictions.

3. The Central MN CoC Coordinator and the Central CES 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:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	88
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3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
 - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
 - 3. 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 88 bed nights. This is a decrease from 109 in 2018. 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; we increased Housing First CoC programs to 100% enabling those with multiple barriers to get into housing quicker. Navigators 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 within the Central CoC. 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 safe havens 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.

2. 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.

3. The Central MN CoC Coordinator and Coordinated Entry Coordinator are 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:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	46%
2. Report 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 as reported in HDX.	92%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

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;
 2. provide the organization name or position title responsible for overseeing 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;
 3. 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; and
 4. provide the organization name or position title responsible for overseeing 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 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 stay in PH.
2. CoC Coordinator is responsible for overseeing the strategy to increase the rate of HH exiting to PH.
3. 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. 4. CoC Coordinator is responsible for overseeing the 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.

***3A-4. Returns to Homelessness as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	7%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	3%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:

- 1. describe the strategy the CoC has implemented to identify 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 return to homelessness.**
- (limit 2,000 characters)**

1) The CoC strategy to identify individuals & persons in families who return to homelessness by reviewing System Performance Measures (SPM) & Coordinated Entry data. The CoC reviews progress data on SPM including how many individuals & persons in families have returned to homelessness

2) The CoC's strategy to reduce the rate of additional returns to homelessness is to utilize a network of resources households served in the CoC can turn to prior to returning to homelessness. To accomplish this the CoC worked with housing providers across the region to revise written standards for RRH & PSH. Updates include expectations on case management services & after care services. A key component in the expectations is communicating early & often with the household about the resources available to regain housing stability. Providers across the region are committed to re-engaging with households after program exit if the household needs support in re-stabilizing their housing. 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. Landlord Mitigation funds are used as a mean to assist in mediation between landlords and households to enable a household to stay in their current housing and not return to homelessness. Central CoC approved a policy for those at risk of homelessness. If a household is at risk during the course of their housing

program they may have the ability to transition to a different housing program that better fit their needs. Eg. a household in rapid rehousing who is at risk may move into PSH to have the support they need to maintain their housing.3) CoC Coordinator is responsible for overseeing the strategy to reduce the rate households return to homelessness.

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	31%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	22%

3A-5a. Increasing Employment Income.

Applicants must:

- 1. describe the CoC's strategy to increase employment income;**
 - 2. describe the CoC's strategy to increase access to employment;**
 - 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income 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. 3) Focus on promoting youth employment programs 4) Assist Veterans with engagement to Veteran Service Officers & agencies to receive veteran employment services 5) Connect households to the SOAR program that assists households in obtaining SSDI & working to increase their income without losing needed benefits.

2. CoC agencies have partnerships with for-profit and non-profit employment agencies & 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 & often provides the training needed for some jobs. Employment and Training programs assist with individual employment plans, Life skills 1:1 sessions include job readiness topics. Connection to career clothing for interviews/ job required clothing & emergency bus cards/gas cards support job search and retention.

3. Mainstream employment organizations are an essential to the success of households obtaining and/or increasing their cash income. CoC agencies have partnerships with for-profit & non-profit, employment agencies & 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 & often provides the training needed for some jobs.

4. CoC Coordinator is responsible for overseeing the strategy to increase job & income growth from employment

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

Central CoC strategy to increase non-employment cash income includes partnerships with agencies assisting individuals with applications for mainstream resources such as Minnesota General Assistance, Minnesota Family Investment Program (both MN unearned income supports), Food Support, SSI, SSDI, unemployment & other unearned income benefits. Veterans are connected to Veteran Service Officers and agencies to receive VA benefits including veteran pensions. Individuals with a disability are connected to SOAR for support and assistance with application and SSI/SSDI process. Households are assisted in applying for child support, alimony, energy assistance and health insurance.

2. Central CoC's strategy to increase access to non-employment cash sources includes local partnerships with county services, Veteran Service Officers, MN Assistance Council for Veterans, SOAR and transportation services. Communication of available mainstream resources are shared and updates reported at the Central CoC meeting and other local monthly meetings. Agencies throughout the CoC educate households on services available to them to increase their non-employment cash income and reduce overall household expenses. Households are supported with applications and transportation options to increase access to mainstream resources.

2. The CoC Coordinator, working with the CoC's Governing Board is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
 - 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**
- (limit 2,000 characters)**

Central CoC promoted partnerships and access to employment opportunities

with private employers and private employment organizations by making monthly announcements regarding education, job training programs and job fairs. Local jobs and training programs are a resource for agencies when they have an individual with employment needs. They may be connected with volunteer opportunities or internships if they are looking for employment and are not hired right away. Employment providers work cooperatively with other providers such as housing because having employment increases housing stability.

2. The 10 MN CoCs, MN Tribal Collaborative & State Department of Employment and Economic Development align with the Heading Home Alliance (HHA) to coordinate education and training resources, aligning strategies, share information & influencing HHA policy & funding decisions. The partnership is committed to increasing the availability of education and employment opportunities in order to stabilize residents and reduce returns to homelessness. In addition, CoC collaborates with public and private organizations throughout the CoC to understand the needs of residents in permanent supportive housing (PSH). Public and private organizations attend the monthly CoC meeting and other local meetings to stay current on the needs of residents of PSH. Jobs in training programs share flyers and updates on their programs and announcements are made for job openings. Residents utilize employment services to meet their career goals and have housing stability. Career counselors create individualized plans for those who are unemployed. They receive assistance with career exploration, resume writing and mock interviews.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

3A-6. System Performance Measures 05/28/2019 Data-HDX Submission Date

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input type="checkbox"/>
5. Bad credit or rental history	<input type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:

1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;

2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and

3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.

(limit 2,000 characters)

1. The CoC currently rehuses every household or family within 30 days by: 1) 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) Maintain an HMIS baseline data at both the ES & CE system for families entering shelter & developed strategies to decrease time homeless, review traits of high risk. 3) Strengthening the CES 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) 3 Navigators 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 training of CES and core principles known to improve housing access & stability. CoC follows the USICH Benchmarks through HMIS. 2. Intensive case management is provided to ensure all households are connected 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 landlord/tenant related issues. 3) Programs assist in housing search, application process & building relationships with landlords. Households are connected with school homeless liaisons for support 4) CoC has a policy for those at risk of homelessness. A household at risk may transition to a different housing program that better fit their needs. E.g. a household in rapid rehousing who is at risk may move into PSH to have the support they need to maintain their housing.

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

3B-1b. 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 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 any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

☒

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

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

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input type="checkbox"/>
5. Bad Credit or Rental History	<input type="checkbox"/>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
- (limit 3,000 characters)

The CoC focuses on increasing the availability of resources for homeless youth (beds and services) & assisting youth to make successful exits to permanent housing. Engage & train School Homeless Liaisons to encourage unattended youth to receive needed services & obtain housing. CoC collaborated with area Rotaries, United Way & youth serving agencies & implemented programming to assist homeless youth. This resulted in Pathways4Youth Resource Center, a program paid for by the area Rotary. Youth serving agencies have offices there to assist youth in the area. Two additional 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 & 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 provided 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. An organization for trafficked people assists in providing services & housing for trafficked youth. Collaborations have resulted in lower unsheltered pit numbers. All programs receive input from youth that have experienced homelessness.

2. CoC increased the availability & services for youth experiencing unsheltered homelessness by 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 unsheltered homeless youth in an area where there were growing numbers of youth. The CoC collaborates with state partners to identify best practices for locating homeless youth during the Annual Unsheltered PIT Count. Identified youth are connected to CES and available emergency shelter. Agencies provide outreach services in the CoC through OEO HYA grant funds to identify homeless youth & connect them with CES & other resources to assist them with maintaining & securing housing. All HYA funded housing & shelter programs are required to provide Positive Youth Development related activities & support. Additionally, there are currently 4 agencies across the State of MN that receive Safe Harbor Funding which has increased bed capacity & support services specific to victim/survivors of sex trafficking which is often youth experiencing homelessness. 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-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. 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 both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (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-1e. Collaboration–Education Services.

Applicants must describe:

- 1. the formal partnerships with:**
 - a. youth education providers;**
 - b. McKinney-Vento LEA or SEA; and**
 - c. school districts; and**
- 2. how the CoC collaborates with:**
 - a. youth education providers;**
 - b. McKinney-Vento Local LEA or SEA; and**
 - c. school districts.**

(limit 2,000 characters)

1.a)CoC Education Policy requires ESG & CoC funded projects with school age children to link youth to a school liaison & have formal agreements with early childhood programs. b) Formal partnerships between Youth Service workers & Homeless School Liaisons (HSLs) connect HH to resources. HSLs participate in community homeless meetings with CoC, United Way & CMN Human Trafficking. MDEA educates liaisons & connects to CoCs through meetings & training sessions. The 10 MN CoCs, MN Tribal Collaborative & SEA align with the Heading Home Alliance(HHA) to coordinate resources, aligning strategies, share information & influencing HHA policy & funding decisions. The partnership is committed to educational services for homeless youth. c) Homework Starts at Home, a formal partnership with school districts & community partners identify, link, support & house homeless. 2.a) CoC agencies work with schools to ensure homeless youth are provided services. Outreach workers ensure youth have knowledge of all programs/ services available, including; transportation, childcare, housing, health services, etc. CoC agencies & outreach workers provides educators with a 24/7 call in number to give to homeless HH for housing/ services. b)The CoC & State Education Agency Minnesota Department of Education (MDE) collaborate on: training, networking, data sharing, as well as a variety of programmatic initiatives such as online & face-to-face training for homeless liaisons across the state regarding resources for homeless families & youth Additionally, MDE

participates with the Department of Human Services & CoCs on the Minnesota Interagency Council on Homelessness, HHA & State Homeless Programs meetings.c) CoC distributes liaison lists to providers. MDEA provides online training for schools & homeless providers. HSLs currently serve on 3 regional Homeless Advisory Boards (FHPAP) & the CoC Youth Committee. Head Start Programs have homeless preferences.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

**Applicants must describe 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-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	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 Visting Program	No	Yes
Other: (limit 50 characters)		
	No	No
	No	No

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC **Yes**
uses an active list or by-name list to identify
all veterans experiencing homelessness in
the CoC.

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC **Yes**
actively working with the U.S. Department of
Veterans Affairs (VA) and VA-funded
programs to achieve the benchmarks and
criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC **Yes**
has sufficient resources to ensure each
veteran experiencing homelessness is
assisted to quickly move into permanent
housing using a Housing First approach.

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:

1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input checked="" type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

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

Instructions:

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4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and 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 systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;

4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and

5. 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. CoC Coordinator provides notices of trainings & funding opportunities via email & at CoC meetings & 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.

2. Central CoC disseminates the availability of mainstream resources & assistance information to projects monthly at CoC & other meetings. CoC emails updated information on resources daily. 3. Central CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance by including health care organizations in local meetings & discussions where updates are shared. Participants are connected to MNsure certified navigators for free assistance to enroll into health coverage through MNsure.

4. CoC assists with the effective utilization of Medicaid & other benefits by making sure all who are eligible are aware & apply for services. MN has a statewide document vault accessible through its Disability Benefits 101 & Housing Benefits 101 programs. These programs provide access to information for SSI, SSDI, health care, SNAP, Energy assistance, work programs, childcare, affordable housing, Veteran Housing, Housing & Supports Program & forms to apply. CoC program staff use these programs to assist clients apply for mainstream services. These mainstream services provide 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 provides rent & services in their own place

5. The CoC Coordinator in partnership with State DHS is responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

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 has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	13
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	13
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:

1. describe the CoC's street outreach efforts, including the methods it

uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;

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. 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 tailored outreach efforts to 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. RRH Beds as Reported in 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 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	221	155	-66

4A-5. Rehabilitation/Construction Costs—New No Projects.

Applicants must indicate whether any new

FY2019 CoC Application	Page 48	09/26/2019
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project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

Applicants must indicate whether the CoC is 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.

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
FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	09/26/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administrativ...	08/30/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	Centralized or Co...	09/26/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Public Posting-15...	09/26/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Public Posting 15...	09/26/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Public Posting 30...	08/27/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Public Posting Lo...	08/27/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No	Written Agreement...	09/26/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	Written Agreement...	09/26/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Summary of Racial...	09/16/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	HMIS Governance a...	09/16/2019
Other	No	3A-5d with chart ...	09/26/2019

Applicant: St. Cloud/Central Minnesota CoC

MN-505

Project: MN-505 CoC Registration FY2019

COC_REG_2019_170471

Other	No		
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Attachment Details

Document Description: FY 2019 CoC Competition Report (HDX Report)

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administrative Plan Homeless Preference

Attachment Details

Document Description: Centralized or Coordinated Assessment System

Attachment Details

Document Description: Public Posting-15-Day Notification Outside e-snaps-Projects

Attachment Details

Document Description: Public Posting 15 Day Notification Outside
esnaps Projects Rejected or Reduced

Attachment Details

Document Description: Public Posting 30 day Local Competition
Deadline

Attachment Details

Document Description: Public Posting Local Competition Announcement

Attachment Details

Document Description:

Attachment Details

Document Description: Written Agreement with Local Education or
Training Organization

Attachment Details

Document Description: Written Agreement w State or Local Workforce
Development Board

Attachment Details

Document Description: Summary of Racial Disparity Assessment

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS Governance and Accountability

Attachment Details

Document Description: 3A-5d with chart boxes checked

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/16/2019
1B. Engagement	09/26/2019
1C. Coordination	09/25/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/16/2019
1F. DV Bonus	09/25/2019
2A. HMIS Implementation	09/25/2019
2B. PIT Count	09/25/2019
3A. System Performance	09/26/2019
3B. Performance and Strategic Planning	09/26/2019
4A. Mainstream Benefits and Additional Policies	09/25/2019
4B. Attachments	Please Complete

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Submission Summary

No Input Required

2019 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	2019 PIT
Total Sheltered and Unsheltered Count	669	862	584	679
Emergency Shelter Total	276	260	226	269
Safe Haven Total	0	0	0	0
Transitional Housing Total	226	373	253	197
Total Sheltered Count	502	633	479	466
Total Unsheltered Count	167	229	105	213

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	18	17	64	143
Sheltered Count of Chronically Homeless Persons	12	8	40	110
Unsheltered Count of Chronically Homeless Persons	6	9	24	33

2019 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	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	113	127	104	115
Sheltered Count of Homeless Households with Children	100	120	99	97
Unsheltered Count of Homeless Households with Children	13	7	5	18

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	85	25	33	38	32
Sheltered Count of Homeless Veterans	61	24	21	25	28
Unsheltered Count of Homeless Veterans	24	1	12	13	4

