

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: MN-511 - Southwest Minnesota CoC

1A-2. Collaborative Applicant Name: Southwest Minnesota Housing Partnership

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Other:(limit 50 characters)		
Veteran Service Organizations	Yes	Yes
Department of Corrections	Yes	No
Employment Assistance Agencies	Yes	No

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

As the list above shows, a full range of stakeholders contribute opinions to our CoC. In addition to monthly CoC meetings, two sub-regional planning groups, also filled with a variety of stakeholders, meet quarterly. The sub-regional planning groups are made up of representatives from churches, county human services, food shelves, the Salvation Army, the CoC Coordinator, and various other agencies. Information about the CoC is shared with these groups and information and opinions from members is solicited and gathered by the CoC Coordinator. Another CoC Subcommittee, the Mental Health Governing Board, includes all human and family services representing all of our 18 counties as well as consumer stakeholders. The opinions of this group regarding the housing of those with mental health issues is gathered.

Press releases are sent each year to four area newspapers regarding our Point-in-Time Count results. Readers are encouraged to review the CoC member website and coordinated entry website (www.swmnhousinghelp.org) and to contact the CoC Coordinator with feedback.

101 area stakeholders are on the CoC's listserv and receive regular emails from this CoC Coordinator. Members are invited to contribute opinions via online surveys, open meetings, phone calls and emails on topics relevant to regional homelessness.

The CoC provides funds to cover transportation, time and child care fees to homeless or formerly homeless persons to participate in CoC meetings.

Each year, this CoC Coordinator hosts three online/phone meetings to share information and gather input from stakeholders related to regional homelessness. One meeting is for area landlords, another for school homeless liaisons, and a third for PHAs/HRAs. Participants: (1) learn more about regional homelessness via data and anecdotes, (2) learn how they can help prevent and reduce it, and (3) their opinions on the subject are solicited and gathered.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.

(limit 2,000 characters)

1.Our CoC's invitation process is three-pronged. First, the following announcement for new CoC members is advertised in the four largest newspapers in our 18-counties informing them of the work of the CoC and inviting participation:

"The Southwest Minnesota Continuum of Care is a housing and services planning group working to address homelessness in 18 counties. We track need, secure resources, and work to reduce and end homelessness in our region. The group meets monthly in Willmar and Marshall and is comprised of all community interested agencies and individuals. Our 2018 Annual Meeting will take place on Thursday January 11 from 10 a.m. to 12 p.m. at 2200 23rd St NE #2057, Willmar, MN. For further information contact Justin Vorbach: justinv@swmhp.org or visit <https://www.swmhp.org/communities-resources/continuum-of-care/>."

Second, each year, invitations are emailed to law enforcement, substance abuse service organizations, hospitals, city and county law makers, school homeless liaisons and other stakeholders. Members of these groups are invited to participate in the CoC process and assist with the PIT count. Additionally, mayors, law enforcement, city councils and PHAs/HRAs received specific emails about county-level PIT data to inform their work, and about our ever-improving coordinated entry system.

Finally, a SW MN CoC Facebook page (<https://www.facebook.com/SWMNCOC/>) was launched in 2018 and the numbers of people following the work of the CoC has been growing each month.

2.As mentioned, the invitations go out via newspaper ads, emails, and Facebook posts.

3.The newspaper ads and the invitation emails go out annually each January. The CoC's Facebook page is updated weekly.

4.At least annually, CoC members are reminded that homeless and formerly homeless people (e.g. clients) are encouraged to attend CoC meetings and that a stipend to cover time, transportation and childcare involved in meeting attendance is available.

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

On July 18, 2018, this CoC Coordinator sent the following email to the 101 people on the CoC email list:

"Please share with your networks!

Southwest Minnesota Continuum of Care 2018 Local CoC Program Competition
Call for Projects

The Southwest Minnesota Continuum of Care (MN-511) is seeking project applicants for FY 2018 funding via the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program competition. HUD released its Notice of Funding Availability (NOFA) for FY2018 Continuum of Care Program Competition (FR-600-N-25) on June 20, 2018.

The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

This Call for Projects advises all potential applicants of the general requirements that must be met in any project application for consideration of submission to HUD through the Southwest Minnesota Continuum of Care (CoC) Local Competition.

For new projects, including expansions and transition grants: New projects applications are welcome from any eligible and qualified applicant, including organizations that have not previously received CoC Program funding. E-snaps is the required online application system for the HUD CoC Program national competition.

PDF Draft applications are due by August 1, 2018 to justinv@swmhp.org.

For more detail, please review the HUD NOFA ([link](#)).

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	No
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Not Applicable
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	Not Applicable
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Mental Health Housing Program Providers	Yes
Domestic Violence Service Agencies	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

This CoC Coordinator and the CoC Continuum of Care Governing Board Chair participate in each quarterly Homeless and Hunger Task Force Meeting. On the agenda of each of these meetings is a check in on grant expenditure and performance. Among the grants discussed are all ESG grants awarded in our

CoC. These meetings provide an opportunity for the CoC to review clients served, spending rates, performance and outcomes.

When the regional ESG grant recipients go to apply to the State of Minnesota every two years to renew ESG funding, the CoC Coordinator, CoC Governing Board chair, and other CoC members have an opportunity to give input regarding proposals for the grant plans and ESG allocation decisions.

The State's competitive Request For Proposal (RFP) process for ESG funds includes representative(s) from each CoC who participate in the evaluation of ESG applications for funding. This review process, along with additional RFP meetings, provides an opportunity for meaningful CoC input in the allocation of ESG funds in each regions.

The state's Continuum of Care regions utilize their HMIS State System Administrator (Institute for Community Alliances) to collect and report annual Point in Time (PIT) and Housing Inventory Count data (HIC) for all regions in the State. In coordination with the HMIS Administrator, each CoC region provided PIT and HIC data to the State which incorporated it throughout the Consolidated Plan's Needs Assessment and Market Analysis sections. The data was also a frequent source of discussion at public Consolidated Plan hearings.

Additional local homeless information (such as market housing trends, rental and transportation barriers) was provided by CoC members through public hearings, written comments, and directly to State staff who regularly attend CoC meeting across the state.

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

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

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

As required by the Housing and Urban Development's (HUD) final rule, this CoC will require all HUD CoC & ESG grantees to adopt and implement certain protections and develop emergency transfer plan protocols that are available to all victims of domestic violence, dating violence, sexual assault and stalking, regardless of sex, gender identity or sexual orientation.

Core components of agency policy include:

- Survivors are not denied assistance as an applicant, or be evicted or have assistance terminated as a tenant, because the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, and stalking.
- The implementation of an emergency transfer plan which allows for survivors to move to another safe and available unit if they fear for their life and safety.
- Protections against denials, terminations, and evictions that directly result from being a victim of domestic violence, dating violence, sexual assault, or stalking: The prohibition of any denial, termination, or eviction that is "a direct result of the fact that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for admission, assistance, participation, or occupancy."
- A survivor need only to self-certify in order to document the domestic violence, dating violence, sexual assault, or stalking, ensuring third party documentation does not cause a barrier in a survivor expressing their rights and receiving the protections needed to keep themselves safe.

Providers will be required to notify and explain housing rights and provide a list of local domestic violence service providers to clients at program intake. The CoC will verify that applicable programs have adopted and implemented this policy on an annual basis.

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

It is this CoC's policy to annually provide training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. In 2018, the training will take place on November 8. The presenters will be a panel of Individuals who work with victims of domestic violence, dating violence, stalking, sexual assault, trafficking, and/or sexual exploitation in southeast and southwest Minnesota. Their agencies are integrated into the coordinated entry system. Topics covered will include: trauma informed care, intake & screening, Orders for Protection / Restraining Orders, support group facilitation, staff safety, client safety, client safety planning, shelter safety, and intruders.

Additionally, agencies who serve as the coordinated entry point for DV victims in this CoC, have regular trainings on best practices for serving victims of DV. Safe Avenues, which runs the southwest Minnesota shelter for victims of domestic violence, dating violence, sexual assault, and stalking, provides trainings at their Monthly Advocacy Meeting and at monthly staff meetings.

A staff representative from Safe Avenues is on this CoC's governing board and

attends monthly CoC meetings. She provides perspective from the DV service community as this CoC considers policy, procedures, written standards, and coordinated entry at these meetings. Data-driven efforts to streamline the interaction of DV agencies and general shelter and housing agencies are ongoing in this CoC.

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

The CoC has multiple data sources that it uses to assess the scope of community need related to domestic violence, dating violence, sexual assault, and stalking. First, the CoC accesses de-identified data from the private databases of the four Domestic Violence agencies in our region. Second, since April 3, 2017, 292 households in our CoC have been assessed for transitional, rapid rehousing and permanent supportive housing in this CoC. 99 of these households (34%) answered yes to the question, "Has your current period of homelessness been caused by an experience of emotional, physical, physiological, sexual, or other type of abuse, or by any other trauma you have experienced?" Of these 99 households, 58 are households with children and 116 children were represented in these households. Third, the CoC accesses the 2018 MN Coalition for Battered Women Point in Time Safe Housing Survey, where de-identified data show that on January 24, 2018, 55 persons in this CoC were counted as attempting to flee domestic violence, dating violence, sexual assault, and stalking. 55% of these people were people trapped at home with their abuser while 45% were doubled up with friends or family. Finally, the CoC's HMIS has a Project Demographics Report that can be run at any time for one, multiple or all CoC Projects. This report provides number of clients who have suffered domestic violence, how long ago the DV occurred, and gender and age of DV victims. From July 2017 through June 2018, this report shows that this CoC served 224 victims of domestic violence.

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

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

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

**1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**

**(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)**

- 1.This CoC is currently serving 83 domestic violence survivors in this geographic area.
- 2.HMIS was used as the data source for this count.
- 3.How the CoC Collected the data: the HMIS report used pulls in domestic violence data from all emergency shelter, homelessness prevention, permanent housing, safe haven, services only, street outreach, and transitional housing project types within the CoC. Based on data element 4.11, 83 persons indicated that they were a Domestic Violence Victim/Survivor. The report was pulled for the night of the 2018 PIT: January 24, 2018. All clients are given the option to have data entered in HMIS anonymously, so only de-identified personal data is collected and stored.

1C-4c. Applicants must describe:

**(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)**

- 1.87 DV survivors need housing or services in the CoC's geographic area;
- 2.HMIS was used as the data source for this count.
- 3.This number reflects the 83 persons currently served and adds HMIS data on domestic violence from the CoC's Coordinated Entry system. Specifically, the CoC collects the following question of all Coordinated Entry participants: "Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?." 1 households with at least 4 members responded in the affirmative. As with question 1C-4b, the report used to generate Coordinated Entry data was pulled for the night of the 2018 PIT: January 24, 2018.

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

**(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)**

- 1.The unmet need for housing and services for DV survivors in this CoC is significant. The CoC is serving DV survivors in ES, TH, RRH and PSH on an ongoing basis. With only one 12-bed DV emergency shelter in the CoC, victims of domestic violence often must resort to using less secure ways to help themselves and their children out of abusive living situations. Non-shelter solutions include very short-term hotel vouchers and doubling up with family or friends. And there is no DV-specific transitional housing in this CoC. According to the Minnesota Coalition for Battered Women Survey data, more than half of

victims stay with abusers. This shortage of shelter is combined with a bottleneck at the point of moving clients from fleeing DV into safe, supportive, independent rapid rehousing.