2019 HDX Competition Report

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

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	246	96	106	70.67%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	188	7	160	88.40%
Rapid Re-Housing (RRH) Beds	155	0	155	100.00%
Permanent Supportive Housing (PSH) Beds	252	0	203	80.56%
Other Permanent Housing (OPH) Beds	271	9	250	95.42%
Total Beds	1,112	112	874	87.40%

2019 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	2019 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	73

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	13	19	46	29

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	53	104	221	155

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

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

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.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	1100	1304	32	33	1	15	8	-7
1.2 Persons in ES, SH, and TH	1558	1667	109	88	-21	36	23	-13

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.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1100	1292	167	219	52	42	57	15
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1577	1623	239	258	19	91	94	3

2019 HDX Competition Report

FY2018 - 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	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	59	2	3%	3	5%	4	7%	9	15%
Exit was from ES	238	18	8%	14	6%	11	5%	43	18%
Exit was from TH	168	7	4%	5	3%	9	5%	21	13%
Exit was from SH	0	0		0		0		0	
Exit was from PH	239	20	8%	2	1%	4	2%	26	11%
TOTAL Returns to Homelessness	704	47	7%	24	3%	28	4%	99	14%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report

FY2018 - 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 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	862	584	-278
Emergency Shelter Total	260	226	-34
Safe Haven Total	0	0	0
Transitional Housing Total	373	253	-120
Total Sheltered Count	633	479	-154
Unsheltered Count	229	105	-124

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	1595	1695	100
Emergency Shelter Total	1116	1332	216
Safe Haven Total	0	0	0
Transitional Housing Total	499	409	-90

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	68	69	1
Number of adults with increased earned income	10	12	2
Percentage of adults who increased earned income	15%	17%	2%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	68	69	1
Number of adults with increased non-employment cash income	17	25	8
Percentage of adults who increased non-employment cash income	25%	36%	11%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	68	69	1
Number of adults with increased total income	25	31	6
Percentage of adults who increased total income	37%	45%	8%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	53	45	-8
Number of adults who exited with increased earned income	14	14	0
Percentage of adults who increased earned income	26%	31%	5%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	53	45	-8
Number of adults who exited with increased non-employment cash income	8	10	2
Percentage of adults who increased non-employment cash income	15%	22%	7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	53	45	-8
Number of adults who exited with increased total income	21	21	0
Percentage of adults who increased total income	40%	47%	7%

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1359	1474	115
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.	175	249	74
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)	1184	1225	41

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1719	1895	176
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.	240	310	70
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.)	1479	1585	106

2019 HDX Competition Report

FY2018 - 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 FY2018 (Oct 1, 2017 - Sept 30, 2018) 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 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	110	112	2
Of persons above, those who exited to temporary & some institutional destinations	12	13	1
Of the persons above, those who exited to permanent housing destinations	40	62	22
% Successful exits	47%	67%	20%

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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1228	1709	481
Of the persons above, those who exited to permanent housing destinations	546	781	235
% Successful exits	44%	46%	2%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	564	538	-26
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	513	493	-20
% Successful exits/retention	91%	92%	1%

2019 HDX Competition Report

FY2018 - 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.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	262	199	249	162	206	229	322	251	470	516	545	500	74	53	104	221				
2. Number of HMIS Beds	215	136	212	123	123	166	203	209	361	396	426	411	31	53	104	221				
3. HMIS Participation Rate from HIC (%)	82.06	68.34	85.14	75.93	59.71	72.49	63.04	83.27	76.81	76.74	78.17	82.20	41.89	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	934	791	791	1236	571	410	450	409	551	465	513	596	224	281	397	658	169	71	70	64
5. Total Leavers (HMIS)	835	721	689	1125	341	206	247	230	139	94	128	108	157	147	178	453	80	14	15	24
6. Destination of Don't Know, Refused, or Missing (HMIS)	312	364	366	262	48	13	28	19	12	2	9	10	2	1	4	15	9	1	1	3
7. Destination Error Rate (%)	37.37	50.49	53.12	23.29	14.08	6.31	11.34	8.26	8.63	2.13	7.03	9.26	1.27	0.68	2.25	3.31	11.25	7.14	6.67	12.50

2019 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 2019 PIT Count	1/23/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/30/2019	Yes
2019 HIC Count Submittal Date	4/30/2019	Yes
2018 System PM Submittal Date	5/28/2019	Yes

August 27, 2019

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

Enc.

St Cloud HRA policies: homeless preference due to displacement

- F. **Applicable Income Limit.** Their income must be within the Very Low Income limit to be eligible for Section 8 Assistance.

IV. VERIFYING DISPLACEMENT PREFERENCES.

Applicants must provide proof of any Preference they are claiming. This can be done through third-party or individual certifications. As applicants do not receive additional points for more than one Preference, the Public Housing Authority will only verify one of the following:

Involuntary displacement must be established by certifications from the following sources: (See Part 2, Section 10 for further definitions relating to involuntary displacement.)

1. **Disaster, whether Natural or Manmade.** Certification from a unit or agency of government that an applicant has been or will be displaced.
2. **Government Action.** Certification from a unit or agency of government that an applicant has been or will be displaced.
3. **Owner Action.** Certification from an owner or owner's agency that an applicant had to, or will have to, vacate a unit by a certain date through no fault of their own.
4. **Domestic Violence.** Certification from the local police department, social services agency, court of competent jurisdiction, a clergyman, physician, or public or private facility that provides shelter or counseling to the victims of domestic violence.
5. **Reprisal.** Certification from a unit of local, state or federal law that violence against family members as a reprisal for providing information on criminal activities to a law enforcement agency.
6. **"Hate Crimes".** Certification from a unit of law enforcement or court of competent jurisdiction that an applicant has been, or will be, displaced as a result of threatened or actual physical violence or intimidation.
7. **Inaccessibility.** Certification from a social service agency or physician that an applicant has been, or will be, displaced as result of the inaccessibility of their housing unit to accommodate a mobility or other impairment.
8. **HUD Disposition of Multifamily Project.** Certification from HUD that the building in which the applicant lives must be vacated before it can be sold or demolished.

V. DEFINITION OF INVOLUNTARY DISPLACEMENT.

- A. An applicant qualifies for a Preference on the basis of involuntary displacement if either of the following applies:
1. The applicant has been involuntarily displaced and is not living in standard, permanent replacement housing.
 2. The applicant will be involuntarily displaced within no more than six months from the date of Preference status certification by the family or verification by the Public Housing Authority.
- B. "Standard, permanent replacement housing" is housing:
1. That is decent, safe, and sanitary;
 2. That is adequate for the family size; and
 3. That the family is occupying pursuant to a lease or occupancy agreement.
 4. "Standard, permanent replacement housing" does not include:
 - a. Transient facilities such as motels, hotels, or temporary shelters for victims of domestic violence, transitional housing, or homeless families; or
 - b. In the case of domestic violence, the housing unit in which the applicant and the applicant's spouse or other member of the household who engages in such violence live.
- C. An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate the unit where the applicant lives because of one or more of the following:
1. **Displacement by disaster.** An applicant's unit is uninhabitable because of a disaster, such as a fire or flood.
 2. **Displacement by government action.** Activity carried on by an agency of the United States or by any state or local governmental body or agency in connection with code enforcement or a public improvement or development program.
 3. **Displacement by action of housing owner.** Action by a housing owner forces the applicant to vacate its unit. An applicant does not qualify as involuntarily displaced because action by a housing owner forces the applicant to vacate its unit unless:

- a. The applicant cannot control or prevent the owner's action;
- b. The owner action occurs although the applicant met all previously imposed conditions of occupancy; and
- c. The action taken by the owner is other than a rent increase.

4. **To qualify as involuntarily displaced because action by a housing owner forces the applicant to vacate its unit.** Reasons for an applicant's having to vacate a housing unit include, but are not limited to, conversion of an applicant's housing unit to non-rental or non-residential use; closing of an applicant's housing unit for rehabilitation or for any other reason; notice to an applicant that the applicant must vacate a unit because the owner wants the unit for the owner's personal or family use or occupancy; sale of a housing unit in which an applicant resides under an agreement that the unit must be vacant when possession is transferred; or any other legally authorized act that results or will result in the withdrawal by the owner of the unit or structure from the rental market.

Such reasons do not include the vacating of a unit by a resident as a result of actions taken by the owner because the resident refuses:

- a. To comply with HUD program policies and procedures for the occupancy of under-occupied or overcrowded units; or
- b. To accept a transfer to another housing unit in accordance with a court decree or in accordance with policies and procedures under a HUD-approved desegregation plan.

5. **Displacement by domestic violence.** An applicant is involuntarily displaced if the applicant has vacated a housing unit because of domestic violence or lives in a housing unit with a person who engages in domestic violence.

"Domestic violence" means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant's household.

For an applicant to qualify as involuntarily displaced because of domestic violence:

- a. The Public Housing Authority must determine that the domestic violence occurred recently or is of a continuing nature; and

- b. The applicant must certify that the person who engaged in such violence will not reside with the applicant family unless the Public Housing Authority has given advance written approval. If the family is admitted, the Public Housing Authority may deny or terminate assistance to the family for breach of this certification.

6. **Displacement to avoid reprisals.** An applicant family is involuntarily displaced if:

- a. Family members provided information on criminal activities to a law enforcement agency; and
- b. Based on a threat assessment, the law enforcement agency recommends rehousing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.
- c. The Public Housing Authority may establish appropriate safeguards to conceal the identity of families requiring protection against such reprisals.

7. **Displacement by hate crimes.** An applicant is involuntarily displaced if:

- a. One or more members of the applicant's family have been the victim of one or more hate crimes; and
- b. The applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit.

"Hate crime" means actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national origin, handicap, or familial status.

The Public Housing Authority must determine that the hate crime involved occurred recently or is of a continuing nature.

8. **Displacement by inaccessibility of unit.** An applicant is involuntarily displaced if:

- a. A member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit; and

- b. The owner is not legally obligated to make changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.
- 9. **Displacement because of HUD disposition of multifamily project.** Involuntary displacement includes displacement because of disposition of a multifamily rental housing project by HLTD under Section 203 of the Housing and Community Development Amendments of 1978.

VI. REASONABLE AND NECESSARY ACCOMMODATION.

- 1. **Reasonable Accommodation.** The Fair Housing Act requires us to make reasonable accommodations to handicapped or disabled persons. We must make reasonable and necessary accommodations in our rules, policies, practices, or services that will make it possible for a handicapped or disabled person to have an equal opportunity to obtain and use an apartment. Our duty to make reasonable accommodations includes apartment and the common use areas.
- 2. **Our Commitment.** The HRA will make every effort to provide the benefits of the Fair Housing Act and other laws requiring reasonable accommodation to our residents and to persons seeking admission to housing.
- 3. **Our Policies.** The requirement to make reasonable accommodations involves a review of specific facts. If a resident expresses a need for a reasonable accommodation, we will make every effort to assure that we comply with the policies of the Fair Housing Act. The following policies govern reasonable accommodation:
 - a. **Premises Accommodation: Making it possible to use the Apartment and Common Areas.** The HRA must make reasonable modifications of existing premises if these modifications may be necessary to provide a disabled resident full enjoyment of the premises. In some cases, a resident may be required to pay the cost of modifications. In addition, we may require resident, upon leaving, to restore the interior of the apartment to its previous condition, reasonable wear and tear accepted.
 - b. **Rules and Policies Accommodation.** The HRA will make reasonable accommodations in rules, policies, practices or services when these accommodations may be necessary to provide a resident equal opportunity to use and enjoy the

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES (Minnesota Version)

Basic Information

First Name:	(SEE ABOVE)		
Nickname:	SEE ABOVE)		
Last Name:	(SEE ABOVE)		
In what Language do you feel best able to express yourself?			
Date of birth:		Age:	
SSN:			
Consent to participate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IS THE PERSON IS 60 YEARS OF AGE OR OLDER? IF "YES" SCORE 1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
			SCORE

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): <input type="checkbox"/> Refused
If the person answers anything other than "shelter", "transitional housing", or "safe haven," then SCORE 1	
2. How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Refused
3. In the last 3 years, how many times have you been homeless?	<input type="checkbox"/> Refused
If the person has experienced 1 or more consecutive years of homelessness, AND/OR 4 episodes of homelessness, then SCORE 1	
SCORE	

**Optional Minnesota clarifications and questions*

B. Risks

4. In the past 6 months, how many times have you? (Enter number for each questions)	
a. Received health care at an emergency department/room? <i>This would include seeking emergency healthcare at IHS or other health facility?</i>	<input type="checkbox"/> Refused
b. Taken an ambulance to the hospital?	<input type="checkbox"/> Refused
c. Been hospitalized as an inpatient?	<input type="checkbox"/> Refused
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> 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? *or any other reason such as being asked to move along, loitering, etc.?	<input type="checkbox"/> Refused
f. Stayed one or more nights in a holding cell, jail, or prison, * whether that was short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? *or detox?	<input type="checkbox"/> 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? *assaulted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES (Minnesota Version)

6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM	
SCORE	
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? <i>This includes any current legal issues that may result in going to jail, having to pay fines, or make it more difficult to rent a place to live?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" THEN SCORE 1 FOR LEGAL ISSUES	
SCORE	
8. Does anyone force or *trick* you to do things that you do not want to do? <i>Or manipulate</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
9. Do you ever do things that *may be considered risky* like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? <i>Or *you think could possibly put you at harm*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION	
SCORE	

C. Socialization & Daily Functioning Please answer yes or no for the following

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money? <i>This could include things like rent, drugs, gambling, taxes, or similar?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Do you get any money from the government, a pension, an inheritance, *working under the table, * a regular job, or anything like that? <i>*cash job, per cap,*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO QUESTION 10, OR NO TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.	
SCORE	
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? <i>Ask instead, Do you have planned activities that make you feel happy and fulfilled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF NO, SCORE 1 FOR MEANINGFUL DAILY ACTIVITY	
SCORE	
13. Are you 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 <i>(without assistance)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF NO, THEN SCORE 1 FOR SCORE 1 FOR SELF-CARE	
SCORE	
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? <i>Ask instead, Is your current homelessness in any way caused by relationship problems, for example: a relationship that ended, an unhealthy or abusive relationship, or because family or friends caused you to become homeless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, THEN SCORE 1 FOR SOCIAL RELATIONSHIP	
SCORE	

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES (Minnesota Version)

D. Wellness – Please answer YES or NO for the following

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR PHYSICAL HEALTH	
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? * "asked or forces to leave"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.	
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: *asked to leave	
a. A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH	
IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.	
24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Are there any medications like painkillers that you don't take the way the doctor prescribed *or where* you sell the medications? *, are you not following a pain contract, or do *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	

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SINGLES (Minnesota Version)

26. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, SCORE 1 FOR ABUSE AND TRAUMA.	
	SCORE <div></div>

Scoring Summary

DOMAIN	SUBTOTAL	SCORE RECOMMENDATION
PRE-SURVEY	/1	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3 = No housing Intervention 4-7 = TH/RRH
B. RISKS	/4	6-17 = LTH
C. SOCIALIZATION	/4	8+ = PSH
D. WELLNESS	/6	
TOTAL:	/17	

Don't forget to give each household a CES RECEIPT & enter assessments within 24 hours!

Opening Script

Hello, my name is [interviewer name] and I work for [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

Basic Information

First Name:			
Nickname:			
Last Name:			
In what Language do you feel best able to express yourself?			
Date of birth:		Age:	
SSN:			
Consent to participate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the person is 17 years of age or less, then SCORE 1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
			SCORE

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Transitional Housing <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Refused
If the person answers anything other than "shelter" or "transitional housing", or Safe Haven, then SCORE 1		SCORE
2. How long has it been since you lived in permanent stable housing?		<input type="checkbox"/> Refused
3. In the last 3 years, how many times have you been homeless?		<input type="checkbox"/> Refused
If the person has experienced 1 or more consecutive years of homelessness, AND/OR 4 episodes of homelessness, then SCORE 1		SCORE

**Optional Minnesota clarifications*

B. Risks

4. In the past 6 months, how many times have you...?	
a. Received health care at an emergency department/room? <i>*This would include seeking emergency healthcare at IHS or other health facility?</i>	_____ <input type="checkbox"/> Refused
b. Taken an ambulance to the hospital?	_____ <input type="checkbox"/> Refused
c. Been hospitalized as an inpatient?	_____ <input type="checkbox"/> Refused

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

UNACCOMPANIED YOUTH

AMERICAN VERSION 2.0

d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ <input type="checkbox"/> 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? *or any other reason such as being asked to move along, loitering, etc.?	_____ <input type="checkbox"/> Refused
f. Stayed one or more nights in a holding cell, jail, or prison, * whether that was short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? *or detox?	_____ <input type="checkbox"/> 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? *assaulted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM	
SCORE	
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? *This includes any current legal issues that may result in going to jail, having to pay fines, or make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
8. Were you ever incarcerated when younger than age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" THEN SCORE 1 FOR LEGAL ISSUES	
SCORE	
9. Does anyone force or *trick* you to do things that you do not want to do? *Or manipulate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Do you ever do things that *may be considered risky* like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? *you think could possibly put you at harm*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION	
SCORE	

C. Socialization & Daily Functioning Please answer yes or no for the following

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money? *This could include things like rent, drugs, gambling, taxes, or similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Do you get any money from the government, a pension, an inheritance, *working under the table, * a regular job, or anything like that? *cash job, per cap,*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO QUESTION 11, OR NO TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.	
SCORE	

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

UNACCOMPANIED YOUTH

AMERICAN VERSION 2.0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? <i>*Do you have planned activities that make you feel happy and fulfilled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF NO, SCORE 1 FOR MEANINGFUL DAILY ACTIVITY	
SCORE <input type="text"/>	
14. Are you 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? (<i>without assistance</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF NO, THEN SCORE 1 FOR SCORE 1 FOR SELF-CARE	
SCORE <input type="text"/>	
15. Is your current lack of stable housing...	
a. Because you ran away from your family home, a group home or a foster home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. Because your family or friends caused you to become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Because of conflicts around gender identity or sexual orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIP	
SCORE <input type="text"/>	
e. Because of violence at home between family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Because of an unhealthy or abusive relationship, either at home or elsewhere? (emotional, physical, psychological, sexual)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA	
SCORE <input type="text"/>	

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR PHYSICAL HEALTH	
SCORE <input type="text"/>	

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

UNACCOMPANIED YOUTH

AMERICAN VERSION 2.0

22. Has your drinking or drug use led you to being *kicked out of an* apartment or program where you were staying in the past? <i>* "asked or forced to leave"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? <i>*Did you ever use marijuana at age 12 or younger?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.	
SCORE	
25. 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:	
g. A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
h. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
i. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed *or where* you sell the medications? <i>*, are you not following a pain contract, or do*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	
SCORE	

Scoring Summary

DOMAIN	SUBTOTAL	SCORE RECOMMENDATION
PRE-SURVEY	/1	0-3 = No housing Intervention 4-7 = Rapid re-housing/Transitional Housing 8+ = Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION	/5	
D. WELLNESS	/5	
TOTAL:	___/17	

Don't forget to give each household a CES RECEIPT & enter assessments within 24 hours!

FAMILIES

Opening Script

Hello, my name is [interviewer name] and I work for [organization name]. To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

Basic Information

Parent 1	First Name:		Nickname:		Last Name:	
	DOB:	Age:	SS#: / /		Consent to participate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In what language do you feel best able to express yourself?:					
<input type="checkbox"/> No second parent currently part of household.						
Parent 2	First Name:		Nickname:		Last Name:	
	DOB:	Age:	SS#: / /		Consent to participate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In what language do you feel best able to express yourself?:					
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.						Score <input type="text"/>

Children

1. How many children under the age of 18 are currently with you?				Refused <input type="checkbox"/>
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 <input type="checkbox"/>
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="text"/>
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.				SCORE <input type="text"/>

FAMILIES

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (choose one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Outdoors <input type="checkbox"/> Safe Haven <input type="checkbox"/> Other (specify): <input type="checkbox"/> Refused
If the person answers anything other than "shelter" or "transitional housing" or "Safe Haven", then SCORE 1	
6. How long has it been since you and your family lived in permanent stable housing?	<input type="checkbox"/> Refused
7. In the last 3 years, how many times have you or your family been homeless?	<input type="checkbox"/> Refused
If the person has experienced 1 or more consecutive years of homelessness, AND/OR 4 episodes of homelessness, then SCORE 1	

Optional Minnesota clarifications*B. Risks**

8. In the past six months, how many times have you or anyone in your family...		
a. Received health care at an emergency department/room? <i>*This would include seeking emergency healthcare at IHS or other health facility?</i>		<input type="checkbox"/> Refused
b. Taken an ambulance to the hospital?		<input type="checkbox"/> Refused
c. Been hospitalized as an inpatient?		<input type="checkbox"/> Refused
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		<input type="checkbox"/> Refused
e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or <i>*because the police told you that you must move along? *or any other reason such as being asked to move along, loitering, etc.?</i>		<input type="checkbox"/> Refused
f. Stayed one or more nights in a holding cell, jail, or prison, <i>*whether that was short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? *or detox?</i>		<input type="checkbox"/> Refused
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.		SCORE
9. Have you or anyone in your family been attacked <i>*or beaten up*</i> since they've become homeless? <i>*assaulted*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM		SCORE
11. Do you or anyone in your family have any legal stuff going on right now that may result in being locked up, having to pay fines, or that make it more difficult to rent a place to live? <i>*Do you or anyone in your family have any legal issues that may result in going to jail, having to pay fines, or that make it more difficult to rent a place to live?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF "YES" THEN SCORE 1 FOR LEGAL ISSUES		SCORE

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

12. Does anybody force or <i>*trick*</i> you or anyone in your family to do things that you do not want to do? <i>*manipulate*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
13. Do you or anyone in your family ever do things that <i>*may be considered risky,*</i> like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? <i>*put you or them at risk for harm,*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION		SCORE

C. Socialization & Daily Functioning Please answer yes or no for the following

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you or anyone in your family owes them money? <i>*Is there any person that thinks you, or anyone in your family, owe them money for things like rent, drugs, gambling, taxes, or similar?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, <i>*working under the table*</i> , a regular job, or anything like that? <i>*cash job, per cap*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <i>Ask instead,</i> <i>Do you have planned activities that make you feel happy and fulfilled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF NO, 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 <i>*like that? *without assistance?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF NO, THEN SCORE 1 FOR SCORE 1 FOR SELF-CARE		SCORE
18. Is your family's current homelessness in any way caused by <i>*a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?</i> <i>*relationship problems, for example: a relationship that has ended, an unhealthy or abusive relationship, or because family or friends caused you to become homeless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF YES, THEN SCORE 1 FOR SOCIAL RELATIONSHIP		SCORE

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

D. Wellness – Please answer YES or NO for the following

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR PHYSICAL HEALTH		SCORE
24. Has drinking or drug use by you or anyone in your family led your family to <i>*being kicked out*</i> of an apartment or program where you were staying in the past? <i>*being asked or forced to leave*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
25. Will drinking, or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.		SCORE
26. Has your family 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
b. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
c. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH		SCORE
28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF "YES", SCORE 1 FOR TRI-MORBIDITY.		SCORE
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed* or where	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

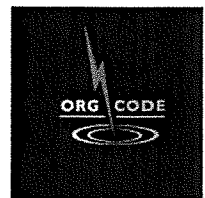
Justice Discharge -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(JD-VI-SPDAT)

Prescreen Triage Tool for Dischargees

AMERICAN VERSION 1.0.1

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

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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/>

JUSTICE DISCHARGE - VULNERABILITY INDEX -
SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (JD-VI-SPDAT)

DISCHARGEES

AMERICAN VERSION 1.0.1

Administration

Interviewer's Name	Interviewer's Employer	
_____	_____	
Interview Date	Interview Time	Interview Location
DD/MM/YYYY ____/____/____	____:____ AM/PM	_____

Opening Script

- [Placeholder]

Basic Information

First Name	Nickname	Last Name	
_____	_____	_____	
In what language do you feel best able to express yourself? _____			
Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Current Incarceration	Expected Release Date		
_____	DD/MM/YYYY ____/____/____		

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Prior to being incarcerated, where did you sleep most frequently? (check one)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Shelters | <input type="checkbox"/> Own home | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Outdoors | |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Refused | |

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

SCORE:

2. Prior to being incarcerated, how long had it been since you lived in permanent stable housing? _____ ☐ Refused

3. Thinking back to the three years prior to your incarceration, 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 PRIOR TO INCARCERATION, THEN SCORE 1.

SCORE:

JUSTICE DISCHARGE - VULNERABILITY INDEX -
SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (JD-VI-SPDAT)

DISCHARGEES

AMERICAN VERSION 1.0.1

B. Risks

4. During your incarceration, how many times have you...

- a) Received medical care at an infirmary/health clinic? ☐ ☐ Refused
- b) Been hospitalized? ☐ ☐ Refused
- c) Been placed on suicide watch? ☐ ☐ Refused

5. Thinking back to the six months prior to your incarceration, how many times did 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

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

SCORE:

6. Have you been attacked or beaten up since becoming incarcerated? ☐ Y ☐ N ☐ Refused
7. Were you ever attacked or beaten up while homeless before your incarceration? ☐ Y ☐ N ☐ Refused
8. Have you threatened to or tried to harm yourself or anyone else since becoming incarcerated? ☐ Y ☐ N ☐ Refused
9. Did you ever try to harm yourself or anyone else while homeless before you were incarcerated? ☐ Y ☐ N ☐ Refused

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

SCORE:

10. Do you anticipate any conditions being placed upon you upon your release such as where you are allowed to live, the people you are allowed to hang out with or speak to, registering your address with police, or checking in with a parole officer? ☐ Y ☐ N ☐ Refused

IF "YES", THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

JUSTICE DISCHARGE - VULNERABILITY INDEX -
SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (JD-VI-SPDAT)

DISCHARGEES

AMERICAN VERSION 1.0.1

11. Considering both your time incarcerated and your time homeless prior to your incarceration, has anybody forced or tricked you into doing things that you did not want to do? ☐ Y ☐ N ☐ Refused

12. Considering both your time incarcerated and your time homeless prior to your incarceration, have you done things considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

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

SCORE:

C. Socialization & Daily Functioning

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

14. When you get out, do you have a guaranteed source of income like a job waiting for you, a pension, or an inheritance? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 13 OR "NO" TO QUESTION 14, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

15. Prior to your incarceration, did you have planned activities each day other than just surviving that brought you happiness and fulfillment? ☐ Y ☐ N ☐ Refused

16. Thinking about your release, at this point do you have activities planned that will bring you happiness and fulfillment? ☐ Y ☐ N ☐ Refused

IF "NO" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

17. Prior to your incarceration were you able to take care of your basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

18. Do you have any concerns about taking care of those basic needs upon your release? ☐ Y ☐ N ☐ Refused

IF "NO" TO QUESTION 17 OR "YES" TO QUESTION 18, THEN SCORE 1 FOR SELF-CARE.

SCORE:

JUSTICE DISCHARGE - VULNERABILITY INDEX -
SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (JD-VI-SPDAT)

DISCHARGEES

AMERICAN VERSION 1.0.1

19. Prior to your incarceration, was your homelessness in any way because of a relationship that broke down, an unhealthy or abusive relationship, or because family or friends cause you to become evicted? ☐ Y ☐ N ☐ Refused
20. Do you feel that you will have a positive network of family or friends that can provide you all the support you need with housing, income, and emotional support once you are released? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 19 OR "NO" TO QUESTION 20, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

21. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
22. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
23. 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
24. 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
25. When you are sick or not feeling well, do you avoid getting medical help? ☐ Y ☐ N ☐ Refused
26. 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:

27. 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
28. 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:

JUSTICE DISCHARGE - VULNERABILITY INDEX -
SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (JD-VI-SPDAT)

DISCHARGEES

AMERICAN VERSION 1.0.1

29. 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

30. 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 RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

31. Are there any medications you are supposed to be taking that you have not been able to access while incarcerated? ☐ Y ☐ N ☐ Refused
32. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused
33. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

34. YES OR NO: Was your past homelessness caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	



Notices Agencies that applications were
Approved in their entirety.
There were no reductions or reallocations

Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notification

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:39 AM

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

This is your official notification that the CoC approved your HUD River Crest PSH grant application in it's entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



central minnesota
HOUSING PARTNERSHIP

37 28th Avenue North, STE. 102

St. Cloud, MN 56303

tsmith@cmhp.net

P: (320) 258-0677

Fax(320) 259-9590



Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notifications

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:36 AM

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

This is your official notification that the CoC approved your HUD ICA HMIS grant application in it's entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



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tsmith@cmhp.net

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Fax(320) 259-9590



Tammy Smith <tsmith@cmhp.net>

2019 HuD NOFA Notification

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:34 AM

To: Amy Carter <ACarter@rise.org>, Nicole Conti <NConti@rise.org>

This is your official notification that the CoC approved your HUD Rise Belle Haven PSH grant application in it's entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



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Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notification

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:31 AM

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 application at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



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Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notification

1 message

Tammy Smith <tsmith@cmhp.net>
To: Louise Reis <lreis@stcloudhra.com>

Wed, Sep 4, 2019 at 8:46 AM

This is your official notification that the CoC approved your HUD ST Cloud HRA 1,5 and 7 grants and DV Bonus Grant application in their entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



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Fax(320) 259-9590



Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notification

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:42 AM

To: Stacy Pederson <Stacy.Pederson@tricap.org>, lori.schultz@tricap.org

This is your official notification that the CoC approved your HUD TriCap Central MN RRH grant application in it's entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



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tsmith@cmhp.net

P: (320) 258-0677

Fax(320) 259-9590



Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notifications

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:48 AM

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

This is your official notification that the CoC approved your HUD BI-CAP Cass County Rapid Rehousing and PSH grant applications in it's entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



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Fax(320) 259-9590



Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notification

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:51 AM

To: Jaime Stampley <Jaime.Stampley@lssmn.org>, Michelle Fournier <Michele.Fournier@lssmn.org>

This is your official notification that the CoC approved your HUD Central MN RRH and HUD Central Navigator grant applications in their entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



37 28th Avenue North, STE. 102

St. Cloud, MN 56303

tsmith@cmhp.net

P: (320) 258-0677

Fax(320) 259-9590



Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notification

1 message

Tammy Smith <tsmith@cmhp.net>

Wed, Sep 4, 2019 at 8:55 AM

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

This is your official notification that the CoC approved your HUD Lakes and Pines Rapid Rehousing, Eastern Navigator and DV Bonus applications in their entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



37 28th Avenue North, STE. 102

St. Cloud, MN 56303

tsmith@cmhp.net

P: (320) 258-0677

Fax(320) 259-9590



Tammy Smith <tsmith@cmhp.net>

2019 HUD NOFA Notifications

1 message\

Tammy Smith <tsmith@cmhp.net>
To: Lori Gudim <lgudim@voamn.org>

Wed, Sep 4, 2019 at 8:57 AM

This is your official notification that the CoC approved your HUD Our Home grant application in it's entirety at the September 3, 2019 meeting.