2.The unmet need for housing and services is quantified as follows:

a.As of this writing (September 11, 2018), the CoC is housing nine women and one child who have suffered domestic violence. These ten are those in mainstream shelter and transitional housing programs.

b.In addition to them are those in the 12-bed DV shelter in our largest city and those using DV hotel vouchers.

c.Additionally, Minnesota Coalition for Battered Women evidence shows that on any given night in our CoC, 30 adults are staying with their abusers due to not having a place to go, and 24 are doubled-up with family or friends.

3.Data used to quantify the unmet housing and service needs of DV survivors comes from:

a.De-identified data from each DV program's data bases.

b.De-identified data in HMIS which clients in general CoC ES and TH have agreed to share, either identified or anonymous.

c.Coordinated Entry Data in HMIS taken from standardized assessments, and

d.the 2018 MN Coalition for Battered Women Point in Time Safe Housing Survey.

4.Unmet need for housing and services for DV survivors in this CoC is real, as evidenced by all the data sources listed in #3 above taken separately, or taken together. The evidence suggests:

a.DV Victims are doubling up and staying with abusers due to a shortage of shelter.

b.This shelter shortage is caused in part by a shortage of Rapid Rehousing vacancies that sheltered victims can exit to.

The addition of six RRH units in this CoC via a DV RRH Bonus Project would help dozens of adult and child victims escape abuse and move into safe, stable, independent housing.

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

This CoC's DV Bonus project being applied for will address the unmet needs of domestic violence survivors by making available RRH and Services to domestic violence survivors in this region. Through collaboration with Domestic Violence agencies in this CoC, the scattered-site RRH will be available in any of our 18 counties, allowing it to best respond to highest-priority needs that arise from the Coordinated Entry Assessment Process. Rental assistance for a total of six units will be available. The budget is designed for three one-bedroom units and three two-bedroom units, to accommodate both individuals and parents with children. The budget will also allow for a 0.5 FTE Case Manager to help clients connect to housing units, health care, education, employment, etc.

This CoC only has one emergency shelter which serves those fleeing domestic violence. Given the vast geography of the CoC, this, shelter can be a 2.5 hour drive from some parts of this CoC. For those who cannot get to the shelter, emergency hotel vouchers can be available, but budgets only allow for a few nights of this kind of shelter. According to the 2018 MN Coalition for Battered Women Point in Time Safe Housing Survey, de-identified data show that on January 24, 2018, 55 person in this CoC were counted that night as attempting

to flee domestic violence, dating violence, sexual assault, and stalking. 55% of these people were people trapped at home with their abuser while 45% were doubled up.

The DV bonus being applied for will mean that six households at a time will no longer need to remain with an abuser or in a shelter situation that does not allow them the necessary time to transfer to stability and independence needed for better physical health, mental health, school and employment outcomes. These households will not have to choose between staying in abuse or fleeing into homelessness. Instead they will be placed in housing where they can transfer in place to permanent housing.

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

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

United Community Action Partnership (UCAP) is the agency applying for a DV Bonus Project. UCAP operates seven shelter programs, two transitional housing programs, four rapid rehousing programs, and five permanent supportive housing programs. In calendar year 2017, UCAP served 97 people who reported that they were victims/survivors of DV.

1. Of those 97, 63 exited the program. Of those that left, the rate of placement in permanent housing was 79.4% (50 of 63 leavers exited to a permanent destination).

2. Of the 50 leavers who exited to permanent housing in CY2017, the rate of housing retention was 96% (only 2 of 50 leavers who exited to permanent housing returned to homelessness by 6/30/18, as captured in HMIS).

3. By the end of CY2018, UCAP will be adopting and implementing certain protections and developing emergency transfer plan protocols that are available to all victims of domestic violence, dating violence, sexual assault and stalking, regardless of sex, gender identity or sexual orientation. Staff supporting clients in this DV-specific RRH project, both at UCAP and supporting DV agencies, will continue to receive training in staff safety, client safety, client safety planning, shelter safety, and intruders, trauma informed care, intake/screening process, Orders for Protection/Restraining Orders, support group facilitation, etc.

4. The project applicant addresses multiple barriers faced by DV survivors by being a partnership of UCAP and the following Domestic Violence Service agencies which together serve our CoC's entire 12,000 square mile geographic area: Safe Avenues, Women's Rural Advocacy Program, Southwest Crisis Center, and the McLeod Alliance for Victims of Domestic Violence. Staff from UCAP and these agencies will work together to: (1) find secure scattered-site units for clients, (2) connect clients to needed services, such as legal aid, mental health care, law enforcement assistance, transportation, food, employment, school, and other relevant resources, (3) provide ongoing support to promote housing stability, recovery, safety, and success.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
City of Worthington MN HRA	11.00%	Yes-HCV	No
Kandiyohi County MN HRA	17.00%	No	No
City of Montevideo MN HRA	12.00%	Yes-Public Housing	No
City of Hutchinson MN HRA	25.00%	No	No
Renville County MN HRA	50.00%	No	No

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

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

Each year, the CoC coordinator sends an email to all regional PHAs/HRAs that includes:

- (1) County level PIT data to show them the scope of homelessness in the counties they serve;
- (2) A copy of USICH's 2013 "PHA Guidebook to Ending Homelessness;"
- (3) A reminder of which CoC PHAs/HRAs offer a homelessness admission preference.

Also annually, the CoC coordinator offers an online/phone training to PHA/HRA administrators regarding: An overview of the CoC, Coordinated Entry procedures, statistics on CoC homelessness, and the "PHA Guidebook on Ending Homelessness," and a reminder that some PHAs/HRAs in our region have written policy that given admission preference to those experiencing homelessness. PHAs and HRAs are given a copy of the written policy to use as an example and template.

Every month this CoC Coordinator reaches out to all regional PHAs and HRAs asking for vacancy information to disseminate to the CoC 100+ member email list. This email reminds PHAs and HRAs of the ongoing homelessness in our counties and how our collaboration helps prevent and end homelessness.

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

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

This CoC has taken the following steps to address the needs of LGBT individuals and their families:

- 1.This CoC has been communicating with the True Colors Fund, an nonprofit organization co-founded by Cyndi Lauper in 2008 to educate people regarding lesbian, gay, bisexual, and transgender issues and end LGBT youth homelessness. On October 17, 2018, a webinar will be presented by True Colors to all area executive directors of regional agencies who interact with those experiencing homelessness. True Colors has agreed to provide agencies in SW Minnesota with FREE assessments which involve brief surveys of agency directors and clients, and more in-depth surveys of service staff. The assessments help service providers be aware of their current level of LGBTQ-inclusive and affirming practices and provide recommendations and technical assistance for making improvements.
- 2.The CoC Coordinator is working with the True Colors fund to present a breakout session at a day-long training conference to be hosted by the SW and SE MN CoCs on November 8, 2018. The session would address best practices in serving those experiencing homelessness who are LGBTQ.
- 3.The CoC coordinator meets annually with the regional director of the Parents and Friends of Lesbians and Gays (PFLAG) group to discuss the intersection of the LGBT community and homelessness in our region.
- 4.The CoC holds an annual training regarding the implementation of the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identity Equal Access to Housing, Final Rule.
- 5.The CoC has adopted an anti-discrimination policy that incorporates this rule along with non-discrimination based on classes protected by state and federal law.

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

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

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

Engaged/educated local policymakers:	<input type="checkbox"/>
Engaged/educated law enforcement:	<input type="checkbox"/>
Engaged/educated local business leaders:	<input type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
Minimizing Unsheltered Households (0)	<input checked="" type="checkbox"/>
Landlord Engagement	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

(1) The CoC has a coordinated entry system that covers all 12,000 square miles and 18 counties of the CoC's geographic area. The CoC offers a 211 number which is staffed 24 hours a day where people can call and be directed to the intake point for their county based on their situation (e.g. facing homelessness or imminent homelessness due to domestic violence, foreclosure, youth facing homelessness, or all others). This information is also advertised on a user-friendly website (www.swmnhousinghelp.org) where a maps allows clients to click on their county and find the appropriate entry point. The 211 and website is advertised at food shelves, county human and family services, laundromats, thrift stores, police stations, community action agencies in all 18 of the CoC's counties.

(2) CoC data shows that the growing Hispanic, Hmong and Somali populations in our region are least likely to apply for homelessness assistance in the absence of special outreach. Therefore, the CoC's Coordinated Entry System is advertised in English, Spanish, Somali and Hmong. The CoC has staff available to speak these languages to do intake and assessment.

(3) The CoC's Assessment Tool, the VI-SPDAT, prioritizes people who are unsheltered, have the longest lengths of homelessness, are medically vulnerable, have law enforcement involvement or legal issues, have a physical or mental disability, are fleeing domestic violence, have the lowest incomes, and/or have chemical dependency issues. Those facing the most of these challenges are prioritized for housing and supportive services. Our average length of time homeless for those in ES and SH is 18 days.

4. Our assessment tools, the VI-SPDAT for Singles, the VI-SPDAT for Families, and the VI-SPDAT for Youth, are attached.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

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

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1. During the project ranking process, the CoC considers: (1) % of beds dedicated to the chronically homeless; (2) % of units for HH with children and (3) use of a Housing First model.

2. Projects can receive up to 150 on the CoC ranking scoring sheet. Up to 15 points can be earned for % of beds dedicated to the chronically homeless, up to 15 can also be earned for % of units for households with children, and up to 10 points can be earned for use of a housing first model.

In October of 2018, the CoC Project Ranking and review committee will be reevaluating this CoCs Project Ranking Scoring Form. The following criteria will be considered for upgrading the scoring sheet:

- 1. Number of Participant Physical and Mental Health Conditions at Start.
- 2. Average household score on Vulnerability Index – Service Prioritization Decision Assistance Tools of clients served. A household's score on this assessment is based on length of time of homelessness, criminal history, lack of income, physical health, mental health, abuse/victimization history, sexual

assault history, developmental disability, and substance abuse history.
3.A specific method for evaluating projects submitted by victim service providers.

The goal is to adjust for programs which may score lower in percent of participant adults increasing employment income due to serving clients with the most disabilities. This CoC will reevaluate the Project Ranking Scoring Form as soon as possible after the FY2018 Competition ends so that grantees will know as early as possible the ranking scoring criteria for the FY2019 Competition.

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

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

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

Reallocation: No

**1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)**

Each year, the CoC Actively reviews performance of existing CoC Program-funded projects on the following performance measures and other criteria:

1. Percentage of households who maintain permanent housing for greater than six months or exit transitional housing for permanent housing.
2. Percentage of adults who increased income from employment.
3. Percentage of adults who increased income from employment.
4. Percentage of adults who increase income from sources other than employment.
5. Percentage of participants who obtain mainstream benefits.
6. Percentage of grant funds spent.
7. Frequency of drawdowns.
8. Percentage of beds dedicated for chronically homeless persons.
9. Percentage of potential Units for households with children.
10. Use of a housing first model
11. Percentage of project costs used for administration.
12. HMIS data quality in universal data elements.

Additionally, every two years HUD CoC Program-funded projects receive a site visit from the CoC's Project Performance and Review Committee. Site visits include file reviews and simulate a site visit from a HUD field office representative.

All collected information is considered in making decisions regarding reallocation.
Since FY2014, this CoC has reallocated \$40,490 in funding.

In 2014, \$18,490 was moved from a services-only grant to a PSH Rental Assistance Grant. In 2016, \$11,000 was moved from an underused PSH grant to add RRH rental assistance. More RRH rental assistance was added in 2017 when \$9,000 was moved from an HMIS grant and \$2000 from the service budget of a PSH grant.