Thanks for your hard work and dedication.

Tammy

Tammy Smith

Heading Home Central COC Coordinator



37 28th Avenue North, STE. 102

St. Cloud, MN 56303

tsmith@cmhp.net

P: (320) 258-0677

Fax(320) 259-9590

1E-1

No projects were rejected or reduced for the 2019 HUD NOFA, so no notifications were given

January 2019
February 2019
March 2019
April 2019
May 2019
June 2019

FY 2019 Continuum of Care (CoC) Program Competition NOFA Overview

Funding Opportunity Number: FR-6300-N-25 - CFDA Number: 14.267

IMPORTANT PROJECT APPLICATION DATES & DEADLINES Central MN CoC – tentative (subject to change based on HUD availability in eSnaps and CoC updates) – Central MN CoC website:
<https://www.cmhp.net/continuum-of-care-information>

- **July 15, 2019** - New Project pre-application RFP release through Central MN CoC portal – posted on CMHP website and distributed on CoC listserv.
- **July 17, 2019** – Renewal applications DUE - Signed **Letter of Intent to Apply** & Threshold form due to CoC via email in PDF format (DO NOT SUBMIT IN E-SNAPS)
- **July 29, 2019** – DUE – New Project Signed **Letter of Intent to Apply** & Threshold form due to CoC via email in PDF format (DO NOT SUBMIT IN E-SNAPS)
- **August 1, 2019** – Project Application Lab
- **August 19, 2019** – Project applications submitted to CoC via PDF for ranking
- **Week of August 26, 2019** – Scoring and ranking of Project Applications
- **September 3, 2019** - CoC vote on Scoring and ranking of Project applications
- **September 13, 2019** – Project applications submitted to HUD via eSNAPS
- **September 13, 2019** – Project Applications notified of inclusion in CoC Collaborative Application
- **September 13, 2019** – Appeals to HUD if rejected by CoC

30 day deadline

HUD CoC Consolidated Application Deadline: **September 30, 2019 @ 8:00 PM - EST.** **Note:** *Project Applications must be submitted by the Project deadlines NOT the Consolidated Application deadline.*

Central MN CoC 505 FY 2019:

\$1,437,904	Primary Pro-Rata Need (PPRN)
\$1,549,831	Estimated Annual Renewal Demand (ARD)
\$1,465,640	Tier 1 (94% of ARD)
\$84,191	Tier 2 (6% of ARD)
\$77,492	Permanent Housing Bonus opportunity
\$143,790	DV Permanent Housing Bonus opportunity (10% PPRN)

What's New for the FY 2019 CoC Program Competition

The list below highlights some important information regarding new concepts CoCs should consider while planning for the FY 2019 CoC Program Competition. This list is not exhaustive and additional details are in the NOFA.

- *Youth Homelessness Demonstration Program (YHDP) Renewals.* Many of the YHDP projects awarded in FY 2016 are due for first-time renewal in the FY 2019 CoC Program Competition. See Section II.B.6 of the NOFA for additional details.
- *Expansion Projects.* The application submission process for renewal projects that want to submit a new expansion project has changed. See Section III.C.2.j of the NOFA for additional details.
- *Domestic Violence (DV) Bonus Projects.* There is another up to \$50 million available for new DV Bonus projects (Section III.B.2.c of the NOFA) and many of the DV Bonus projects

**Volunteers of America
Our Home**

Policy Title:	Education for Children & Youth Policy		
Policy Number:		Effective Date:	07/01/2019
Corresponding Procedure Document:			
Purpose			
Accountability:	Our Home Program staff		
Regulation Reference:	HUD/Central MN CoC Regulation		

Background

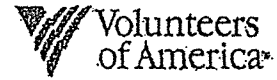
The McKinney-Vento Act requires Continuums of Care, including Central MN Continuum of Care (MN-505), to collaborate with State and Local Education Agencies (SEA's and LEA's), principally through the McKinney Vento Act Local Education Liaisons and State Coordinators for the coordination and continued identification of persons eligible for both homeless and educational services, and the continued effort in the provision of services.

Policy

The policy of Central MN CoC (MN-505) is to ensure that households with children are identified, informed of available education rights and resources, and supported to access educational services available to them.

As such, Continuum of Care Program grantees that serve households with children in the Central MN CoC region, must ensure and document that they:

- 1) Collaborate with local education agencies to assist in the identification of homeless families as well as informing these homeless families and youth of their eligibility for McKinney-Vento education services.
- 2) Consider the educational needs of children when families are placed in permanent supportive housing, to the maximum extent practicable, place families with children as close to possible to their school of origin so as not to disrupt the children's education.
- 3) Establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.
- 4) Designate a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney- Vento education services.
- 5) Measure and document outcomes in education access and participation for children, youth and families in the housing program.



MINNESOTA AND WISCONSIN

Collaboration with local education agencies must be documented in Community Partner Agreements as attached. Agreements should address key contacts, shared data practices, safety protocols, information and services provided to households, and other elements required by the LEA or CoC Program.

COMMUNITY PARTNERSHIP AGREEMENT

For HUD CoC-funded programs serving infants, toddlers, and youth children

In compliance with the Federal McKinney-Vento Act and guidelines for Continuum of Care program grantees of the U.S. Department of Housing and Urban Development (HUD), this agreement seeks to formalize collaboration between a HUD Continuum of Care grantee and educational services in the grantee's community.

The goal of this agreement is to ensure that children and families experiencing homelessness/transition are:

- Identified and informed of their eligibility for homelessness and educational services

Connected to appropriate educational services in their community, including school and early childhood programs

This Community Partnership Agreement will be in effect for the grant period listed below.

HUD Continuum of Care Grantee Agency: Volunteers of America MN/WI Program: Our Home Address: 40392 75 th Ave. Wahkon, MN 56386 Primary Contact: Lori Gudim Program Manager	Community Partner Agency: INDEPENDENT SCHOOL DIST #473 Program: PK-12 PUBLIC EDUCATION Address: 730 STATE ST. ISLE MN 56342 Primary Contact: DEAN KAPNER 320-676-3146
HUD CoC Grant #: MN0092LSK051811 Grant Period: 7-1-2019 to 6-30-2020	Program type: <input type="checkbox"/> Head Start <input type="checkbox"/> Child Care & Development Fund <input type="checkbox"/> Healthy Start <input type="checkbox"/> Maternal, Infant, Early Childhood Home Visiting <input checked="" type="checkbox"/> Public Pre-K <input checked="" type="checkbox"/> Public School <input type="checkbox"/> Other:
Grantee Services: Permanent Supportive Housing	Community Partner Services: PK-12 PUBLIC EDUCATION
How will the partners work together to better serve children and their families? Proactively disseminate local educational options and services for infants, toddlers, preschooler's and school age children.	
Specifically, what will the HUD CoC Grantee do? Provide families with local educational options as well as support and encouragement to actively participate in their children's educational experiences.	Specifically, what will the Community Partner do? SUPPORT EDUCATIONAL PROGRAMMING FOR ALL STUDENTS.
Comments:	



Volunteers of America Our Home

Policy Title:	Education for Children & Youth Policy		
Policy Number:		Effective Date:	07/01/2019
Corresponding Procedure Document:			
Purpose			
Accountability:	Our Home Program staff		
Regulation Reference:	HUD/Central MN CoC Regulation		

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Policy

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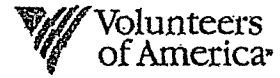
- 1) Collaborate with local education agencies to assist in the identification of homeless families as well as informing these homeless families and youth of their eligibility for McKinney-Vento education services.
- 2) Consider the educational needs of children when families are placed in permanent supportive housing, to the maximum extent practicable, place families with children as close to possible to their school of origin so as not to disrupt the children's education.
- 3) Establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.
- 4) Designate a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney- Vento education services.
- 5) Measure and document outcomes in education access and participation for children, youth and families in the housing program.

Collaboration with local education agencies must be documented in Community Partner Agreements as attached. Agreements should address key contacts, shared data practices, safety protocols, information and services provided to households, and other elements required by the LEA or CoC Program.

COMMUNITY PARTNERSHIP AGREEMENT

For HUD CoC-funded programs serving infants, toddlers, and youth children

In compliance with the Federal McKinney-Vento Act and guidelines for Continuum of Care program grantees of the U.S. Department of Housing and Urban Development (HUD), this agreement seeks to formalize collaboration between a HUD Continuum of Care grantee and educational services in the grantee's community.



MINNESOTA AND WISCONSIN

<p>Signature: <i>Lori Gudim</i></p> <p>Name: Lori Gudim Title: Program Manager Date: 8-23-19</p>	<p>Signature: <i>Dean Kadsner</i></p> <p>Name: DEAN KADSNER Title: SUPERINTENDENT, ISLE SCHOOLS Date: 8-27-19</p>
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**Volunteers of America
Our Home**

Policy Title:	Education for Children & Youth Policy		
Policy Number:		Effective Date:	07/01/2019
Corresponding Procedure Document:			
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- 2) Consider the educational needs of children when families are placed in permanent supportive housing, to the maximum extent practicable, place families with children as close to possible to their school of origin so as not to disrupt the children's education.
- 3) Establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.
- 4) Designate a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.
- 5) Measure and document outcomes in education access and participation for children, youth and families in the housing program.

Collaboration with local education agencies must be documented in Community Partner Agreements as attached. Agreements should address key contacts, shared data practices, safety protocols, information and services provided to households, and other elements required by the LEA or CoC Program.

In compliance with the Federal McKinney-Vento Act and guidelines for Continuum of Care program grantees of the U.S. Department of Housing and Urban Development (HUD), this agreement seeks to formalize collaboration between a HUD Continuum of Care grantee and educational services in the grantee's community.

The goal of this agreement is to ensure that children and families experiencing homelessness/transition are:

- Identified and informed of their eligibility for homelessness and educational services

Connected to appropriate educational services in their community, including school and early childhood programs

This Community Partnership Agreement will be in effect for the grant period listed below.

HUD Continuum of Care Grantee

Agency: Volunteers of America MN/WI

Program: Our Home

Address: 40392 75th Ave. Wahkon, MN 56386

Primary Contact: Lori Gudim

Program Manager

HUD CoC Grant #: MN0092LSK051811

Grant Period: 7-1-2019 to 6-30-2020

Community Partner

Agency: Onamia Early Childhood Center

Program:

Address: ROC, 35465 125th Ave.

Primary Contact: Onamia, MN 56359

Susan Bracken

Program type:

☐ Head Start

☐ Child Care & Development Fund

☐ Healthy Start

☐ Maternal, Infant, Early Childhood Home Visiting

☒ Public Pre-K

☒ Public School ECCE, ECE

☐ Other:

Grantee Services: Permanent Supportive Housing

Community Partner Services: ECCE classes
Preschool classes, Early Childhood
Screening, Early Childhood Coalition

How will the partners work together to better serve children and their families? Proactively disseminate local educational options and services for infants, toddlers, preschoolers and school age children.

Specifically, what will the HUD CoC Grantee do? Provide families with local educational options as well as support and encouragement to actively participate in their children's educational experiences.

Comments:

Specifically, what will the Community Partner do? Keep the Grantee informed about services, events, projects, and classes that clients could benefit from. Communicate regularly via meetings and email.

Signature:

Lori D. Gudim

Name: Lori Gudim

Title: Program Manager

Date: 8-23-19

Signature:

Susan Bracken

Name: Susan Bracken

Title: Coordinator

Date: 9/5/2019



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of America®

MINNESOTA AND WISCONSIN

COMMUNITY PARTNERSHIP AGREEMENT

For HUD CoC-funded programs serving infants, toddlers, and youth children

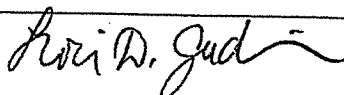

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The goal of this agreement is to ensure that children and families experiencing homelessness/transition are:

- Identified and informed of their eligibility for homelessness and educational services

Connected to appropriate educational services in their community, including school and early childhood programs

This Community Partnership Agreement will be in effect for the grant period listed below.

HUD Continuum of Care Grantee Agency: Volunteers of America MN/WI Program: Our Home Address: 40392 75 th Ave. Wahkon, MN 56386 Primary Contact: Lori Gudim Program Manager	Community Partner Agency: Lakes and Pines CAC, Inc. Program: Early Head Start Head Start Address: 1700 Maple Ave East Mora MN 55051 Primary Contact: Kraig Gratke
HUD CoC Grant #: MN0092LSK051811 Grant Period: 7-1-2019 to 6-30-2020	Program type: <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Child Care & Development Fund <input type="checkbox"/> Healthy Start <input type="checkbox"/> Maternal, Infant, Early Childhood Home Visiting <input type="checkbox"/> Public Pre-K <input type="checkbox"/> Public School <input type="checkbox"/> Other:
Grantee Services: Permanent Supportive Housing	Community Partner Services: Early Head Start and Head Start
How will the partners work together to better serve children and their families? Proactively disseminate local educational options and services for infants, toddlers, preschooler's and school age children.	
Specifically, what will the HUD CoC Grantee do? Provide families with local educational options as well as support and encouragement to actively participate in their children's educational experiences.	Specifically, what will the Community Partner do? Recruit and enroll families eligible for EHS and HS services and provide those services.
Comments:	
Signature:  Name: Lori Gudim Title: Program Manager Date: 8-23-19	Signature:  Name: Kraig Gratke Title: ECFD Director Date: 9-3-19

COMMUNITY PARTNERSHIP AGREEMENT

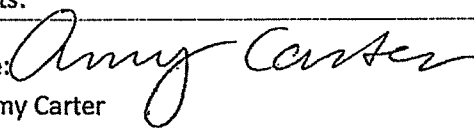
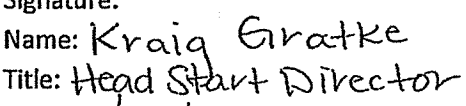
For HUD CoC-funded programs serving infants, toddlers, and youth children

In compliance with the Federal McKinney-Vento Act and guidelines for Continuum of Care program grantees of the U.S. Department of Housing and Urban Development (HUD), this agreement seeks to formalize collaboration between a HUD Continuum of Care grantee and educational services in the grantee's community.