Since 2014, the CoC's PIT count has dropped from 180 to 65, a 64% reduction.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

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

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

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	49	12	30	81.08%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	35	0	34	97.14%
Rapid Re-Housing (RRH) beds	74	0	74	100.00%
Permanent Supportive Housing (PSH) beds	185	0	185	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

The CoC has full coverage for its RRH and PSH beds, and 97% coverage for its TH beds. 30 of 37 (81%) of non-HMIS beds are covered in HMIS, including all HUD ESG beds. Of the seven beds not covered in HMIS, six belong to a church shelter program called Family Promise of Kandiyohi County (FPKC), an affiliate of the national Family Promise program. Family Promise uses its own non-HMIS database at all of its affiliates. It is software that manages both client data and donation data. In January of 2018, this CoC Coordinator went to the Family Promise of Kandiyohi County Board Meeting with the goal of getting them to start using HMIS for client data. I made this case to the board:

- 1.Using HMIS would allow FPKC to see statewide shared client data, which would allow them to see client case histories prior to service.
- 2.FPKC would not have to enter client data for those already in the HMIS system.
- 3.Participation in Coordinated Entry would be easier as client data could be shared and referrals to the priority list would be easier.
- 4.Referrals to TH, RRH, and PSH programs would be easier, and many of their clients move to HMIS-based programs.
- 5.HMIS User Licenses would be free as I had received a grant from the National Association of Realtors to cover the license fees of every HMIS user in our CoC.
- 6.Other Family Promise Affiliates in Minnesota were successfully using HMIS and recommended it. I shared this email from Sue Peterson, the case manager at Family Promise in Anoka County Minnesota: "I am the case manager for Family Promise and the individual who puts all the data into HMIS for our program. Using HMIS has many benefits for both the Family Promise program and the families we serve."

Despite making a strong case for switching to HMIS, the FPKC Board declined to use HMIS. I will go back to them again in the next few months and try again to get them to switch to using HMIS for client data.

**2A-6. AHAR Shells Submission: How many 12
 2017 Annual Housing Assessment Report
 (AHAR) tables shells did HUD accept?**

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

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

Instructions:

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

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

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/23/2018

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

Instructions:

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

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

The changes from 2017 to 2018 in this CoC's sheltered PIT count implementation were minimal. First, the updated HUD 2017 data standards, which included additional gender options and new specific DV questions, were incorporated. Second, the household composition description choices were simplified in the non-HMIS questionnaire, and the non-HMIS questionnaire was offered in two formats, one with sequential questions and with more of a grid format, which offered user-friendly options based on assessor preference. Finally, our ES HMIS bed coverage went from 67% to 81% and our TH HMIS bed coverage went down from 100% to 97%. All of these minor changes combined to realize better HMIS-based and non-HMIS data in our 2018 sheltered PIT. These changes helped to provide data with more accuracy and specificity.

Otherwise, there were no significant changes to PIT count implementation, methodology, and data quality from 2016 to 2017. The CoC again did the following:

- 1.Worked closely with the state HMIS System Administrator to define, well in advance of the PIT, clear roles, responsibilities and timelines.
- 2.Clearly trained all ES and TH PIT leads, HMIS users, School Homeless Liaison, and volunteers.
- 3.Offered veterans the opportunity to be entered into the Minnesota Homeless Veteran Registry in conjunction with the PIT count.
- 4.Incorporated non-HMIS data from DV shelters and one church shelter using both paper forms. De-identified data was entered into an online form for analysis.
- 5.Made sure data was clean and complete before finalized.
- 6.Continued to have the best HMIS data quality of all 10 Minnesota CoCs.
- 7.The CoC continued to engage with all DV shelter programs and non-HMIS shelter programs to collect data on all sheltered and TH homelessness.

**2C-2. Did your CoC change its provider No
coverage in the 2018 sheltered count?**

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

(1)

There are two homeless youth specific programs in our CoC: (1) Lutheran Social Services (LSS) Homeless Youth Programs and United Community Action Agency's Homeless Youth Act program. Both are represented on our CoC Governing Board and act as entry points for homeless youth in our Coordinated Entry Program.

Both contributed to the planning of our PIT.

(2)

The CoC did the following to collect homeless youth information not captured in HMIS and in locations where youth experiencing homelessness are most likely to be identified : (1) LSS engaged in their street outreach at parks and malls in the largest city in our CoC; (2) all school homeless liaisons, county social workers and law enforcement were engaged in the PIT count across the CoC's entire geography; and (3) intake points for non-HMIS service-based count included the Nobles County Integration Collaborative, a program that focuses on serving youth of diverse cultural backgrounds.

(3)

CoC involved youth experiencing homelessness were involved in counting during the 2018 PIT as follows. The Lutheran Social Services Youth Programs street outreach team is informed by current clients about where homeless youth can be found in the region. Also, on our Governing Board is a formerly-homeless woman who was homeless as a youth and is served by the LSS Homeless Youth Programs. She was able to offer insight to the CoC regarding finding and engaging with regional homeless youth.

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

(1) individuals and families experiencing chronic homelessness;

(2) families with children experiencing homelessness; and

(3) Veterans experiencing homelessness.

(limit 2,000 characters)

In 2018, this CoC was for the first time able to use HMIS-based CE assessment data in the PIT Count. All experiencing homelessness and seeking TH, RRH, and PSH assistance have gone through a standardized assessment (Vulnerability Index - Service Prioritization Decision Assistance Tool) and supplemental questions which, among many data points, collected in-depth information about homelessness history and chronicity, family composition and veteran status. Through a combination of this rigorous assessment combined with weekly HMIS data and Priority List updates, this CoC was better able to count these three sub-populations.

While improving these sub-population counts through HMIS-based coordinated entry, this CoC also continued PIT count procedures which have proven successful in identifying these subpopulations. Every possible agency that might engage with these populations was trained and participated in the count: law enforcement, food shelves, school homeless liaisons, county social workers, DV agencies, community action agencies, homeless youth agencies, Veteran Service agencies, churches, etc. For all households engaged, questions were asked and data was carefully collected and analyzed regarding homelessness chronicity, family make-up, and Veteran status.

While confident that a thorough count was done over the CoC's entire

geography, our results have been very positive.

1. This CoC did not find any chronically homeless persons in its 2017 and 2018 Count. In July of 2018, this CoC submitted paperwork to the USICH to show achievement in ending chronic homelessness.

2. The number of PIT-count children under 18 experiencing homelessness dropped 43% from 2017 to 2018, going from 40 down to 23.

3. In 2017, this CoC was recognized by the USICH as having ended Veteran homelessness, the first MN CoC to do so. The 2017 PIT count found only two homeless veterans, both in TH. The 2018 PIT Count found only one veteran, also in TH.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	459
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3A-1a. Applicants must:

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

1. Processes used to identify risk factors for first-time homelessness include information gathering with hospitals, foster care, mental health and corrections to identify who is being discharged to homelessness and why, and having MN's Homeless Prevention and Assistance Program (HPAP = \$239,000/year in CoC) providers on the CoC's governing board and providing data on causes of housing crises. The HPAP program covers the CoC's entire geography. Data from the HPAP grant is reviewed and discussed quarterly at the CoC's Homeless and Hunger Task Force CoC subcommittee meeting. This CoC Coordinator and the CoC Governing Board chair attend these meetings.

2. Prevention is done first by advertising that the CoC's Coordinated Entry System is for both those at risk of becoming homeless and those already experiencing homelessness. Both prevention and assistance resources are placed within each coordinated entry points and a common diversion/problem solving and prevention assessment is used at these coordinated entry points. Law enforcement, schools, workforce centers, DV programs, mental health programs, substance abuse programs in addition to housing resource programs, all direct those at risk for homelessness to the CoC's Coordinated Entry points so homelessness is prevented whenever possible.

3. This CoC Coordinator, working closely with the Homeless Prevention Assistance Program grantee contact (the Family Services Director at United Community Action Partnership), is responsible for reducing first-time homelessness in this CoC's entire geography.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must: **(1) provide the average length of time individuals and persons in families**

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

1.The FY2017 PIT data shows the average length of time individuals and persons in families remained homeless is 24 nights for ES and SH and 65 nights for ES, SH and TH.

2.The CoC's strategy to reduce the length-of-time individuals and families remain homeless includes: having a well-advertised Coordinated Entry system that covers the CoC's entire geography; using Housing First for all Rapid Rehousing and Permanent Supportive Housing Programs which helps to minimize barriers and delays to accessing PSH; using a common assessment tool; prioritizing our Chronic and Family PSH programs in the CoC's ranking process; providing presentations to area landlords, PHA/HRAs, and School Homeless Liaisons about CoC resources and Coordinated Entry; having a CoC-wide non-discrimination policy; providing ongoing Coordinated Entry, HMIS, Domestic Violence, Trauma-Informed Care, and non-discrimination trainings to CoC staff to maximize Coordinated Entry efficiency; continually monitoring grant performance and considering reallocation of funds based on performance and need data; and effectively using diversion/problem solving, RRH and PSH.

3.This CoC identifies individuals and persons in families with the longest lengths of time homeless through its common assessment tool and process (the Vulnerability Index – Service Prioritization Decision Assistance Tool combined with local supplemental questions) and stores assessment data in HMIS. Priority Lists, showing length of time homeless, are pulled from HMIS at least weekly and reviewed by case managers.

4.This CoC Coordinator, working in consultation with the CoC / Coordinated Entry Governing Board, is responsible for the strategy to rapidly rehouse individuals and families with children and to reduce the length of time individuals and families remain homeless.

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

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	66%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	89%
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3A-3a. Applicants must:

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

(limit 2,000 characters)

1.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 include: continuing to use this System Performance Measure as a factor on our project ranking scoring form; continuing to reallocate money from underperforming grants to fund more and higher-performing PSH grants; employing high-performing case managers who are trained in HMIS, diversion/problem solving, best-practices in serving the DV community, trauma-informed care, housing first, the CoC's non-discrimination policy, and employment and income resources; continuing to improve our Coordinated Entry system so as to match clients with the most appropriate housing outcomes; continuing to increase HMIS bed coverage to increase Coordinated Entry System efficiency, and continuing to present to and build relationships with landlords, PHAs/HRAs, and school homeless liaisons about the CoC and Coordinated Entry.

2.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, includes: continuing to work with PHA/HRAs, and landlords/property managers so as to know of all potential vacancies; continuing to employ and train competent, well-trained case managers who are informed of community resources and can assist clients finding employment, unearned income, and all relevant health and community resources to maximize their housing stability.

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

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

3A-4a. Applicants must:

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

(limit 2,000 characters)

1.The CoC identifies common factors of individuals and persons in families who return to homelessness via the HMIS ServicePoint 054 Returns to Homelessness Report described here: <https://hmismn.org/wp-content/uploads/Returns-to-Hmls-Quick-Guide-v4.pdf>. Annual Performance Reports, which are reviewed by this CoC before submission, also inform the CoC of clients returning to homelessness. Our projects are small enough that when we see that a client has returned to homelessness, we can talk to the client's case manager about what happened. The CoC also monitors the Coordinated Entry Priority List at least weekly and flags clients who have returned to homelessness and is able to collect data on the factors that led to the return.

2.The CoC's strategy to reduce the rate of additional returns to homelessness: using project level return to homelessness HMIS report data in ranking and considering projects for technical assistance and/or reallocation, continuing to fund and use high-performing, well-trained case managers and provide ongoing training for them; having staff continue to assist clients finding employment, unearned income, transportation and all relevant health and community resources to maximize their housing stability; continuing to improve our Coordinated Entry system so as to match clients with housing outcomes where they will be most successful; continue to use statewide HMIS data sharing to best tract returns to homelessness; ongoing recruitment and training of landlords to minimize evictions and maximize collaboration.

3.The CoC Coordinator, working with the CoC's Governing Board, is responsible for overseeing the CoC's strategy for reducing returns to homelessness.

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

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

(limit 2,000 characters)

1.The CoC's strategy to increase access to employment and non-employment cash sources includes: all CoC-funded grantees continuing to consult with clients upon entry regarding income and helping them to form a plan to increase income; having case managers, in conjunction with county family and human service social workers, assist clients in applying for any potential cash benefits, such as Minnesota General Assistance or the Minnesota Family Investment Program (Minnesota's Temporary Assistance for Needy Families equivalent) or in accessing disability insurance, pension, child support, health insurance, or alimony; having staff trained in SSI/SSDI Outreach, Access and Recovery (SOAR) help clients apply for social security benefits (those not-trained refer these clients to the CoC agencies that can assist with Social Security applications).

2.This CoC works with mainstream employment organizations to help individuals and families increase their cash income through the follow means: Providing links to where all SOAR training opportunities are available online, referring veterans are referred to Veteran Service Officers and agencies re: veteran pensions, having Minnesota Work Force Center staff attend CoC meetings and annually provide each year provide presentation to the CoC about best practices in helping clients achieve employment and/or mainstream benefits.

3.The CoC Coordinator, working with the CoC's Governing Board, is responsible for overseeing the CoC's strategy for reducing returns to homelessness.

3A-6. System Performance Measures Data 05/30/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

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

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

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

Total number of beds dedicated as DedicatedPLUS	124
Total number of beds dedicated to individuals and families experiencing chronic homelessness	48
Total	172

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

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

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

3B-2.2. Applicants must:

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

1.The CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless includes: having the CoC's coordinated entry (CE) points be community action agencies where staff have access to CoC, ESG and state homelessness assistance; having the CoC's CE system use prevention, diversion/problem solving whenever possible; having all TH, RRH, and PSH programs use a "housing first" approach; building relationships with landlords via an annual presentation and case by case interaction in order to increase willingness to rent scattered-site program units to CoC clients; prioritizing in our project ranking process higher-performing projects and programs that have units for families; receiving and disseminating information regarding monthly from area PHAs/HRAs and property managers with affordable and income-based units;

2.The CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends as follows: before assistance ends, having case managers work with clients on budgeting, goal setting, conflict resolution and tenant skills; having case managers connect clients to all available benefits and resources including county social workers and mental health care; and making sure that clients are on waiting lists for public housing and Section 8 vouchers as soon as possible.

3.The CoC Coordinator, working with the CoC's Governing Board, is responsible for overseeing the CoC's strategy for reducing returns to homelessness.

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

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

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

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

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

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

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

1.The CoC's strategy to increase housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding, include:
a.monitoring the performance and doing a site visit of the CoC's \$100,306 per year rental assistance and services HUD grant for youth (which is performing very well);
b.continuing to monitor the performance of the CoC's \$174,400 per year (a \$4,400 increase over FY2017) in Homeless Youth Act funding which is used by two agencies for street outreach, emergency shelter, and supportive housing;
c.regular communication and collaboration with county foster care social workers, to ensure that youth are not discharged from foster care into homelessness;
d.communication, collaboration and annual training of the CoC's 56 School Homeless Liaisons to ensure that they are aware of the CoC's Coordinated

Entry System and resources;
e.ongoing training and relationship-building with regional landlords which will increase their willingness to accepted homeless youth and rental assistance programs in their units;
f.Applying to two foundations to receive Landlord Risk Mitigation Funds to also increase landlords willingness to rent to youth in this CoC's scattered-site rental assistance with services projects, and
g.Working with "Open Your Heart to the Hungry and Homeless" regarding possible new funds to help homeless youth in our region to move out of homelessness.
2.The CoC's strategy to increase availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources includes those mentioned in section one above. This CoC's unsheltered youth homeless population is at functional zero. Despite thorough PIT counts that engage law enforcement, street outreach, school homeless liaisons, and county social workers, the CoC has only counted unsheltered homeless youth as follows in the last four PIT counts: Zero in both 2015 and 2016, one in 2017 and zero in 2018.

3B-2.6a. Applicants must:

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

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

**(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)**

1.This CoC uses its HMIS-based Coordinated Entry Priority List Report to measure the success of housing and serving all youth experiencing homelessness in our CoC. On at least a weekly basis, the CoC coordinator runs the Priority List report which provides data on all those in the CoC seeking transitional housing, rapid rehousing and permanent supportive housing. The list can be sorted by head of household age. All those heads of household under 24 have been assessed using the Youth Vulnerability Index - Service Prioritization Decision Assistance Tool. The list is circulated among all housing programs and every effort is made to house those with the highest vulnerability.
2.By monitoring in real time the number of youth-headed households in need of housing in the CoC, we are able to calculate the effectiveness of our strategies.
3.This measure is an appropriate way to determine the effectiveness of the CoC's strategies to provide the best response to the needs of homeless youth in our region. The list enables the CoC to track trends in the number of youth-headed households experiencing homelessness and needing housing and services by day, week, month, and year. It shows data sorted by which of the CoC's 18 counties are the households first, second and third choice for housing. Data regarding head-of-household age, family county, number of adult family members, number of youth family members, gender, income, disability, homelessness history, criminal history, disability and vulnerability index score can be tracked and sorted to allow for data-driven decisions on resource allocation to best serve our regions homeless youth and keep the number of youth-led households on our Priority List at or near zero.

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

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

1 – 3. This CoC and state and local education agencies have a history of strong collaboration in these areas: training, networking, and data sharing. CoC members and school homeless liaisons are trained in the federal McKinney-Vento Act in identifying homeless youth and families when screening during both Coordinated Entry Intake and school enrollment. This helps both parties collaborate in the best interest of the education of local homeless youth. Annual trainings are offered to local school homeless liaisons by the CoC and, in some years, the SEA. Additionally, the CoC Coordinator forwards to the CoCs School Homeless Liaisons (via email) online training opportunities offered by the National Center for Homeless Education (NCHE). The SEA encourages McKinney Vento homeless school liaisons to attend and participate in local homeless and housing meetings conducted by this Continuum of Care. Examples of data collaboration include: training McKinney Vento homeless liaisons on the Point in Time count, and providing homeless data to LEAs by county, CoC region, as well as by local education agency. A Minnesota Department of Education representative participates in a monthly Minnesota Heading Home Alliance meeting which is attended by this CoC Coordinator.

4. This CoC does not have any formal written partnerships with youth education providers, State Education Agency (SEA) Local Education Agencies (LEAs) or school districts. However, our CoC Policies and Procedures state that

“All homeless assistance projects within the SW MN COC region that serve households with children will be expected to comply with the following policies:

- Inform families of the contact information of their School Homeless Liaison.
- Ensure that all homeless families are informed that their children are able to maintain enrollment in the same school despite address changes caused by homelessness
- Advocate for families to ensure that school transportation is arranged.”

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC has adopted the following policies and procedures to inform individuals and families who become homeless of their eligibility for education services:

“Families with Children Policies

All homeless assistance projects within the SW MN COC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) will be expected to comply with the following policies:

- i. Inform families of the name and contact information of the School Homeless

Liaison for their school district. Work with the school homeless liaisons on the following items.

- ii.Ensure that all homeless families are informed that their children are able to maintain enrollment in the same school despite address changes caused by homelessness, per the federal HUD legislation.
- 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.

With exceptions for program eligibility requirements, SW MN CoC programs prohibit the denial of admission to or separation of any family members from other family members based on age, sex, gender or disability when entering shelter or housing. “

A list of the CoC’s current School Homeless Liaisons with their contact information is available to case managers and clients on the CoC’s website (<http://www.swmhp.org/assets/uploads/2017/09/2017-September-School-Homeless-Liaisons.pdf>).

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

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

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans

**experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)**

This CoC has implemented consistent checks of Veteran status at intake points using the VA's Status Query and Response Exchange System (SQUARES). Identified Veterans are referred to the Homeless Veteran Registry.

Minnesota has a statewide by-name list called the Homeless Veteran Registry. This system is operated by the Minnesota Department of Veterans Affairs, built on the State of Minnesota's SharePoint Connect platform. Users can see Veterans they have added to the system and Veterans that have signed Statewide Tennessee form authorizing the user's organization to see their information. Veterans join the Registry by submitting a signed Tennessee form or by calling a toll-free number (888-LinkVet). Anyone can refer a homeless Veteran to join the Registry the same way. Every two weeks, partners, including this CoC Coordinator, working to house homeless Veterans convene to review every Veteran added to the Registry and to develop a housing plan to expedite each Veteran's housing outcome.

Using the Registry and bi-weekly case conferencing process, we ensure that every Veteran identified is on the fastest path to housing we can achieve. This includes leveraging resources from this Continuum of Care, the region's VA Medical Centers (located in St. Cloud, Minnesota and Sioux Falls South Dakota), state benefits through the County Veteran Service Officers, and the Minnesota Assistance Council for Veterans, a statewide nonprofit which operates the Supportive Services for Veteran Families (SSVF) program and other resources for homeless Veterans in Minnesota to achieve the benchmarks and criteria for ending Veteran homelessness.

A member of the Minnesota Assistance Council for Veterans is on this CoC's Governing Board, and in 2017 this CoC was recognized for becoming the first CoC in Minnesota to have ended Veteran Homelessness.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

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

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

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

Instructions:

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

- 4A-1. Healthcare.** Applicants must indicate, for each type of healthcare listed below, whether the CoC:
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

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

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

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

1.The CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits as follows:

- a.Clients are connected to MNSURE navigators who provide free assistance in helping with enrollment in a variety of health plans including MN Care, Medicaid and private health plans. In many cases, these navigators are available at the community action agencies that are the CoC's Coordinated Entry points. These navigators also help people use their benefits by finding doctors, clinics that take the insurance.
- b.The CoC collaborates with Minnesota County Social Workers who have a simplified single application for Food Stamps, MN General Assistance and TANF, and Public Health Insurance for those with low incomes.

c.The MN Department of Human Resources has created two online sites: (1) "Disability Benefits 101" (<https://mn.db101.org/>) to provide tools and information on health coverage, benefits, and employment; and (2) "Housing Benefits 101" (<https://mn.hb101.org/>) to provide information on low-income housing. These sites provide all clients and staff the most up-to-date information regarding Food Stamps, SSI, TANF, substance abuse programs, etc.

2.The CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs through monthly, statewide online trainings offered by the MN Department of Social Services and annual trainings offered specifically to our CoC by local Minnesota Workforce Centers. Additionally, any announcements about mainstream benefit trainings available, whether online or in-person, are emailed to the CoC's 100-member listserv and announced at CoC meetings.

3.The CoC Coordinator, working with the CoC's Governing Board, is responsible for overseeing the CoC's strategy for reducing returns to homelessness.

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

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	14
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	14
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

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

1.This CoC's Street Outreach is based on an 18-county rural geography covering 12,000 square miles, which is equivalent to a region the size of the state of Maryland, but with only 4% of the population of Maryland. Street outreach occurs throughout the whole CoC region, with frequency and activity

varying by community. In the CoC's largest city, outreach occurs at least weekly at libraries, schools, parks and other known locations, to identify, engage, and screen people for housing/services. Due to the huge territory that the CoC covers, the remainder of the street outreach is done by law enforcement. Our 18 Sheriff's departments, and many city police forces, are trained by the CoC annually to know where the Coordinated Entry Points are in each county. Many law enforcement agencies in the CoC collaborate with the Salvation Army to be able to provide emergency hotel vouchers when necessary. Law enforcement is able to respond to unsheltered homelessness emergencies brought to their attention by community members.