The goal of this agreement is to ensure that children and families experiencing homelessness/transition are:

- Identified and informed of their eligibility for homelessness and educational services
- Connected to appropriate educational services in their community, including school and early childhood programs

This Community Partnership Agreement will be in effect for the grant period listed below.

HUD Continuum of Care Grantee	Community Partner
Agency: Rise Program: Belle Haven Address: 101 18 th Ave North Princeton, MN 55371 Primary Contact: Amy Carter	Agency: Lakes and Pines Program: Head Start Address: 1700 Maple Ave East Mora MN 55051 Primary Contact: Chassidy Lobdell
HUD CoC Grant Number: MN0085 Grant period: 2020 - 2021	Program type: <input checked="" type="checkbox"/> Head Start <input type="checkbox"/> Child Care & Development Fund <input type="checkbox"/> Healthy Start <input type="checkbox"/> Maternal, Infant, Early Childhood Home Visiting <input type="checkbox"/> Public Pre-K <input type="checkbox"/> Public school <input type="checkbox"/> Other:
Grantee Services: Complete family assessment to identify gaps in services and supports. Make the necessary referral to the community partner and provide assistance in completing paperwork. Develop childhood education plan and monitor through ongoing case management available on site.	Community Partner Services: Enroll child into programming and provide the curriculum to foster education.
How will the partners work together to better serve children and their families? Through having active ROI's in place, case manager and education partner will be able to communicate needs as they arise and will be able to collaborate as a team for the family on updates.	
Specifically, what will the HUD CoC Grantee do? Meet with the family in a safe, comfortable location to provide services and supports. Resolve conflict if it arises.	Specifically, what will the Community Partner do? Keep case manager informed of plan and education progress.
Comments:	
Signature:  Name: Amy Carter Title: Housing Case Manager Date: August 19, 2019	Signature:  Name: Kraig Grutke Title: Head Start Director Date: 8/22/2019

Heading Home Alliance Charter

Mission

To create an effective and efficient homelessness response system through focused collaboration between the three Heading Home Alliance (HHA) partners: the MN Tribal Collaborative, the ten Minnesota Continuums of Care, and state agencies funding homeless services.

Collaboration and coordination is core of the HHA work; therefore the partners recognize that they cannot and should not plan without the active participation of additional key statewide stakeholders with a vested role in preventing and ending homelessness.

Collaboration is focused on:

1. Coordinating resources
2. Aligning strategies
3. Sharing information
4. Influencing HHA Partner policy and funding decisions

Central to this collaboration is the commitment of each partner to communicate as candidly, honestly and respectfully as possible.

Norms/Group Agreements

In order for collaboration and partnership to be possible, those at the HHA table must commit to the following norms:

- We are equals in the effort – no one is more important or less important to the furtherance of the mission.
- We will actively reinforce and support our partnership when interacting with others, building trust and establishing a unified direction in the work.
- We agree to use our authority and influence to change the system positively for the collective good.
- We will be transparent in our work and communicate our intentions and actions to the larger group.

- We agree to be always aware that our decisions impact others—we need to respect our autonomy and the work we have done while also understanding that our actions do not operate in a vacuum; instead, they will cause an effect on the other Partners and their work.
- We must sometimes compromise for the greater good.
- We will always assume that others come to the table with good faith/intention.

Stakeholder Expectations

While the HHA partners respect the unique needs and differences across the state, we equally recognize that preventing and ending homelessness in Minnesota requires coordination and communication to be as effective as possible. In our coordinated efforts, stakeholders and Partners who attend HHA meetings agree to the following:

- Attend all HHA meetings. When an absence is necessary, stakeholder or Partner staff will either appoint someone from their agency to attend in their absence or will read minutes and handouts to stay informed.
- Actively participate in each meeting.
- Make sure the Facilitator has all participants' current contact information.
- Represent their clients, their agencies, and the HHA in a fair, honest, ethical and respectful manner.
- Stay informed on the purpose of the HHA and its role in statewide planning to prevent and end homelessness.
- Stay up-to-date on HHA strategies and planning.
- Participate in working groups or breakout groups, as capacity allows.
- Uphold professional standards of conduct, exhibiting respectfulness, fairness, and honesty.
- Continue to monitor their professional roles and obligations, exercise reasonable judgment, and take precautions to ensure that any potential biases or conflicts of interest do not unjustly affect the planning process or other members of the HHA.
- When conflicts occur among stakeholders, attempt to resolve these conflicts in a responsible fashion.

Communication

The primary point of communication for HHA meetings will be the HHA Facilitator. The Facilitator will be responsible for:

- Setting calendar dates for monthly meeting minutes and sending calendar invites to partners
- Drafting and distributing the monthly meeting agendas. The agenda will be created by the Leadership Team and given to the Facilitator – along with all necessary documents - no later than **5 business days** before the HHA meeting;
- Meeting notes and distribution of notes after the meeting;
- Communicating with the Leadership Team on needs for HHA meetings;
- Other communication to the HHA partners.

HHA partners are expected to communicate any pertinent information from HHA meetings to the broader stakeholder community. In order to be able to do this effectively, partners are encouraged to attend all HHA meetings.

Leadership Team

The Leadership Team for the HHA is a group of 7-10 individuals that provide leadership and structure for the HHA. The Leadership Team role includes:

- Develops and makes recommendations to HHA on annual priorities and committee formation
- Ensures all working groups have established goals and work plans
- Monitors working groups progress on work plans and outcomes
- Sets the monthly HHA agendas
- Ensures the work of the HHA aligns with other statewide working groups
 - HMIS Governing Board,
 - Heading Home Together Leadership Circle,
 - CoC Coordinator group,
 - State Homeless program meeting,

- Minnesota Interagency Council on Homelessness (MICH),
- MN Tribal Collaborative, and
- Funders Collaborative

The Leadership Team should include diverse membership and have at least one member from each of the HHA Partners. The individual HHA Partners will select their Leadership Team representatives. Leadership Team members serve 2 year terms, with a one year break between terms. Any member of the HHA is eligible to be nominated for a Leadership Team position. The HHA Facilitator must be a member of the Leadership Team.

If other stakeholder groups wish to have a representative join the leadership team, those requests will be taken under consideration and a decision will be made by the sitting leadership team

The Leadership Team annually identifies two members that will serve as co-chairs, co-chairs can serve consecutive terms. Co-chairs role will:

- Establish meeting logistics for Leadership Team meetings
- Format and distribute the Leadership Team meeting agenda
- Facilitate the Leadership Team meetings
- Communicate with the HHA Facilitator to ensure consistent messaging

- Partners have the extra responsibility of setting an example by their personal performance and attitude.
- Consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those they represent.
- Use their authority and influence to change the system for the collective good.
- Respect each members' autonomy, while also considering how their organization's and the HHA's decisions impact other stakeholders and/or our collective work.

Background and History

- Since the inception of the Continuum of Care funding, Continuum of Care regions and state agencies have worked together to maximize this resource. The Continuum of Care model requires relationships with community stakeholders including local and state government.
- The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law in May 2009. The HEARTH Act did several things including –
 - Consolidated HUD's competitive grant programs
 - Created a Rural Housing Stability Assistance Program
 - Changed the definition of homelessness and chronic homelessness
 - Simplified the match obligation
 - Increased the emphasis on project performance, including monitoring Emergency Solutions Grant (ESG) projects
 - Required measuring system performance, including projects not funded by CoC or ESG funding
 - Required CoC, ESG and Consolidated Planning (ConPlan) coordination
 - Required CoCs to operate a Coordinated Entry System (CES)
- State homeless programs have used regional Continuum of Care committees as advisory groups for state funding such as Family Homeless Prevention and Assistance Program and the Long Term Homeless Supportive Services funding.
- State agency staff consult with Continuum of Care coordinators on proposals for state funding.
- The HUD performance measures are part of *Heading Home Together: Minnesota's Plan to Prevent and End Homelessness*. *Heading Home Together* includes commitments by state agencies to end and prevent homelessness. These state agencies, including Minnesota Housing Finance Agency, Department of Human Services, Department of Education,

Department of Public Safety, Department of Employment and Economic Development, and Department of Corrections, are invited to and participate in the HHA collaborative.

- The Minnesota Tribal Collaborative was formed to give voice and access to resources for Minnesota's tribal nations. Tribes are not able to access HUD Continuum of Care funding, but have access to state funding to address homelessness. American Indians in Minnesota experience homelessness at a far greater rate than any other population.
- Minnesota for decades has been unable to reduce the disparities for African Americans and American Indians who are more likely to experience homelessness than any other racial or ethnic group in Minnesota. Race is a risk factor for homelessness in Minnesota.
- Partners have coordinated around CES as state funded programs require participation in Coordinated Entry. For projects who operate in more than one CoC region, partners work to support easy referrals between regions. Additionally, CES provides valuable data that will help in statewide planning and funding decisions.

Collaboration

HHA's mission is centered on collaboration to make Minnesota's homelessness response system as efficient and effective as possible. With that in mind, the HHA work is guided by a focused workplan that is decided upon and evaluated annually. This workplan allows the HHA collaborative to be thoughtful about what – and how much – work will be undertaken each year.

- a. **Identifying Projects for the Year** - HHA members will review what work has been done the previous year, and what are current and pressing issues for the coming year that will require coordinating resources, aligning strategies, and sharing information. Partners will prioritize the issues and select the number of projects that can be reasonably supported by the group in light of current capacity issues.
- b. **Project Work Plans** - Each project will have a project lead, and that lead will create a workplan for the coming year, identifying SMART goals (Specific, Measurable, Attainable, Relevant and Timely) and a time table to achieve those goals.
- c. **Calendar** – The Project Calendar for HHA will begin in September. Review of projects and selection of projects for the upcoming year will begin in June.
- d. **Annual tasks** – In addition to annual projects, HHA will coordinate on tasks that occur regularly on an annual basis that affect partners. Tasks may include – but are not limited to – HUD's NOFA and the Point in Time Count.

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To create an effective and efficient homelessness response system through focused collaboration between the three Heading Home Alliance (HHA) partners: the MN Tribal Collaborative, the ten Minnesota Continuums of Care, and state agencies funding homeless services.

Collaboration and coordination is core of the HHA work; therefore the partners recognize that they cannot and should not plan without the active participation of additional key statewide stakeholders with a vested role in preventing and ending homelessness.

Collaboration is focused on:

1. Coordinating resources
2. Aligning strategies
3. Sharing information
4. Influencing HHA Partner policy and funding decisions

Central to this collaboration is the commitment of each partner to communicate as candidly, honestly and respectfully as possible.

Norms/Group Agreements

In order for collaboration and partnership to be possible, those at the HHA table must commit to the following norms:

- We are equals in the effort – no one is more important or less important to the furtherance of the mission.
- We will actively reinforce and support our partnership when interacting with others, building trust and establishing a unified direction in the work.
- We agree to use our authority and influence to change the system positively for the collective good.
- We will be transparent in our work and communicate our intentions and actions to the larger group.

- We agree to be always aware that our decisions impact others—we need to respect our autonomy and the work we have done while also understanding that our actions do not operate in a vacuum; instead, they will cause an effect on the other Partners and their work.
- We must sometimes compromise for the greater good.
- We will always assume that others come to the table with good faith/intention.

Stakeholder Expectations

While the HHA partners respect the unique needs and differences across the state, we equally recognize that preventing and ending homelessness in Minnesota requires coordination and communication to be as effective as possible. In our coordinated efforts, stakeholders and Partners who attend HHA meetings agree to the following:

- Attend all HHA meetings. When an absence is necessary, stakeholder or Partner staff will either appoint someone from their agency to attend in their absence or will read minutes and handouts to stay informed.
- Actively participate in each meeting.
- Make sure the Facilitator has all participants' current contact information.
- Represent their clients, their agencies, and the HHA in a fair, honest, ethical and respectful manner.
- Stay informed on the purpose of the HHA and its role in statewide planning to prevent and end homelessness.
- Stay up-to-date on HHA strategies and planning.
- Participate in working groups or breakout groups, as capacity allows.
- Uphold professional standards of conduct, exhibiting respectfulness, fairness, and honesty.
- Continue to monitor their professional roles and obligations, exercise reasonable judgment, and take precautions to ensure that any potential biases or conflicts of interest do not unjustly affect the planning process or other members of the HHA.
- When conflicts occur among stakeholders, attempt to resolve these conflicts in a responsible fashion.

- Partners have the extra responsibility of setting an example by their personal performance and attitude.
- Consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those they represent.
- Use their authority and influence to change the system for the collective good.
- Respect each members' autonomy, while also considering how their organization's and the HHA's decisions impact other stakeholders and/or our collective work.

Background and History

- Since the inception of the Continuum of Care funding, Continuum of Care regions and state agencies have worked together to maximize this resource. The Continuum of Care model requires relationships with community stakeholders including local and state government.
- The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law in May 2009. The HEARTH Act did several things including –
 - Consolidated HUD's competitive grant programs
 - Created a Rural Housing Stability Assistance Program
 - Changed the definition of homelessness and chronic homelessness
 - Simplified the match obligation
 - Increased the emphasis on project performance, including monitoring Emergency Solutions Grant (ESG) projects
 - Required measuring system performance, including projects not funded by CoC or ESG funding
 - Required CoC, ESG and Consolidated Planning (ConPlan) coordination
 - Required CoCs to operate a Coordinated Entry System (CES)
- State homeless programs have used regional Continuum of Care committees as advisory groups for state funding such as Family Homeless Prevention and Assistance Program and the Long Term Homeless Supportive Services funding.
- State agency staff consult with Continuum of Care coordinators on proposals for state funding.
- The HUD performance measures are part of *Heading Home Together: Minnesota's Plan to Prevent and End Homelessness*. *Heading Home Together* includes commitments by state agencies to end and prevent homelessness. These state agencies, including Minnesota Housing Finance Agency, Department of Human Services, Department of Education,

Department of Public Safety, Department of Employment and Economic Development, and Department of Corrections, are invited to and participate in the HHA collaborative.