2. By providing targeted street outreach in the CoC's largest city, and having law enforcement informed of the CoC's Coordinated Entry System, the CoC is able to provide street outreach over the CoC's entire geography.

3. Targeted street outreach takes place weekly in Willmar Minnesota (population 22,000) and is conducted 24/7/365 by police and sheriff patrols across the CoC's entire geography.

4. To tailor its street outreach to persons experiencing homelessness who are least likely to request assistance, the CoC advertises its Coordinated Entry system in English, Spanish, Somali and Hmong at meal programs, food shelves, laundry mats, and thrift stores throughout the region. Staff are available to serve clients who speak these languages. When needed, workers access translation services through the Minnesota Department of Human Services Interpreter Resources and State Services for the Blind and Deaf.

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

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

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

(limit 2,000 characters)

1. This CoCs' specific strategy that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of protected class includes:

a. Marketing to landlords and clients the use of www.housinglink.org as the free, centralized clearinghouse for advertising unit vacancies, housing search, and finding resources and guidance to regarding accessibility, fair housing, and landlord-tenant relations. Printed and online information about the site are available via brochure throughout the CoC's entire geographic area and via our coordinated entry website. The website offers videos on fair housing in English, Spanish, Somali and Hmong, the four most used languages in this CoC.

b. Listing county-by-county resources for legal aid help via the CoC's Coordinated Entry website (www.swmnhousinghelp.org) and 211 phone system.

c. This CoC's Anti-discrimination Policy forbids project discrimination based on:

- Age
- Race
- Gender
- Color

- Religion
- Sex
- Disability
- Familial Status
- National Origin
- Creed
- Sexual or Affectional Orientation
- Marital Status
- Receipt of Public Assistance

2.This CoC communicated effectively with persons with disabilities and limited English proficiency regarding fair housing strategy by

- a.Having CoC Coordinated Entry intake staff who speak English, Spanish, Hmong, and Somali
- b.Having phone translation services in other languages can be provided as needed via the Minnesota Department of Human Services
- c.Having all intake sites be wheelchair and providing access to wheelchair accessible busing

the four largest cities in the CoC.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	27	69	42

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

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administratio...	08/30/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	CE Assessment Tool	08/27/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	CoC Rating and Ra...	08/27/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Consolidated Appl...	09/10/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting Pr...	08/29/2018
1E-4. CoC's Reallocation Process	Yes	CoC Process for R...	08/27/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Projects Accepted...	08/27/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Project Rejection...	08/27/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	08/28/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC and HMIS Lead...	09/05/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy and P...	08/24/2018
3A-6. HDX–2018 Competition Report	Yes	FY 2018 CoC Compe...	09/11/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority...	08/28/2018

3B-5. Racial Disparities Summary	No	Racial Disparity ...	08/27/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: CoC Rating and Ranking Procedure

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description: Public Posting Project Selections, Ranking and

CoC Application

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejection-Reduction Notification

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description: FY 2018 CoC Competition Report

Attachment Details

Document Description: Order of Priority-Written Standards

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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

FY2018 CoC Application	Page 53	09/11/2018
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Submission Summary

No Input Required

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____	Survey Location _____

Opening Script

"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 most only require yes or no answers, not specific details. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you feel uncomfortable, you can ask me to take a break or skip a specific question. Also, at any time you can ask that your information not be shared. 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 so skipped or inaccurate answers may affect your eligibility. This information will only be used to determine your eligibility and linkage to housing and service and to gain an overall understanding the needs of our region. 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
	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		
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	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		
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. SCORE:			
<div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 750px;"></div>			

Children

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

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

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

SCORE:

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

A. History of Housing and Homelessness

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

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

SCORE:

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

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

SCORE:

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? ☐ 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 they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ☐ Refused

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

SCORE:

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? ☐ Y ☐ N ☐ Refused

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

SCORE:

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

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

SCORE:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky 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? ☐ Y ☐ N ☐ Refused

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

SCORE:

C. Socialization & Daily Functioning

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

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

D. Wellness

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

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

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

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

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

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

SCORE:

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

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ 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? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ 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? ☐ Y ☐ N ☐ 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? ☐ Y ☐ N ☐ N/A or 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? ☐ Y ☐ N ☐ 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 they sell the medication? ☐ Y ☐ N ☐ Refused

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

SCORE:

31. YES OR NO: Has your family's 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 or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

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

SCORE:

E. Family Unit

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

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

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

SCORE:

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

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

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

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

SCORE:

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

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

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

SCORE:

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

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

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

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

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

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

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ 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	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

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

SINGLE ADULTS

AMERICAN VERSION 2.0

Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____:____	Survey Location _____

Opening Script

"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 most only require yes or no answers, not specific details. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you feel uncomfortable, you can ask me to take a break or skip a specific question. Also, at any time you can ask that your information not be shared. 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 so skipped or inaccurate answers may affect your eligibility. This information will only be used to determine your eligibility and linkage to housing and service and to gain an overall understanding the needs of our region. 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 DD/MM/YYYY ____/____/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCORE:

A. History of Housing and Homelessness

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

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

☐ **Refused**

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

SCORE:

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

☐ Refused

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

☐ Refused

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

SCORE:

B. Risks

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

a) Received health care at an emergency department/room? _____

☐ Refused

b) Taken an ambulance to the hospital? _____

☐ Refused

c) Been hospitalized as an inpatient? _____

☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

☐ Refused

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

SCORE:

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

☐ **Y** ☐ **N** ☐ Refused

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

☐ **Y** ☐ **N** ☐ Refused

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

SCORE:

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

SINGLE ADULTS

AMERICAN VERSION 2.0

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? ☐ Y ☐ N ☐ Refused

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

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

9. Do you ever do things that may be considered to be 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? ☐ Y ☐ N ☐ Refused

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

SCORE:

C. Socialization & Daily Functioning

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

IF "NO," THEN 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? ☐ Y ☐ N ☐ Refused

IF "NO," THEN 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? ☐ Y ☐ N ☐ Refused

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

SCORE:

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

SINGLE ADULTS

AMERICAN VERSION 2.0

D. Wellness

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

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

SCORE:

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

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused
26. 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:

27. **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?

☐ 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	

Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
_____	_____	
Survey Date	Survey Time	Survey Location
DD/MM/YYYY ____/____/____	____:____	_____

Opening Script

"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 most only require yes or no answers, not specific details. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you feel uncomfortable, you can ask me to take a break or skip a specific question. Also, at any time you can ask that your information not be shared. 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 so skipped or inaccurate answers may affect your eligibility. This information will only be used to determine your eligibility and linkage to housing and service and to gain an overall understanding the needs of our region. 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	Social Security Number
DD/MM/YYYY ____/____/____	_____	_____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

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

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

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

SCORE:

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

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

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

SCORE:

B. Risks

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

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

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

SCORE:

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

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

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

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

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? ☐ Y ☐ N ☐ Refused

8. Were you ever incarcerated when younger than age 18? ☐ Y ☐ N ☐ Refused

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

SCORE:

9. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

10. Do you ever do things that may be 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

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

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

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

SCORE:

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? ☐ Y ☐ N ☐ Refused

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

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

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

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

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

SCORE:

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

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

SCORE:

D. Wellness

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

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

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

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? ☐ Y ☐ N ☐ Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ Y ☐ N ☐ 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:

- 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

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? ☐ 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:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused
28. 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:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Minnesota Homeless Management Information System

Memorandum of Understanding for Lead Agency and System Administrator Duties

A. Goals and Objectives

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

B. Background

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

C. Purpose of HMIS

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

D. Duration

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

E. Designations

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

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

F. Specific Responsibilities of the Parties

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

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

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

3. Regional System Administrators:

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

c. Responsibilities of HMIS Governance:

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

G. Deliverables and timeframes

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

I.

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

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

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

J. Performance and Evaluation of Services

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

K. Payment Standards

Payment standards and dates are covered under individual funder contracts.


L. Period of Agreement and Modification/Termination

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

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

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

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

Southwest Minnesota Continuum of Care MN- 511
BY  Date May 17, 2016
NAME Justin Vorbach

The Institute for Community Alliance

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

AGREEMENT TO EXTEND THE MEMORANDUM OF UNDERSTANDING

FOR

LEAD AGENCY AND SYSTEM ADMINISTRATOR DUTIES

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

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

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

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

For the Southwest MN Continuum of Care MN- 511 :

BY Justin Vorbach

DATE December 18, 2017

NAME Justin Vorbach

TITLE SW MN CoC Coordinator

For the Institute of Community Alliances:

BY Demetri Vincze

DATE 12/22/17

NAME DEMETRI VINCZE

TITLE PROJECT DIRECTOR

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

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

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

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

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

For the Southwest Minnesota Continuum of Care (MN-511)

BY



DATE June 18, 2018

NAME Justin Vorbach

TITLE Coordinator

For the Institute for Community Alliances:

BY



DATE

09/05/2018

NAME

DEMETRI VIOZE

TITLE

PROJECT DIRECTOR



MINNESOTA'S HMIS

Homeless Management Information System

MINNESOTA HMIS POLICIES

v. 2018.1

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1. INTRODUCTION

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

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

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

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

¹ A glossary of terms is provided in Appendix A.

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

1.1 Contact Information

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

1.2 Participating Entities

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

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

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

Department of Housing and Urban Development (HUD)

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

Department of Health and Human Services (HHS)

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

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

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

Department of Veterans Affairs (VA)

- Supportive Services for Veteran Families (SSVF)

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

Minnesota Department of Human Services

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

Minnesota Housing Finance Agency

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

1.3 Federal HMIS Policies

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

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

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

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

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

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

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

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

2. JOINING THE HMIS

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

2.1 Partner Agency Requirements

Agency-Level Documents

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

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

Minimum Technology Requirements

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

Minimum Computer Requirements

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

Additional Recommendations

Memory

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

Monitor

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

Processor

- A Dual-Core processor is recommended.

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

Staff or Volunteers Eligible to Become HMIS Users

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

Designated Agency HMIS Contact

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

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

Use of a Comparable Database by Victim Service Providers

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

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

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

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

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

2.2 New Projects

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

2.3 New Users

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

License Fee

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

User Agreement

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

3. USER TRAINING REQUIREMENTS

3.1 New User Training

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

Timely Completion

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

Successful Completion

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

Exceptions

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

3.2 Ongoing Training

Annual Security Training

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

Recertification Training

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

New User Training as Remedial Training

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

4. DATA SECURITY

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

4.1 Passwords

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

4.2 Procedure for Reporting Security Incidents

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

4.3 Violation of Security Procedures

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

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

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

4.4 Disaster Recovery Plan

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

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

5. DATA PRIVACY

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

5.1 Baseline Privacy Policy

Collection of Personal Information

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

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

Personal information may also be collected from:

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

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

Posted Data Privacy Notice

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

HMIS Data Privacy Notice

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

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

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

Inspection and Correction of Personal Information

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

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

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

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

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

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

5.2 Statewide Data Sharing

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

Client Release of Information

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

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

Agency Responsibilities

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

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

Additional Responsibilities of Covered Entities

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

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

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

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

No Conditioning of Services

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

5.3 Research Uses and Publication of HMIS Data

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

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

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

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

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

5.4 Client Complaints, Grievances, and Questions

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

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

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

6. DATA QUALITY

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

6.1 Minimum Data Collection Standards

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

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

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

6.2 Data Quality Plan

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

6.3 XML Imports

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

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

7. HMIS SOFTWARE VENDOR REQUIREMENTS

Physical Security

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

Firewall Protection

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

User Authentication

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

Application Security

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

Database Security

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

Technical Support

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

Technical Performance

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

Hardware Disposal

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

8. LOCAL SYSTEM ADMINISTRATION

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

8.1 Coordination with the Lead Agency

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

Responsibilities may include in-depth support for the following:

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

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

8.2 System Configuration

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

8.3 Local System Administrator Expanded Reporting Access Agreement"

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

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

9. AGENCY SYSTEM ADMINISTRATION

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

9.1 Coordination with the Lead Agency

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

9.2 System Configuration

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

10. SPECIAL POLICIES

10.1 User Conflict of Interest

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

10.2 Users Entering or Reporting on Data for Another Partner Agency

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

11. VIOLATION OF HMIS POLICIES

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

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

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

Notifying the HMIS Lead Agency of a Violation

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

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

Violations of Local, State or Federal Law

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

Potential to Escalate

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

Multiple Violations within a 12-Month Timeframe

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

12. APPENDIX A: GLOSSARY

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

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

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

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

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

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

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

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

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

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

2018 HDX Competition Report

PIT Count Data for MN-511 - Southwest Minnesota CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	123	108	65
Emergency Shelter Total	64	60	29
Safe Haven Total	0	0	0
Transitional Housing Total	53	40	36
Total Sheltered Count	117	100	65
Total Unsheltered Count	6	8	0

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	5	0	0
Sheltered Count of Chronically Homeless Persons	5	0	0
Unsheltered Count of Chronically Homeless Persons	0	0	0

2018 HDX Competition Report

PIT Count Data for MN-511 - Southwest Minnesota CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	25	21	16
Sheltered Count of Homeless Households with Children	25	20	16
Unsheltered Count of Homeless Households with Children	0	1	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	8	6	2	1
Sheltered Count of Homeless Veterans	4	3	2	1
Unsheltered Count of Homeless Veterans	4	3	0	0

2018 HDX Competition Report

HIC Data for MN-511 - Southwest Minnesota CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	49	12	30	81.08%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	35	0	34	97.14%
Rapid Re-Housing (RRH) Beds	74	0	74	100.00%
Permanent Supportive Housing (PSH) Beds	185	0	185	100.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	343	12	323	97.58%

2018 HDX Competition Report

HIC Data for MN-511 - Southwest Minnesota CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	45	48	48

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	18	9	27

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	66	27	74

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for MN-511 - Southwest Minnesota CoC

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

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

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

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	393	349	355	27	25	24	-1	22	21	18	-3
1.2 Persons in ES, SH, and TH	496	455	435	60	60	65	5	29	29	26	-3

b. This measure is based on data element 3.17.

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

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

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	390	349	350	35	36	47	11	25	25	30	5
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	490	454	438	69	72	88	16	33	34	38	4

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0	0	0		0	0		0	0		0	
Exit was from ES	115	141	6	7	5%	6	3	2%	13	1	1%	11	8%
Exit was from TH	152	149	2	0	0%	2	5	3%	5	4	3%	9	6%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	63	89	0	7	8%	1	3	3%	1	4	4%	14	16%
TOTAL Returns to Homelessness	330	379	8	14	4%	9	11	3%	19	9	2%	34	9%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	123	108	-15
Emergency Shelter Total	64	60	-4
Safe Haven Total	0	0	0
Transitional Housing Total	53	40	-13
Total Sheltered Count	117	100	-17
Unsheltered Count	6	8	2

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	616	474	442	-32
Emergency Shelter Total	438	359	355	-4
Safe Haven Total	0	0	0	0
Transitional Housing Total	203	139	97	-42

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	49	68	56	-12
Number of adults with increased earned income	5	10	9	-1
Percentage of adults who increased earned income	10%	15%	16%	1%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	49	68	56	-12
Number of adults with increased non-employment cash income	7	12	15	3
Percentage of adults who increased non-employment cash income	14%	18%	27%	9%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	49	68	56	-12
Number of adults with increased total income	11	16	20	4
Percentage of adults who increased total income	22%	24%	36%	12%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	51	53	63	10
Number of adults who exited with increased earned income	7	17	13	-4
Percentage of adults who increased earned income	14%	32%	21%	-11%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	51	53	63	10
Number of adults who exited with increased non-employment cash income	5	4	9	5
Percentage of adults who increased non-employment cash income	10%	8%	14%	6%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	51	53	63	10
Number of adults who exited with increased total income	12	20	20	0
Percentage of adults who increased total income	24%	38%	32%	-6%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	515	468	380	-88
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.	48	47	30	-17
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)	467	421	350	-71

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	653	588	521	-67
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.	98	85	62	-23
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.)	555	503	459	-44

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	0	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0	0
% Successful exits				

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	426	362	372	10
Of the persons above, those who exited to permanent housing destinations	309	268	244	-24
% Successful exits	73%	74%	66%	-8%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	194	209	214	5
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	175	178	190	12
% Successful exits/retention	90%	85%	89%	4%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

MN-511 - Southwest Minnesota CoC

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

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

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

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	37	41	52	45	89	49	53	62	189	185	174	198		58	66	27				
2. Number of HMIS Beds	37	41	38	30	78	49	53	62	163	178	174	194		58	66	27				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	73.08	66.67	87.64	100.00	100.00	100.00	86.24	96.22	100.00	97.98		100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	181	263	234	172	247	203	138	71	235	201	220	201	40	140	172	193	0	0	0	0
5. Total Leavers (HMIS)	176	247	227	141	171	171	81	51	77	46	49	55	28	76	110	113	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	5	8	6	13	0	2	3	1	3	3	10	5	0	2	2	2	0	0	0	0
7. Destination Error Rate (%)	2.84	3.24	2.64	9.22	0.00	1.17	3.70	1.96	3.90	6.52	20.41	9.09	0.00	2.63	1.82	1.77				

2018 HDX Competition Report

Submission and Count Dates for MN-511 - Southwest Minnesota CoC

Date of PIT Count

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

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/23/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes

**SEE PAGES 7 AND 8 FOR ORDER OF PRIORITY-
WRITTEN STANDARDS**



2018

GOVERNANCE CHARTER p. 1

POLICIES & PROCEDURES p. 6

WRITTEN STANDARDS & PERFORMANCE TARGETS p. 11

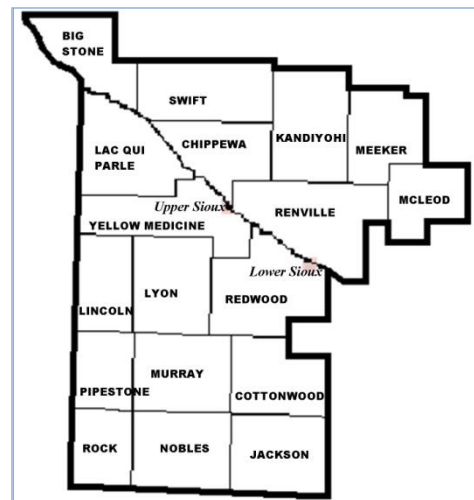
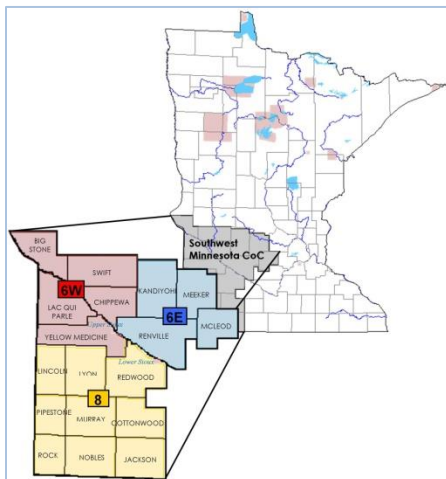
EXHIBIT A: PROJECT RANKING & REVIEW FORM p. 16

GOVERNANCE CHARTER

Name

The name of this unincorporated organization is Southwest Minnesota Continuum of Care (hereinafter referred to as the “SW MN CoC”).

Geographic Area



SMOC (Southwestern Minnesota Opportunity Council) Counties: Rock, Pipestone, Murray and Nobles.

UCAP (United Community Action Partnership) Counties: Lincoln, Lyon, Redwood, Cottonwood, Jackson, Renville, Kandiyohi, Meeker and McLeod.

Prairie Five (Prairie Five Community Action Council) Counties: Big Stone, Swift, Chippewa, Lac qui Parle and Yellow Medicine.

Purpose

The purpose of the SW MN CoC is to:

- To represent and encourage collaboration among the relevant organizations and programs serving persons who are homeless or facing homelessness;
- Secure funding for efforts by providers and government entities to prevent homelessness and quickly re-house homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation that homelessness causes to individuals, families, and communities;
- To ensure that the CoC is meeting all of the responsibilities assigned to it by Housing and Urban Development (HUD) regulations and the HEARTH Act;

- Promote access to and effective utilization of mainstream programs by homeless individuals and families;
- Optimize self-sufficiency among individuals and families that experience homelessness;
- To encourage and educate on service and housing best practices and quality performance.

Responsibilities

The SW MN CoC is responsible for fulfilling four major duties, as follows:

1. Operation of the SW MN CoC

- Hold meetings of the full membership, with published agendas, at least semi-annually;
- Issue a public invitation annually for new members to join within the geographic area via newspaper notices in Worthington, Marshall, Willmar and Hutchinson
- Adopt and follow a written process to select a CoC board and review, update, and approve the process at least once every 5 years;
- Appoint additional committees, subcommittees, or workgroups;
- For CoC and ESG grants, establish performance targets appropriate for population and program type in consultation with recipients and sub recipients, then monitor recipient and sub recipient performance, evaluate outcomes, take action against poor performers, and report to HUD;
- Establish and operate a coordinated assessment system in consultation with recipients of ESG Funds; and
- Establish and follow written standards for providing CoC assistance in consultation with recipients of ESG Funds. At a minimum, these written standards must include:
 - a. Policies and procedures for evaluating individuals' and families' eligibility for assistance;
 - b. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - c. Policies and procedures for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance;
 - d. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance; and
 - e. Policies and procedures for determining which eligible individuals and families will receive permanent supportive housing assistance.

2. Designation and operation of a Homeless Management Information System (HMIS)

- Designate a single HMIS for its geographic area and designate an eligible applicant to manage its HMIS. The Local System Administrator for HMIS is the Southwest Minnesota Housing Partnership and the State System Administrator is Institute for Community Alliances.
- Review, revise, and approve privacy, security, and data quality plans;
- Adopt, follow, and update annually a Memorandum of Understanding in consultation with the collaborative applicant and the HMIS lead [most recent MOU 1/1/18 – 6/30/18];

- Ensure consistent participation of recipients/sub recipients in HMIS; and
- Ensure that the HMIS is administered in compliance with HUD requirements.

3. Continuum of Care Planning

- Coordinate implementation of a housing and service system;
- Conduct at least one point-in-time count of homeless persons per year. This count collects data on where the homeless households are sleeping, household size, disability, and chronicity of homelessness.
- Conduct an annual gaps analysis of homelessness needs and services;
- Provide information required to complete the Consolidated Plan(s);
- Consult with State and local ESG recipients in the geographic area on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs.
- Reallocate HUD grant funds based on current grant performance and annual gaps analysis and homelessness needs and services.