- The Minnesota Tribal Collaborative was formed to give voice and access to resources for Minnesota's tribal nations. Tribes are not able to access HUD Continuum of Care funding, but have access to state funding to address homelessness. American Indians in Minnesota experience homelessness at a far greater rate than any other population.
- Minnesota for decades has been unable to reduce the disparities for African Americans and American Indians who are more likely to experience homelessness than any other racial or ethnic group in Minnesota. Race is a risk factor for homelessness in Minnesota.
- Partners have coordinated around CES as state funded programs require participation in Coordinated Entry. For projects who operate in more than one CoC region, partners work to support easy referrals between regions. Additionally, CES provides valuable data that will help in statewide planning and funding decisions.

Collaboration

HHA's mission is centered on collaboration to make Minnesota's homelessness response system as efficient and effective as possible. With that in mind, the HHA work is guided by a focused workplan that is decided upon and evaluated annually. This workplan allows the HHA collaborative to be thoughtful about what – and how much – work will be undertaken each year.

- Identifying Projects for the Year** - HHA members will review what work has been done the previous year, and what are current and pressing issues for the coming year that will require coordinating resources, aligning strategies, and sharing information. Partners will prioritize the issues and select the number of projects that can be reasonably supported by the group in light of current capacity issues.
- Project Work Plans** - Each project will have a project lead, and that lead will create a workplan for the coming year, identifying SMART goals (Specific, Measurable, Attainable, Relevant and Timely) and a time table to achieve those goals.
- Calendar** – The Project Calendar for HHA will begin in September. Review of projects and selection of projects for the upcoming year will begin in June.
- Annual tasks** – In addition to annual projects, HHA will coordinate on tasks that occur regularly on an annual basis that affect partners. Tasks may include – but are not limited to – HUD's NOFA and the Point in Time Count.

Communication

The primary point of communication for HHA meetings will be the HHA Facilitator. The Facilitator will be responsible for:

- Setting calendar dates for monthly meeting minutes and sending calendar invites to partners
- Drafting and distributing the monthly meeting agendas. The agenda will be created by the Leadership Team and given to the Facilitator – along with all necessary documents - no later than **5 business days** before the HHA meeting;
- Meeting notes and distribution of notes after the meeting;
- Communicating with the Leadership Team on needs for HHA meetings;
- Other communication to the HHA partners.

HHA partners are expected to communicate any pertinent information from HHA meetings to the broader stakeholder community. In order to be able to do this effectively, partners are encouraged to attend all HHA meetings.

Leadership Team

The Leadership Team for the HHA is a group of 7-10 individuals that provide leadership and structure for the HHA. The Leadership Team role includes:

- Develops and makes recommendations to HHA on annual priorities and committee formation
- Ensures all working groups have established goals and work plans
- Monitors working groups progress on work plans and outcomes
- Sets the monthly HHA agendas
- Ensures the work of the HHA aligns with other statewide working groups
 - HMIS Governing Board,
 - Heading Home Together Leadership Circle,
 - CoC Coordinator group,
 - State Homeless program meeting,

- Minnesota Interagency Council on Homelessness (MICH),
- MN Tribal Collaborative, and
- Funders Collaborative

The Leadership Team should include diverse membership and have at least one member from each of the HHA Partners. The individual HHA Partners will select their Leadership Team representatives. Leadership Team members serve 2 year terms, with a one year break between terms. Any member of the HHA is eligible to be nominated for a Leadership Team position. The HHA Facilitator must be a member of the Leadership Team.

If other stakeholder groups wish to have a representative join the leadership team, those requests will be taken under consideration and a decision will be made by the sitting leadership team

The Leadership Team annually identifies two members that will serve as co-chairs, co-chairs can serve consecutive terms. Co-chairs role will:

- Establish meeting logistics for Leadership Team meetings
- Format and distribute the Leadership Team meeting agenda
- Facilitate the Leadership Team meetings
- Communicate with the HHA Facilitator to ensure consistent messaging

EXCERPT: Minnesota's Heading Home Together Plan. Activities and coordination of plan partners (including CoCs and State workforce agency (DEED)) to support employment and income are highlighted.



HEADING HOME TOGETHER

— Minnesota's 2018-2020 Action Plan —
to Prevent and End Homelessness

A New Plan, A New Partnership

INTRODUCTION

***Heading Home Together: Minnesota's 2018-2020 Action Plan to Prevent and End Homelessness* aspires to be a plan of, by, and for all Minnesotans.**

The [Minnesota Interagency Council on Homelessness](#) ("the Council") is made up of the Commissioners of 11 state agencies, the Chair of the Metropolitan Council, and the Governor's office.

In December 2013, the Council developed and released the first version of *Heading Home*. The plan was re-issued in January 2016 with new strategies to guide efforts in 2016 and 2017. This current version of the plan includes strategies to guide efforts to end homelessness in Minnesota from 2018 through the end of 2020.

Previous versions of *Heading Home* have been the product of and guiding document for the Council and its member state agencies. This plan aspires to be something greater: to reflect a growing community understanding and emerging consensus about what is needed to prevent and end homelessness in Minnesota, and the collective, multi-sector strategies necessary to achieve that end. The specific content of the plan

This plan aspires to be something greater: to reflect a growing community understanding and emerging consensus about what is needed to prevent and end homelessness in Minnesota, and the collective, multi-sector strategies necessary to achieve that end.

reflects local practitioner knowledge, the insights of people with lived experience of homelessness, Federal policy requirements and guidance, and extensive input from stakeholders all across Minnesota. Numerous organizations have endorsed the guiding principles for the plan. These partners have also contributed substantially to shaping its strategies. Accordingly, first-person plural pronouns ("we" and "our") used throughout this document are offered to reflect not only the Council's perspective, but also a broader community of stakeholders who share similar views and are aligned in efforts to end homelessness.

This document articulates a shared set of goals, principles, and strategies that will help to focus and align the efforts of many partners across Minnesota to prevent and end homelessness.

Each agency on the Minnesota Interagency Council on Homelessness has made specific commitments to advance the strategies, and those specific actions are in the Council's 2018-2020 work plan (Appendix A).

While the Council will continue to lead the work of state government, a *Heading Home Together* leadership structure is being created in partnership with the Heading Home Minnesota Funders Collaborative to increase momentum toward our shared goals. This structure will include all levels of government, philanthropy, advocates, organizations that offer support and housing, and people with lived experiences of homelessness. Ownership of implementing *Heading Home Together* will be shared. Progress will be tracked and problems will be identified and solved together. All partners are invited and encouraged to identify the specific commitments and activities that they can undertake to advance the plan's goals, principles, and strategies. These commitments will be incorporated into the work plan over time.

Vision: Housing Stability for All Minnesotans

Heading Home Together advances the vision of housing stability for all Minnesotans. Housing stability means access to a safe and affordable place to live, as well as the resources and supports to maintain stable housing. Housing stability also means that people have choices in where they live, and if and when they move.

This plan focuses on solving the most egregious form of housing instability: homelessness. It recognizes that by preventing and ending homelessness, we will create a foundation for success for a broad spectrum of Minnesotans whose housing stability is continually at risk.

Four Population Goals

While *Heading Home Together* focuses on preventing and ending homelessness overall, focusing on four populations serves to drive and measure progress, which in turn can build momentum, capacity, and understanding to end homelessness for all Minnesotans. The four population goals of the plan are:

1. Finish the job of ending veteran homelessness.
2. Finish the job of ending chronic homelessness.
3. Prevent and end homelessness among youth and young adults unaccompanied by parents or guardians by the end of 2020.
4. Prevent and end homelessness among families with children by the end of 2020.

In addition, this plan and its principles and strategies are intended to set the path to prevent and end homelessness for any Minnesotan at risk of or experiencing homelessness. Homelessness in Minnesota reflects persistent equity disparities. According to Wilder Research's Minnesota Homeless Study, African Americans and American Indians are over-represented among people experiencing homelessness by a factor of eight, meaning there are eight times more African Americans and American Indians experiencing homelessness than would be expected based on the distribution of the general population. Among youth and young adults experiencing homelessness, lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) young people are significantly over-represented. Therefore, this plan also sets out deliberate strategies to achieve equity.

Statewide Stakeholder Engagement and Commitment

The partners who committed to align their work over the next three years with the seven principles of *Heading Home Together* are:

- Alliance Housing
- Association of Minnesota Counties
- Child Care Aware of Minnesota
- Corporation for Supportive Housing
- Emma Norton Services
- Governor's Early Learning Council
- Heading Home Minnesota Funders Collaborative
- Hennepin County Office to End Homelessness
- Hennepin County Youth Collaborative
- Minneapolis Downtown Business Council
- Minnesota Assistance Council for Veterans
- Minnesota Association for the Education of Homeless Children and Youth
- Minnesota Association of Area Agencies on Aging
 - Arrowhead Area Agency on Aging
 - Central Minnesota Council on Aging
- Land of the Dancing Sky Area Agency on Aging
- Metropolitan Area Agency on Aging
- Minnesota Chippewa Tribe Area Agency on Aging
- Minnesota River Area Agency on Aging
- Southeastern Minnesota Area Agency on Aging
- Minnesota Association of County Social Service Administrators
- Minnesota Board on Aging
- Minnesota Coalition for the Homeless
- Minnesota Coalition for Battered Women
- Minnesota Head Start Association
- Minnesota HIV Housing Coalition
- Minnesota Housing Partnership
- Minnesota's 10 Continuums of Care
 - Southwest
 - Southeast
 - Ramsey
- Hennepin
- SMAC
- Central
- West Central
- St. Louis
- Northwest
- Northeast
- Minnesota Tribal Collaborative to Prevent and End Homelessness
- National Alliance on Mental Illness
- National Coalition for Homeless Veterans
- Oasis Central Minnesota
- The Family Place
- U. S. Dept. of Veterans Affairs medical centers:
 - Fargo VA Health Care System
 - Minneapolis VA Health Care System Homeless Programs
 - Saint Cloud Health Care System
 - Sioux Falls Veterans Administration
- Youth Services Network

We received additional feedback, insight and guidance from the following stakeholders:

- The Regional Council of Mayors
- Home and Community Based Services (HCBS) Partners Panel
- State Mental Health Advisory Council
- Metro Counties Adult Mental Health Forum
- Contracted Agency Rule 79 Forum
- MN Corrections Association Conference
- MN Coalition for the Homeless Conference
- St. Louis County youth providers (LSS Duluth, YWCA Duluth, and Lifehouse)
- Southeast CoC youth providers (LSS and Northfield Union of Youth)
- Hennepin County stakeholder group
- Anoka County stakeholder group
- Voices of Change
- The Commanders Task Force

Appendix A: Council Work Plan

The following list presents the work plan that agencies of the Minnesota Interagency Council on Homelessness will use to advance the strategies, principles, and goals of this plan.

Principle #1: Identify and engage all people experiencing homelessness.

Strategy 1A: Ensure that Minnesotans experiencing or at risk of homelessness have a low barrier way to connect with housing support and assistance.

Agency	Action	Targeted Completion Date
DHS	Provide guidance to counties on child welfare best practices related to housing instability, including on the importance of proactive follow-up with families at risk of homelessness as a means of reducing repeat maltreatment.	March 2019
	Use Senior Linkage Line to identify older adults in long-term care facilities and hospitals experiencing homelessness and coordinate their services to address the complexity of health care needs among homeless older adults, including referrals to service providers, medication management, access to transportation, and mental health care.	Ongoing
MDH	Incorporate screening for social determinants in the Health Care Home rulemaking process, including housing and homelessness.	December 2019
MDVA	Audit the Homeless Veteran Registry to identify current users, and increase engagement and training to stakeholders to increase participation.	March 2018
Minnesota Housing	Implement a prevention targeting tool to prioritize those most likely to become homeless without receiving immediate assistance.	July 2019

Strategy 1B: Ensure that every region of the state has the capacity to conduct reliable and routine outreach in areas where people are living in unsheltered settings, with the goal that everyone experiencing homelessness is connected to and known by appropriate support systems.

Agency	Action	Targeted Completion Date
DHS	Ensure that homeless outreach activities prioritize people who are living in unsheltered settings and that housing access is the primary objective of the outreach.	June 2020
	Engage underserved communities with technical assistance for responding to mental health grant opportunities, and/or working with DHS partners in the technical assistance efforts.	Ongoing
MDVA	Expand purpose of the Homeless Veteran Registry by increasing capability of the Registry to include veterans at risk of homelessness.	December 2018

Principle #6: Help people experiencing or at risk of homelessness increase employment and income.

Strategy 6A: Create connections to employment support and economic assistance programs as part of coordinated entry.

Agency	Action	Targeted Completion Date
* DEED	Partner with the Department of Human Services on their "Integrated Delivery of Human Services" initiative to enhance the connectedness of employment and training programs with human services supports.	June 2018
	Promote collaboration strategies at the local workforce area level so that the impact is at the point of service delivery.	June 2018
	Explore broader use of the Workforce One data system by community partners so they can share data related to eligibility to better connect people to benefits and supports that will bolster their workforce readiness.	January 2019
DEED, MDVA	Expand access to disability income benefits through better identification of potentially eligible individuals and increase assistance for people in applying for those benefits. When a veteran is identified, ensure connections are made to all potential veteran benefits and the MDVA SOAR program.	January 2020
	Ensure connections are made to eligible veterans benefits for those participating in the following DEED employment initiatives: Native American Veterans Program, The Women's Veteran's Program, and Incarcerated Veterans Program, including veterans with significant barriers to employment.	January 2019
DHS	Partner with counties to devise a strategy to ensure all participants receiving: <ul style="list-style-type: none"> • General Assistance (GA); • MN Family Investment Program (MFIP), particularly children and those also receiving Family Stabilization Services (FSS); • Deaf and hard of hearing services; and • Foster care, particularly transition age youth are screened for Social Security benefits and referred to a Social Security disability or SOAR advocate for assistance.	December 2018
	Coordinate with the Social Security Administration (SSA), Disability Determination Services (DDS), and the Department of Human Services to enhance clarity of the Social Security and disability determination process.	Ongoing
	Align process to assist with forms completion for economic assistance programs for older adults through Senior Linkage Line, AASD grantees, and Area Agencies on Aging (Special Access Programs). This includes, but not limited to setting up a bank account, assisting with pensions, entitlement programs (social security, Medicare, and Medicaid), and other public assistance programs.	June 2020

Strategy 6B: Increase partnerships and alignment between homeless-specific programs and mainstream education, employment, and training services to access career pathways and increase earned income.