4. Preparation of a CoC Application for Funds

- Design, operate, and follow a collaborative process for the development of applications and approve submission of applications in response to a CoC Program Notice of Funding Availability (NOFA);
- Establish priorities for funding projects;
- Designate the collaborative applicant to submit the application. The current collaborative applicant is the Southwest Minnesota Housing Partnership. The collaborative applicant must collect and combine the required application information from all projects within the geographic area and will apply for funding for CoC planning activities.

CoC Membership

The full committee is made up of various housing and community service providers from throughout the region. The committee is always looking to diversify membership and we welcome anyone who is interested in becoming a member. A general list of those who may be interested in participating in the COC include:

- | | |
|--|---|
| • Local homeless coalitions and networks | • Mental Health service providers |
| • Religious leaders | • Homeless service providers, agencies, and advocates |
| • Homeless and formerly homeless people | • Schools & School Homeless Liaisons |

- Nonprofit groups for the homeless
- Veterans service agencies
- Local, state and regional government representatives
- Police officers
- Employment programs and job councils
- Housing authorities and developers
- For Profit and Business communities
- Etc.

New members may enroll at any time during the year by providing to the CoC their names, contact information, and any relevant affiliation.

Meetings

The full membership of the SW MN CoC shall meet at least ten times per year. The meetings shall include a report on the CoC's activities, funding, and progress toward meeting goals. Meetings generally take place on the second Thursday of the month from 10:00 a.m. to 12:00 p.m. In even numbered months, the meetings are held in Marshall and in odd numbered months, the meetings are held in Willmar. Meeting agenda and minutes from prior meeting will be emailed to all CoC members at least 24 hours prior to meetings.

Board

The SW MN CoC shall be governed by a Board, which will provide oversight and accountability for all SW MN CoC responsibilities.

The SW MN CoC Board consists of those members who can vote on SW MN CoC business. Each year, the board consists of one agency representatives of those agencies that attended at least 50% of meetings in the previous calendar year. Homeless or formerly homeless members present are considered part of the board regardless of attendance record.

Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chair. In addition, directors may be removed from the Board by a majority vote of remaining Board members for repeated absence, misconduct, failure to participate, or violation of conflict of interest policies.

The officers of the SW MN CoC shall be a Chair, who is responsible for running SW MN CoC meetings, and Vice Chair. The Vice-Chairperson shall be the person who will succeed the Chairperson the following year. Co-chairs who alternate running the meetings will be allowed and chairs serving for more than one year will be allowed with the approval of the Board.

A number equal to a majority of the Board shall constitute a quorum for the transaction of business at any meeting.

At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the majority of board members in attendance at a meeting with a

quorum represented. No member may vote on any item which presents a real or perceived conflict of interest.

Any action that may be taken at any meeting of the SW MN CoC Board may be taken without a meeting if that action is approved, in writing (e.g. letter, email) by a majority of all SW MN CoC Board members who would be entitled to vote if a meeting was held for such purpose.

Committees

Project Performance and Review Committee

The SW MN CoC has a Project Performance Subcommittee consisting of at least one member plus the Continuum of Care coordinator. As of February 2018, the committee consists of a representative from Prairie Five Community Action Agency, the Southwest Minnesota Housing Partnership, the Southwest Crisis Center, and the Minnesota Interagency Council on Homelessness. This committee reviews Annual Performance Reports (APRs) of all HUD grants before they are submitted to HUD and is responsible for project ranking as part of the annual application to HUD. The committee, facilitated by the CoC coordinator working with the Minnesota Department of Human Services Office of Economic Opportunity (MN DHS OEO), will receive performance outcome reports from HUD Emergency Solutions Grant grantees in the CoC at least once a year. If ESG grantee outcomes are not meeting performance goals, the CoC and MN DHS OEO will address concerns with the grantee and create an action plan to reach performance goals.

One member of the committee will change each January with the approval of the board, or the committee can continue with the same members with the approval of the board and the consent of committee members.

Other committees that provide reports to the SW MN Continuum of Care are:

- United Community Action Partnership Homeless and Hunger Task Force
- SW MN Adult Mental Health Consortium Governing Board
- Worthington Community Concerns Committee

Board membership is not required for committee membership.

POLICIES AND PROCEDURES

CoC Project Reallocation, Ranking and Review Procedures

In the months leading up to the release of HUD's CoC Notice of Funding Availability, the CoC coordinator puts potential project applications on CoC meeting agendas. Grants may be considered for reallocation for any of the following reasons:

1. They have been underutilized and returned money to HUD.
2. They are underperforming.
3. They no longer meet the CoC's Priorities.

If reallocation is a possibility, the entire CoC is informed and a request for new project applications is announced.

Drafts of project applications will be submitted to the CoC coordinator by a date set forth by the coordinator. The CoC Coordinator will email a Timeline to Project Completion within five business days of the publication of the HUD CoC NOFA. The Project Performance subcommittee then meets at least two weeks before the NOFA application deadline. A scoring sheet, which has been approved by the CoC Board [Exhibit A] is used to rank projects. If a Committee member is from an agency that is having a project application ranked, then the CoC coordinator will find a replacement committee member for the purposes of the ranking meeting.

If the NOFA stipulates a Tier One and Tier Two Ranking System, the CoC's HMIS grant is always placed in Tier One, and if a bonus grant is available and included in ranking, the bonus grant is placed at the bottom of Tier Two.

After project applications are ranked, the conclusions of the ranking meeting are presented to the CoC Governing Board. A ranking order for application submission will be voted on. Each board member will only have one vote for the ranking process. A substitute staff member of an agency may represent a committee member in the voting process. If a majority approves of the project ranking slate, then projects will be submitted in the order ranked. Typically, ranking is approved.

Conflict of Interest

Board members and other SW MN CoC agents must abide by the following rules in order to avoid conflicts of interest and promote public confidence in the integrity of the CoC and its processes. Failure to honor these rules will be grounds for removal from the Advisory Committee, Board and any of its committees.

- Board Members and other SW MN CoC agents may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to:
 - Any organization that they represent; or
 - Any organization from which they derive income or anything of value.
 - Whenever SW MN CoC board member have a financial interest or any other personal interest in a matter coming before the Board they must:
 - Fully disclose the nature of the interest; and
 - Withdraw from discussing, lobbying or voting on the matter.

Board and committee members must disclose if they have any conflicts of interest or potential conflicts of interest regarding any business included in the meeting's agenda.

Any matter in which Board Members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. In addition, the minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested board members' actual or potential conflicts of interest and their abstention.

No person with a conflict of interest may participate in the annual project ranking meeting of the project performance and review committee. For the purpose of this section only, a conflict of interest exists if:

- You are now, or within the last year have been, or have a current agreement to serve in the future as, a Board member, staff member or paid consultant of an organization making a proposal for funding; or
- Any other circumstance exists which impedes your ability to objectively, fairly and impartially review and rank the proposals for funding.

HMIS

- The Southwest Minnesota Continuum of Care is collaborates with the Institute for Community Alliances, Minnesota's HMIS State System Administrator, through a Memorandum of Understanding (MOU).
- The Southwest Minnesota Continuum of Care uses "Minnesota's HMIS Policies and Procedures" as the guide for our HMIS work. It can be found at <http://hmismn.org/administrative-documents/>
- As Domestic Violence service agencies to not use the Minnesota HMIS system, those agencies provide de-identified statistics to the CoC on a quarterly basis. The statistics include, at minimum, number of households, adults and children served each quarter.

Expectations of Homeless Assistance Providers within our CoC

- Homeless Assistance Providers will ensure that all children served are enrolled in school and connected to appropriate resources within the community.
- Case managers will systematically assist clients in completing applications for mainstream benefits, or connecting them to resources where they can receive this assistance.
- Homeless Assistance Providers supply transportation assistance and guidance to clients to attend mainstream benefit appointments, employment training or jobs.

Anti-discrimination Policy:

SW MN CoC Shelter and Housing Programs do not discriminate based on:

- Age
- Race
- Gender
- Color
- Religion
- Sex
- Disability
- Familial Status
- National Origin
- Creed
- Sexual or Affectional Orientation
- Marital Status
- Receipt of Public Assistance

When entering shelter or housing, SW MN Shelter and Housing Programs do not separate family members based on any of the aforementioned classes.

SW MN CoC Shelter and Housing Programs do:

- Determine client eligibility for housing regardless of client's sexual orientation, gender identity, or marital status, and do not discriminate against clients because they do not conform to gender or sex stereotypes;
- Grant clients equal access to programs or facilities consistent with clients' gender identity, and provide your family with equal access;
- Never ask clients to provide anatomical or documentary (e.g. ID) information, physical, or medical evidence of gender identity; and
- Take non-discriminatory steps when necessary and appropriate to address privacy concerns raised by any residents or occupants.

At one CoC training per year, the CoC provides an annual training on the topic of, "how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identity Equal Access to Housing, Final Rule."

Priorities

The SW MN CoC will:

- The SW MN COC shall prioritize for investment, permanent supportive housing projects dedicated to serving households that meet the definition of chronic homelessness, and, of the chronically homeless, our CoC shall prioritize those households with the longest histories of homelessness.
- Whenever possible, focus on homelessness diversion to prevent homelessness via the existing resources of the client.

- THE SW MN COC shall prioritize for investment rapid re-housing projects that are able to move families and youth out of shelter and homelessness the most quickly.
- THE SW MN COC shall prioritize for investment, permanent housing projects (permanent supportive housing and rapid re-housing) that adopt a housing first, entry-tolerant approach to housing people experiencing homelessness.

Order of Priority in CoC Program-funded Permanent Supportive Housing

- A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness
 - (a) First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
 - (b) Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness.
 - (c) Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs.
 - (d) Fourth Priority–All Other Chronically Homeless Individuals and Families.
- B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness
 - a) First Priority–Homeless Individuals and Families with a Disability with the Most Severe Service Needs.
 - b) Second Priority–Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.
 - c) Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
 - d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.

Family with children policies

All homeless assistance projects within the The SW MN COC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) will be expected to comply with the following policies:

- i. Ensure that all homeless families are informed that their children are able to maintain enrollment in school, per the federal HUD legislation.
- ii. Advocate for families with their school district to ensure that transportation is arranged (as needed).

- iii. 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).
- iv. Assist families in developing education related goals for all family members when completing housing goal plans.
- v. Ensure that all family members are connected to relevant educational resources in the community.
- vi. 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.

With exceptions for program eligibility requirements, SW MN CoC programs prohibit the denial of admission to or separation of any family members from other family members based on age, sex, gender or disability when entering shelter or housing.

Approval of Governance Charter and Subsequent Amendments

This Governance Charter and every subsequent amendment to it must be approved by a majority of SW MN CoC Board. In consultation with the Collaborative Applicant and the CoC Lead, the Board will review the Governance Charter annually and recommend changes to improve the functioning of the SW MN CoC and maintain compliance with federal and state regulations. In addition, every five years, the Board will the Board will ratify the existing Governance Charter or approve proposed changes to the Governance Charter.

Written Standards

THE SW MN COC has developed written standards for all components within the SW MN COC region's homeless response system (including projects providing Continuum of Care assistance). All agencies that participate in the SW MN COC's coordinated assessment system (CoC-funded or otherwise) will be expected to adhere to the standards identified below.