Agency	Action	Targeted Completion Date
DEED	Identify local workforce areas that are specifically doing outreach to homeless residents and spotlight their work to share with other local workforce areas as a best practice on how to engage and work with those individuals who are experiencing homelessness.	December 2018
	Host learning session(s) for DEED staff and employment providers on the Foundational Service Practices (please see Appendix C) and the Document Vault to increase access to employment programs and services.	December 2018
	Provide greater integration of services through on-site employment readiness activities to become more effective in shortening the time to become "work ready."	January 2019
	Create better access to services and service providers for those at risk of or experiencing homelessness through the Workforce Innovation Grant project.	Ongoing
DHS	Increase the number of providers who utilize SNAP E&T reimbursement to provide employment and training services to eligible households, tailoring these services to the specific needs of homeless households and increasing their potential earned income.	December 2018
	Engage statewide MN Family Investment Program (MFIP) and Tribal Employment Service providers to ensure they have the knowledge and resources to help address housing instability and homelessness, and are collaborating with homeless service providers.	June 2019
MDVA	Partner with the MN Department of Labor and Industry to prioritize veterans who are eligible for their apprenticeship programs streamlining referral process to ensure veterans who are interested can easily apply and get connected to interested employers.	January 2019

Strategy 6C: Increase the number of families experiencing or at risk of homelessness who have access to affordable and flexible childcare and after school care.

Agency	Action	Targeted Completion Date
DHS	Provide a three-month presumptive eligibility period for childcare benefits while verifications are secured for families experiencing homelessness.	May 2018
	Identify and build upon the number of child care providers serving children experiencing homelessness and their families.	Ongoing
	Offer training to child care providers to increase use of best practices in serving children experiencing homelessness and their families.	Ongoing

Strategy 6D: Increase the number of people experiencing or at-risk of homelessness who have access to affordable transportation options.

Agency	Action	Targeted Completion Date
MnDOT	Fully implement the Regional Transportation Coordinating Councils (RTCCs) with participation from those providing services to people experiencing homelessness. Along with the RTCCs, work with transit providers to make transit services more effective through connections and collaboration.	December 2019
	Implement a public education and awareness campaign regarding the causes of homelessness and the rights of people experiencing homelessness on Metro Transit buses and light rail lines. Include information on how the public can connect people with the resources they need.	December 2019
DHS	Prioritize Senior Corps grantee and Live Well At Home funds (Community Services Development dollars) to build transportation capacity in rural communities and connect volunteer drivers to older adults.	December 2020

MN 505-Summary of Racial Disparity Assessment 2019

RESULTS:

People of different races or ethnicities are less likely to receive homeless assistance.

According to our racial equity tool, Native Americans and African Americans are getting into crisis housing and transitional housing that is equal to the percentage of their population of homelessness. However, this is reversed when it comes to getting into Permanent Supportive Housing (PSH). White get into PSH at a much higher rate than their percentage of homeless population @ 69%. Native Americans @ 21% homeless population, only 13 % are getting into PSH. At the same time 32% of Native Americans return to homelessness. The majority of Native Americans are on Tribal lands where housing is extremely scarce.

METHODOLOGY:

1. HMIS data was utilized for the Race Equity Tool for time period of 1/1/2018-1/1/2019.
2. The data for each racial and ethnic group (White, African American, Native American, All other races, Hispanic and Not Hispanic) in the categories below were analyzed.
 - a) Who experiences Homelessness?
 - b) Who gets into Crisis Housing?
 - c) Who gets into Permanent Housing?
 - d) Who returns to homelessness?
3. The data was reviewed to answer the following question.
 - a. Are people of different races or ethnicities more or less likely to receive homeless assistance?
 - b. Are people of different races or ethnicities more or less likely to receive a positive outcome from homeless assistance?

Racial Equity Tool

Start Date: 1/1/2018 End Date: 1/1/2019

1-Who Experiences Homelessness?

Enter the unduplicated total number of people in HMIS for each racial and ethnic group below

White	African American	Native American	All Other Races	Total
1559	377	556	212	2704
58%	14%	21%	8%	

Hispanic	Not Hispanic	Total
122	2589	2711
5%	95%	

2-Who Gets into Crisis Housing?

Enter the total number of each group entering Emergency Shelter

White	African American	Native American	All Other Races	Total
617	151	321	79	1168
53%	13%	27%	7%	

Hispanic	Not Hispanic	Total
35	1135	1170
3%	97%	

Enter the total number of each group entering Transitional Housing

White	African American	Native American	All Other Races	Total
185	47	77	27	336
55%	14%	23%	8%	

Hispanic	Not Hispanic	Total
16	321	337
5%	95%	

3-Who Gets into Permanent Housing?

Enter the total number of exits to Permanent Housing from all project types by group

White	African American	Native American	All Other Races	Total
315	58	59	26	458
68%	13%	13%	6%	

Hispanic	Not Hispanic	Total
15	447	462
3%	97%	

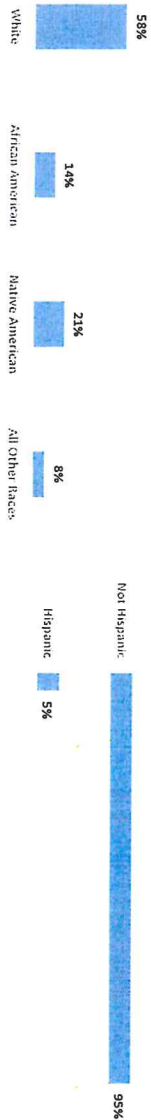
4-Who Returns to Homelessness?

Enter the total number of returns to homelessness by race below

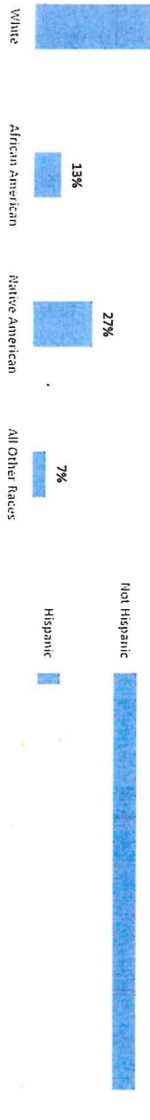
White	African American	Native American	All Other Races	Total
115	30	78	24	247
47%	12%	32%	10%	

Hispanic	Not Hispanic	Total
5	237	242
2%	98%	

Who Experiences Homelessness?



Who Gets into Emergency Shelter?



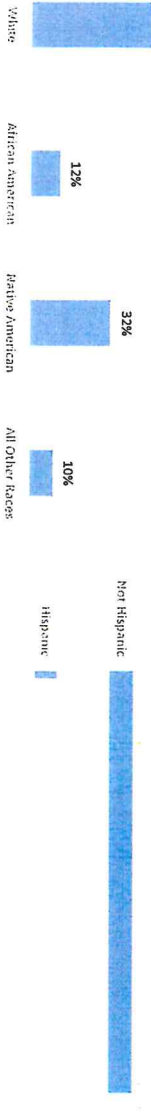
Who Gets into Transitional Housing?



Who Gets Permanent Housing?



Who Returns to Homelessness?





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September 16, 2019

Tammy Smith
Continuum of Care Coordinator
37 28th Ave N #102
St Cloud, MN 56303

Dear Tammy Smith,

This letter is in response to your recent request to the MN HMIS Governing Board for a letter regarding the review conducted by the HMIS Governing Board of the HMIS System Administrator, the Institute for Community Alliances (ICA).

At the September 9, 2019 HMIS Governing Board Meeting, the Board approved the recommendation from the HMIS Policy and Prioritization Committee that ICA remain in place as the HMIS System Administrator based upon their performance during the 2018-2019 operating year. The lead agency evaluation, a copy of which is enclosed for your records, was based on the following three components: performance matrix, user satisfaction survey, and data quality measures.

Based upon its work and the work of its supporting committees, the HMIS Governing Board can certify that the following are true:

- Grant(s) in the Central CoC region remain necessary to meet the HMIS needs in the CoC region.
- ICA is performing the functions required at a satisfactory level to meet HUD requirements for the CoC region
- ICA's performance advanced system level outcomes in this CoC region, and
- Costs incurred for ICA's performance in the region are reasonable.

Additionally, the HMIS Governing Board will work with the ten CoC's and ICA in the coming months to develop a more thorough and comprehensive community-level activity and outcomes report and review procedures so that the CoC's can be best positioned for success in next year's HUD NOFA.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Joel Salzer', with a long horizontal flourish extending to the right.

Joel Salzer
Chair, HMIS Governing Board

Enclosure

HMIS lead agency evaluation 2019

The Policy & Prioritization Workgroup of the Minnesota statewide HMIS Governing Board is charged with overseeing an annual evaluation of performance by the HMIS lead agency / state system administrator, Institute for Community Alliances (ICA). The evaluation is comprised of three parts:

Performance matrix (appendix 1): This measures ICA completion of 12 key function areas from the annual work-plan. Ten were deemed fully completed and the remaining two were partially completed. This is on par with ten complete and two partially complete in 2018. The two partially completed areas were:

- Governance is aware of the status of deliverables listed in the HMIS Work Plan.
- Requests for one-time reports and custom report templates are satisfied.

User satisfaction survey (appendix 2): The survey's 165 respondents gave ICA an average score of 3.93 out of a possible 5 against the 20 performance rating questions.¹ Questions about ICA personnel received a slightly higher rating than other areas (average of 4.27). These ratings compare favorably to the 2018 ratings of 3.78 and 3.96 respectively (from 185 responses).²

Data quality measure (appendix 3): The average CoC data quality measure for June 2018 to May 2019 is 97.77% based on Entry/Exits for Continuum Projects active during the period the report was run, on par with 97.79% in 2018. All 10 CoCs were classified as receiving an A grade, on par with 2018.

Conclusion: On the basis of the above measures and also the full data across the three appendices, the Policy & Prioritization Workgroup concludes that ICA's performance meets the required standard for HMIS lead agency / state system administrator and recommends that they should therefore continue in this capacity.

¹ The total number of questions about ICA's performance in 2018 was 23, not 26 (as was listed in last year's report). Three questions – *"ICA has encouraged my agency to use the HMIS/SP system"*; *"[System] Response time is always adequate for my/my org needs"*; and *"The decision to hire ICA has led to noticeable improvements"* – were removed by the P&P Committee in 2019 because they were deemed not relevant to ICA's performance or because the group got feedback that they did not make sense to respondents.

² The 2018 HMIS Lead Agency Evaluation also incorrectly listed the 2018 average rating for ICA as 3.76 and the 2017 average staff rating as 3.78. Those numbers should have been reversed.

Appendix 1 – HMIS Lead Agency Output Evaluation Matrix

- This matrix is intended to:
 - Evaluate performance above and beyond threshold/compliance requirements, which are not enumerated here
 - Evaluate performance according to a manageable list of the top priorities of HMIS Governance & stakeholders
 - Supplement the HMIS Work Plan by highlighting key performance measures therein for ease of evaluation
- The performance of the HMIS Lead should be evaluated according to what can be controlled by the HMIS Lead

Category	Priority	Measures for Success	Workplan tasks	Criteria (Yes/No/Partial)	ICA Assessment	ICA Narrative
Management & Compliance	Governance is aware of the status of deliverables listed in the HMIS Work Plan.	Does the HMIS Lead provide a monthly report of issues, delays, challenges, solutions, recommendations, etc., related to the HMIS Work Plan?	16-17, 19	Y/N/P	P	This task has morphed over time as the work plan, system-level priorities, and project management process have evolved. ICA brings projects to P&P for ranking as needed but has stopped providing monthly reports to P&P as the reports were not being consistently reviewed or discussed. ICA asked for P&P's feedback on this and we agreed to shift these reports to quarterly.
	Governance is able to exercise oversight of HMIS Budget using accurate, up-to-date information	Does the HMIS Lead provide a monthly report of financial and resource expenditures, in the format agreed upon with Governance?	22	Y/N/P	Y	ICA has provided budget on a monthly basis and has worked extensively with the Chairs of the Governing Board and Finance Committee to refine the document template. The Finance Committee recently agreed to move to quarterly reports.
	Bed coverage is improved.	Does the HMIS Lead collaborate with CoCs and State Partners to encourage homeless services agencies/programs not currently entering data into HMIS to utilize the system?	24	Y/N/P	Y	Bed coverage improved by 3 percentage points between the 2018 and 2019 Housing Inventory Charts. Bed coverage has improved by about 11.4 percentage points since the 2017 HIC.
	Reports are submitted/provided in a timely fashion	Has the HMIS Lead fixed or re-created inaccurate reports	25-26	Y/N/P	Y	ICA has done significant work to improve the reliability and validity of reports, developing and implementing

	and accurately reflect data that is entered.	and subjected reports to thorough quality assurance measures, cross-checking with vendor-created reports as appropriate?				a thorough quality assurance process that includes internal testing and incorporates user feedback. A notable example of this process is the time ICA invested in gathering CoC input in the NOFA Scoring Tool Report and then testing the report.
	State funder reports, including the unduplicated state program reports, provide valid data on trends and outcomes that can inform funding decisions.	Has the HMIS Lead worked with State funders to re-envision report templates and then created those reports in HMIS?	23	Y/N/P	Y	The Core report, developed in conjunction with State partners, continues to be a key component of state reports. ICA has made updates to reports for HTA, HYA, LTH, and others, but more work is to be done to fully replace the suite of reports created by Wilder.
	Requests for one-time reports and custom report templates are satisfied.	Does the HMIS Lead respond to requests within 2 business days and fulfill requests as prioritized in conjunction with Governance?	23	Y/N/P	P	ICA fields and responds to custom report requests and one-time requests for data continuously on our Helpdesk. The report request form has been improved to ensure that reports meet stakeholder needs and requests are responded to within two weeks. Some notable one-time data requests that we have fulfilled include data for an LTH evaluation and data for LTHSSF for grantee monitoring purposes. Some notable custom reporting that we have done includes the Coordinated Entry Monitoring Report and the NOFA Scoring Tool Report.
Communications & Stakeholder Engagement	HMIS end users and stakeholders are informed about changes that will affect the HMIS.	Does the HMIS Lead publish at least monthly communications via newsletter and hmismn.org, which include updates on initiatives and changes to funder requirements, policy,	4-7	Y/N/P	Y	ICA sends a newsletter every two weeks to 1,300+ users and stakeholders with the sort of information mentioned. ICA also highlights key updates via hmismn.org and the news feature within HMIS with news articles.

	Stakeholder feedback is actively solicited and incorporated into the daily operations of the HMIS.	and software that will impact the HMIS? Does the HMIS Lead conduct quarterly stakeholder feedback meetings and/or surveys in collaboration with HMIS Governance and the CoCs to assure valuable stakeholder feedback is integrated into HMIS?	2, 4-5, 7	Y/N/P	Y	ICA gathers user feedback on a monthly basis through the Implementation Committee and HMIS user groups in several CoCs. Surveys are conducted as requested by P&P.
Systems Modifications	System functions that will improve efficiencies, workflow, data quality, performance, or outcomes are identified and implemented.	Has the HMIS Lead supported the implementation of CallPoint, Eligibility, FundManager, and XML Export functionality, according to the prioritization and timeline agreed upon with Governance?	40-41	Y/N/P	Y	ICA has been trained on and purchased all of modules/functionality mentioned. However, there is not a known interest on behalf of any CoC or State program in using CallPoint, Eligibility, or FundManager at this time. ICA would like to discuss whether this should remain a priority and whether we should be continuing to pay WellSky for this functionality.
	Coordinated entry is implemented within HMIS.	Has the HMIS Lead implemented and provided training on Coordinated Entry in HMIS – including the creation of customized assessments, reports, and priority lists for each CoC – according to the prioritization and timeline agreed upon with Governance?	38-39	Y/N/P	Y	All ten CoCs are using HMIS for Coordinated Entry. Assessments are customized by region and ICA has done extensive work to create and tweak priority list reports for individual CoCs. ICA is also heavily involved in Coordinated Entry meetings locally and statewide, including the statewide CES Workgroup and statewide CES Priority List Manager meetings. The CES Monitoring Report and accompanying dashboard allows communities to view key outcomes by different subgroups throughout the CES process.

Data Quality & Integrity	Data quality is improved.	Does the HMIS Lead produce quarterly data quality reports and education on data quality, as well as recommendations for improvement?	8-9, 12	Y/N/P	Y	ICA has recently (e.g., with System Performance Measures) sought to improve our data quality efforts by doing more direct outreach to agencies with the particular clients to address and how to do so. Quarterly data quality reports are currently on hold as ICA is undertaking a major overhaul of that process with feedback from CoCs, State homeless programs, and users.
Training	HMIS users are properly utilizing capabilities of HMIS beyond mandated reporting and data entry	Has the HMIS Lead implemented and provided new user, refresher and customized trainings according to the prioritization and timeline agreed upon with Governance?	43-45	Y/N/P	Y	ICA has made some relatively minor updates to the New User Training process. ICA has also ramped up in-person and webinar-based trainings for pilot projects and new initiatives. User Groups, which provide a good opportunity for in-person or virtual training and technical assistance, are being adopted in nearly all CoCs as of late 2019.

Appendix 2 – HMIS User Survey Results

Number of responses: 165

**Percentages may not add up to 100% in some categories due to rounding

Survey Respondent Information

1. What categories best describe your agency? (check all that apply)
2. What is your position at this agency?
3. How does HMIS relate to your position? (select all that apply)
4. Are you the only staff member at your agency that enters HMIS data?

Yes: 14% No: 76% N/A – I do not enter HMIS data: 10%

5. Which CoC(s) do you serve?

Duluth/St. Louis County	14
Minneapolis/Hennepin County	37
Moorhead/West Central Minnesota	9
Northeast	10
Northwest	9
Rochester/Southeast Minnesota	12
St. Paul/Ramsey County	22
Suburban Metro	8
Southwest	13
St. Cloud/Central	12
Multiple CoCs	19

6. Email address (optional) - Please let us know how to contact you by email if you are willing to have us follow up on your responses.

81 provided an email address (49%)

General Statement of Service Provided by the Lead Agency, ICA

7. ICA has helped my agency by supporting and training on the utilization of enhanced/custom system functions.

Average: 3.7

N/A	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
13%	3%	10%	23%	30%	21%

8. ICA has helped my agency improve the quality of our service.

Average: 3.6

N/A	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
6%	4%	7%	28%	33%	21%

9. ICA has helped my agency gain efficiencies.

Average: 3.6

N/A	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
9%	5%	8%	27%	30%	21%

10. ICA has helped my agency reduce duplication of data entry.

Average: 3.5

N/A	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
12%	7%	13%	22%	26%	21%

11. HMIS benefits the work we do.

Average: 3.9

N/A	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
2%	3%	9%	18%	30%	38%

12. Current HMIS reports are useful for tracking outcomes and trends for my clients.

Average: 3.7

N/A	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
9%	1%	13%	22%	32%	22%

13. General comments on service provided by ICA (optional). **See comments**

14. I trust in ICA's ability to bring about continued improvements related to HMIS.

Average: 4.1

N/A	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
3%	1%	4%	16%	36%	40%

15. Comments (optional). **See comments**

HMIS User Experience

16. Do you have an HMIS username/login?

Yes: 155 (94%)

No: 10 (6%)

17. How long have you been an HMIS user?

Less than 1 year	1-3 years	3-5 years	5+ years
13%	33%	19%	35%

18. How often do you log into the HMIS system?

Daily/multiple times per week	Once per week/multiple times per month	Monthly or less often
59%	27%	14%

19. Do you have System Administration (LSA, SA, Admin) privileges in HMIS?

Yes: 15%

No: 85%

20. Where do you struggle the most with HMIS? **See comments**

21. What has helped you better understand HMIS? **See comments**

22. What HMIS practices would you recommend for other users? **See comments**

23. How do you use HMIS data within your agency outside of funder requirements? **See comments**

24. Would you be interested in attending an End User Group for ongoing HMIS support?

Yes: 27%

No: 31%

Maybe: 42%

25. Keeping data up-to-date in the system is important.

Average: 4.7

1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
< 1%	1%	3%	14%	82%

26. When I have a question about the HMIS system, I know where to go to find an answer.

Average: 4.2

1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
1%	3%	11%	26%	60%

Training

Recent Training Experience with ICA

27. Have you participated in any training provided by ICA?

Yes: 132 (80%)

No: 33 (20%)

In-person Training

28. Have you attended an in-person training session?

Yes: 69 (52%)

No: 63 (48%)

29. What training did you attend? **See comments**

30. In general, how would you rate the training content?

Average: 4.2

1 (Poor)	2	3	4	5 (Excellent)
0%	6%	12%	43%	39%

31. In general, how would you rate the length of the training?

Average: 3.5

1 (Too short)	2	3	4	5 (Too long)
1%	10%	41%	32%	16%

32. Please add anything you would like to say about the training. **See comments**

Recorded Training

33. Have you watched a recorded training session?

Yes: 107 (81%)

No: 25 (19%)

34. What training did you attend? **See comments**

35. In general, how would you rate the training content?

Average: 3.6

1 (Poor)	2	3	4	5 (Excellent)
1%	6%	22%	44%	27%

36. In general, how would you rate the length of the training?

Average: 3.6

1 (Too short)	2	3	4	5 (Too long)
1%	4%	44%	34%	18%

37. How often do you reference recorded HMIS trainings?

Average: 2.5

1 (Never)	2	3	4	5 (Often)
11%	18%	38%	21%	11%

38. Please add anything you would like to say about the training. **See comments**

General ICA Training Feedback

39. Please rate how applicable current training is to your/your agency's regular, day-to-day use of HMIS.

Average: 3.6

1 (Not at all)	2	3	4	5 (Indispensable)
3%	9%	29%	40%	19%

40. Do ICA's current HMIS training offerings meet your/your agency's needs?

Average: 3.5

1 (Not at all)	2	3	4	5 (To a great extent, yes)
2%	13%	33%	39%	14%

41. How can ICA improve training options to better meet your/your agency needs? **See comments**

42. General comments on training. **See comments**

Internal Agency Training

43. Have you participated in any internal HMIS training at your agency?

Yes: 61 (37%)

No: 104 (63%)

44. What did the internal HMIS training consist of and how useful was it in your onboarding to HMIS? **See comments**

User Aids

45. Do you use any “user aids” such as review sheets or “cheat sheets” to help you use HMIS? And/or do you use the online instructions available on the MNHMIS website?

Yes: 117 (71%)

No: 48 (29%)

46. Please tell us what you use and how helpful you find any user aids. **See comments**

47. Please rate the usefulness of the General HMIS Instructions.

Average: 4.1

I don't use them/N/A	1 (Useless)	2	3	4	5 (Really useful)
3%	1%	4%	16%	34%	42%

48. How often do you reference the General HMIS instructions?

Average: 3.2

1 (Never)	2	3	4	5 (Often)
8%	16%	37%	27%	13%

Reporting

ART Tool Evaluation

49. Do you use ART, the HMIS reporting tool, yourself or do you use reports generated through ART?

Yes: 115 (70%)

No: 50 (30%)

50. How many ART reports have you run/reviewed in the last 6 months?

None	1-3	4-6	7 or more
7%	27%	20%	47%

51. Please comment on the usefulness and effectiveness of the ART tools. **See comments.**

“Non-ART” Reporting

52. Have you run or reviewed any “non-ART” reports in the last 6 months?

Yes: 72 (44%)

No: 93 (56%)

53. How many “non-ART” reports have you run/reviewed in the last 6 months?

1-3	4-6	6 or more
46%	21%	33%

54. What tools/approaches do you use to produce these reports? **See comments**

General Reporting Evaluation

55. Please add any comments on current reporting capability in HMIS. **See comments**

ICA News Alert/Newsletter

56. Have you seen the ICA News Alert/Newsletter online or in your email?

Yes: 146 (88%)

No: 19 (12%)

57. In general, how would you rate the ICA News Alert/Newsletter in terms of its length?

Average: 3.3

1 (Too Short)	2	3	4	5 (Too long)
0%	2%	75%	19%	4%

58. In general, how would you rate the ICA News Alert/Newsletter in terms of its content?

Average: 3.8

1 (Poor)	2	3	4	5 (Excellent)
0%	6%	37%	32%	25%

59. In general, how would you rate the ICA News Alert/Newsletter for ease of finding the information you need?

Average: 3.7

1 (Poor)	2	3	4	5 (Excellent)
2%	6%	33%	36%	23%

60. In general, how would you rate the ICA News Alert/Newsletter in terms of its relevance to your work?

Average: 3.6

1 (Poor)	2	3	4	5 (Excellent)
1%	10%	33%	34%	22%

61. Please add any comments you might have about the ICA News Alert/Newsletter. **See comments**

62. How would you prefer to receive information from ICA about HMIS? **See comments**

63. How do you currently get HMIS information/news? Please select all that apply.

ICA News Alert/Newsletter	133
MN HMIS website	76
MN HMIS Knowledge Base	10
Other HMIS users/staff at my agency	44
ICA Regional System Administrator/other ICA staff	48
Communications from my funder/program	29
Communications from my CoC	61
Other*	3

* Sources noted under "Other" were Hennepin User Group, working with another agency, and webinars

ICA Staff and Helpdesk

Please rate ICA staff you have encountered in terms of:

64. Technical knowledge of HMIS

Average: 4.3

Don't know/N/A	1 (Poor)	2	3	4	5 (Excellent)
6%	1%	1%	12%	31%	49%

65. Helpfulness in answering questions regarding HMIS

Average: 4.3

Don't know/N/A	1 (Poor)	2	3	4	5 (Excellent)
5%	0%	4%	13%	30%	48%

66. Knowledge of how agencies providing homeless services operate and how HMIS fits into their work

Average: 4.2

Don't know/N/A	1 (Poor)	2	3	4	5 (Excellent)
10%	1%	4%	13%	36%	37%

67. Visibility in CoC/community

Average: 4.0

Don't know/N/A	1 (Poor)	2	3	4	5 (Excellent)
12%	1%	4%	21%	27%	35%

68. Interpersonal skills

Average: 4.4

Don't know/N/A	1 (Poor)	2	3	4	5 (Excellent)
7%	0%	1%	10%	35%	47%

69. Knowledge of reports/reporting options

Average: 4.3

Don't know/N/A	1 (Poor)	2	3	4	5 (Excellent)
13%	1%	3%	12%	27%	44%

70. Accessibility by email

Average: 4.4

Don't know/N/A	1 (Poor)	2	3	4	5 (Excellent)
7%	1%	2%	8%	27%	56%

71. Please add any comments, especially as they might relate to your desire to have accessibility by phone. **See comments**

72. Would your agency be willing to pay more for phone service? **(153 replied)**

Yes: 6 (4%) **No:** 77 (50%) **Maybe:** 70 (46%)

73. What are some ICA staff strengths you have noticed? **See comments**

74. General comments about ICA staff. **See comments**

75. Please add any comments/explanations that would help us improve service. **See comments**

Prioritization of HMIS Tasks and Projects/HMIS Annual Priorities

76. Do you want to provide input on the prioritization of HMIS tasks and projects/what the HMIS Annual Priorities should be? **43 chose to provide input**

77. If I had to choose three activities that ICA could do that would help me most, I'd say:

Add new online training content	9 (21%)
Continue working on the implementation of coordinated entry in HMIS	22 (51%)
Create more FAQ documents	10 (23%)
Create more HMIS Reference Guides	3 (7%)
Create more transparency around project/report requests and prioritization	5 (12%)
Create new recorded HMIS training material	6 (14%)
Deliver more in-person training	24 (56%)
Expand local data access and training to Local System Administrators	7 (16%)
Improve Helpdesk response time	1 (2%)
Improve the general HMIS instruction material	1 (2%)
Offer new and expanded reports	14 (33%)
Overhaul the quarterly data quality process	2 (5%)
Re-do existing online training content	7 (16%)
Take more Helpdesk calls	8 (19%)
Other	None

78. Please provide any other feedback you believe would be pertinent to the prioritization of HMIS tasks or projects.
See comments

Appendix 3 – HUD UDE data completeness 6/1/18 – 6/1/19

Grade based on count for each element. This report only pulls Entry Exits for Continuum Projects active during the period the report was run.

CoC	2018-19	2017-18	2016-17
MN-500 Hennepin	A	A	C
	97.87%	97.62%	89.36%
MN-501 Ramsey	A	A	B
	97.79%	98.53%	91.99%
MN-502 Southeast	A	A	A
	98.43%	98.31%	97.07%
MN-503 SMAC	A	A	B
	96.37%	95.95%	94.29%
MN-504 Northeast	A	A	A
	96.66%	97.81%	98.96%
MN-505 Central	A	A	A
	96.41%	98.08%	98.66%
MN-506 Northwest	A	A	A
	98.67%	98.63%	97.97%
MN-508 West Central	A	A	A
	98.01%	98.31%	98.91%
MN-509 St. Louis	A	A	A
	95.22%	96.79%	97.96%
MN-511 Southwest	A	A	A
	99.18%	99.18%	98.81%



committed to increasing the availability of education and employment opportunities in order to stabilize residents and reduce returns to homelessness. In addition, CoC collaborates with public and private organizations throughout the CoC to understand the needs of residents in permanent supportive housing (PSH). Public and private organizations attend the monthly CoC meeting and other local meetings to stay current on the needs of residents of PSH. Jobs in training programs share flyers and updates on their programs and announcements are made for job openings. Residents utilize employment services to meet their career goals and have housing stability. Career counselors create individualized plans for those who are unemployed. They receive assistance with career exploration, resume writing and mock interviews.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input checked="" type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input checked="" type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input checked="" type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input checked="" type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input checked="" type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input checked="" type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input checked="" type="checkbox"/>

3A-6. System Performance Measures 05/28/2019 Data-HDX Submission Date

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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