Component	Homelessness Prevention
Programs	Family Homeless Prevention and Assistance Program (All 18 Counties), Emergency Solutions Rapid Rehousing Grant (Heartland and Western Counties), Salvation Army (All Counties), County or Family Services Emergency Assistance (All Counties)
Description of Component	Basic services and/or financial assistance to help resolve, not postpone, housing crisis
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Each program has specific rules and guidelines, but all share these requirements: Low income, often defined as below 200% of federal poverty guidelines Minnesota Residence No other means to resolve crisis, such as support network Resolvable with limited assistance One-time assistance or assistance available every 12 to 18 months. Agencies have discretion to assist more frequently on a case by case basis. Facing housing crisis or other crisis that is jeopardizing their housing stability Not homeless, but imminently at risk of becoming homeless Limited experience with housing instability
Procedures (Services Offered)	Prevention Service Set <ul style="list-style-type: none"> Landlord mediation and/or household mediation. Financial management assistance, with a cap on assistance. Case Management Benefits Assistance Referral to SOAR services when appropriate.
Performance Standards	<ul style="list-style-type: none"> 75% of households will not become homeless due to assistance. 80% of households will not return to homeless prevention programs.

Component	Basic Shelter
Programs	Salvation Army Vouchers, Ministerial Association Vouchers,
Description of Component	No frills shelter providing low services for emergency shelter needs usually limited to less than one week.
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Homeless by Minnesota definition (doubled up or unsheltered) Non-diverted households with no ability to resolve housing crisis
Procedures (Services Offered)	<ul style="list-style-type: none"> Basic Service Set (see below) 24 hour or overnight (hours of operation may vary, but clients will be expected to be out finding solutions during the day) Time-limited
Performance Standards	<ul style="list-style-type: none"> 100% assessed at program entry
Component	Service Shelter
Programs	The Refuge, service-enriched motel vouchers,
Description of Component	Service enriched shelter for those awaiting housing placement, usually limited to 30 – 60 days.

Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless by Minnesota Homeless Definition, HUD definition for Rapid Rehousing • Non-diverted households with no ability to resolve housing crisis • Households assessed to require shelter while awaiting placement
Procedures (Services Offered)	<ul style="list-style-type: none"> • Basic Shelter Service Set • Enriched Shelter Service Set
Performance Standards	<ul style="list-style-type: none"> • Ideal: 80% exit to transitional or permanent housing within 30 days.
Component	Victim Services Shelters
Programs	Agencies using site-based shelter or motel vouchers: Safe Avenues, Women's Rural Advocacy Program, Southwest Crisis Center
Description of Component	Service enriched shelter or motel voucher for those fleeing domestic violence, sexual trafficking, and/or sexual abuse
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Recent victim of domestic violence, trafficking, or sexual abuse
Procedures (Services Offered)	<ul style="list-style-type: none"> • Crisis Intervention Services and Safety Planning • Case Management and Personal Advocacy • Enriched Shelter Service Set (see below) • Domestic or sexual violence advocacy services • Support Groups • Referral to Child Protection • Legal and Criminal Justice Advocacy • Referrals to local services as needed
Performance Standards	<ul style="list-style-type: none"> • Ideal: 80% exit to transitional or permanent housing within 60 days

Component	Rehousing Assistance	
Programs	Family Homeless Prevention and Assistance Program (all counties), , Minnesota Assistance Council for Veterans	
Description of Component	Low/moderate and short-term services and/or financial assistance to exit homelessness	
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Homeless (FHPAP = MN Homeless, ESG RRH = HUD Homeless) • Low Income, sometimes defined as current income between 50% and 200% of area median income • Potential for family/community support • Evidence of potential to become gainfully employed • Low-Moderate barriers • Stable housing history • Lower overall needs than those needing permanent supportive housing • First time (or almost first time) homeless 	
Procedures (Services Offered)	Services Menu of services may include: <ul style="list-style-type: none"> • Employment Services • Housing Search • Legal • Connection to mainstream/community resources 	Financial assistance may include: <ul style="list-style-type: none"> • Shallow rent assistance for up 3-months for HHs with moderate earned income (client responsible to pay 30% of income) • Tiered rent assistance for up to 3-6 months for HHs with no/low earned income (client responsible to pay 30% of income) • Damage deposit • Application fees • Furniture/moving

Performance Standards	<ul style="list-style-type: none"> 80% exit services/assistance to permanent housing within 0-6 months (transition in place) 85% of households served will not return to shelter
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Component	Rapid Rehousing, Transitional Housing	
Programs	State Scattered Site Transitional Housing (Prairie Five, SMOC, HCAA, and Lutheran Social Services), Federal Scattered Site Rapid Rehousing (Heartland and Western), Emergency Solutions Grant Rapid Rehousing (Heartland and Western Counties), Overcomers International (Matthew and Timothy House, Project Turnabout Women's ½ way house / (Grace Place?), Life Right, Bridges and Bridges to Bridges,	
Description of Component	Time-limited (e.g. one year for federal programs), Moderate/Intensive, low-compliance services accompanied with rental subsidy	
Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> Income limits (e.g. income below 185% of Federal Poverty Guidelines for state programs) Willingness to participate in case management, goal-setting and work on self-sufficiency Demonstrated ability to pay rent in future months Homelessness or in a crisis that will result in homelessness In federal programs, the participant's contribution is calculated as the higher (RA) of 30% of their adjusted monthly gross income or 10% of their monthly gross income. Except for youth, state TH requires participants to pay 25%-30% of household income toward rent in state programs. Assistance is time-limited: for example up to 12 months in federal programs. Potential for family/community support Evidence of potential to become gainfully employed For clients with moderate barriers, lower overall needs than those needing permanent supportive housing. 	
Procedures (Services Offered)	Supportive Housing Basic Service Set	Financial assistance may include: <ul style="list-style-type: none"> rent assistance for up to 6-24 months for HHs with moderate barriers and no/low earned income (client responsible to pay 30% of income) Damage deposit Application fees Furniture/moving Tenant based rental assistance
Performance Standards	<ul style="list-style-type: none"> 80% exit to permanent housing within 12 months 85% of households served will not return to shelter 	

Component	Permanent Supportive Housing	
Programs	Westwind Townhomes, Heartland, Salvation Army Willmar, Salvation Army Extension, Lutheran Social Services Permanent Supportive Housing for Youth, Western Community Action Safe at Home, Country View Place, Kandiyohi County Housing and Redevelopment Authority Scattered Site CoC Vouchers, Southwestern Mental Health Center Scattered-Site HUD vouchers, State Long-Term Homeless: Viking Terrace, Nobles Square, New Castle Townhomes, Westwind Townhomes, Southwest Minnesota Housing Partnership Ending Long-Term Homelessness Housing Voucher Program	
Description of Component	Permanent supportive housing with services	

Policies for Client Eligibility & Prioritization	<ul style="list-style-type: none"> • Restricted to those below a certain income (e.g. 60% area median income for state long-term homeless unit. When federal and state funding are layered, eligibility for both programs is required. • In federal programs, the participant's contribution is calculated as the lower of 30% of their adjusted monthly gross income or 10% of their monthly gross income. With rental asst., it is the higher of the two. • In state programs, clients typically pay 30% of gross income toward rent and utilities. • Limited, lack or poor family/community support • Limited potential to become gainfully employed • Clients usually have significant/multiple barriers, such as long-term/chronic homeless, extended periods of homelessness, recidivism, disability. Some programs require a disability. • Poor/no rental history
Procedures (Services Offered)	<ul style="list-style-type: none"> • Rental assistance • Supportive Housing Basic Service Set.
Performance Standards	<ul style="list-style-type: none"> • 80% maintain PSH for greater than six months. • 54% Increase income from non-employment sources. • 56% Increase mainstream benefits • 20% increase employment income • 85% of households served will not return to shelter

Definitions

- HUD Homeless: On the street, in a shelter, or living in a place not meant for human habitation. Those who are in transitional housing and who entered transitional housing from the street, in a shelter, or living in a place not meant for human habitation retain their HUD homeless status. Also, those fleeing or attempting to flee domestic violence.
- HUD Chronically Homeless: HUD homeless for one year continuously or four times in the previous three years and having a disability.
- MN Homeless: A household lacking a fixed, adequate night time residence (includes HUD homeless and 'doubled up').
- MN Long-Term Homeless (LTH): The long-term homeless definition required for eligibility is individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years.

Service Sets

SHELTER

<i>Basic Service Set</i> – the set of services that is recommended to be available for all households who enter shelter
<ul style="list-style-type: none"> • Connection to Food Support
<ul style="list-style-type: none"> • Bed
<ul style="list-style-type: none"> • Showers

• Laundry
• Busing to schools
• Phones

<i>Enriched Service Set</i> – the set of services that is recommended to be available for all households who enter shelter
• Case management
• MH services
• Childcare
• Headstart
• Employment Assistance
• Children/family activities

SUPPORTIVE HOUSING

<i>Basic Service Set</i> – the set of services that is recommended to be available for all households needing supportive housing.	
Access	
• In-reach Outreach Engagement Benefits Assistance	
Case management	
• Assessment	• Coordination
• Plan development	• Monitoring
• Connection	• Personal Advocacy
Family Specific Services	
• Family Reunification Services	
• Parenting	
Housing Supports	
• Finding housing	• New tenant orientation and move-in assistance
• Applying for housing and advocating with landlord to take someone who maybe screened out of housing	• Tenancy supports
• Rental Subsidies	• Support for children and youth
• Securing household supplies and furniture and other necessities	• Eviction prevention
	• Front desk services
Independent Living Skills	
Transportation	
Education / Employment	
• School Connections	• Opportunities and access to GED, 2 year or 4 year degree programs
• Access to Social Support	• Supported employment
• Truancy Intervention	• Childcare resources
• Access to Academic Support	
Safety	
• Domestic Abuse Services	• Child Protection Assessment and appropriate follow-through
• Crisis Planning and Intervention	• Legal Advocacy
Financial Management	
• Budgeting	• Financial education services
• Benefit assistance	• Legal advocacy
Self-determination / Life Satisfaction	
• Recreation	• Parenting
• Social Support	• Support Groups

<ul style="list-style-type: none"> Community Involvement / Integration 	
Health	
<ul style="list-style-type: none"> Health related services <ul style="list-style-type: none"> Medication set up Healthcare coordination HIV/AIDS/STD education and support Immunization and prevention 	<ul style="list-style-type: none"> End of life planning Benefit assistance
Harm Reduction Strategies	
Veteran's benefits and services	

<i>Service Set for Children</i> —additional recommended services if a program serves children	
Specific Services –	
<ul style="list-style-type: none"> Case management Advocacy Academic programs Computer Labs Recreational programming Mental Health 	<ul style="list-style-type: none"> Chemical Health Mentoring Employment training Post secondary Physical health Transportation
Assessment and Planning Services	
<ul style="list-style-type: none"> Developmental assessment and plan School readiness plan 	<ul style="list-style-type: none"> Educational services including Individual Education Plan Post secondary plan

SW MN CoC HUD Project Ranking Form 2018

☐ New
☐ Renewal

Applicant Name

Project Name

Evaluation Criteria	Raw Number	Point Scale		Points
		New Projects	Renewal Projects	
Chronic Homeless Emphasis: % bed dedicated for chronically homeless persons.	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		
Potential Units for Households with Children	____%	76-100% = 15 pts 51-75% = 10 pts 1-50% = 5 pts 0% = 0 pts		
Housing First: Program uses a housing first model		Y = 10 pts N = 5 pts	Y = 10 pts N = 5 pts	
Housing Stability: 80% maintain permanent housing for > 6 months or exit TH for PH	____% (renewals)		100% - 80% = 10 pts 79% - 41% = 5 pts ≤ 40% = 0 pts	
20% increased income from employment.	____% (renewals)		> 20% = 10 pts 19% - 13% = 5 pts ≤ 12% = 0 pts	
54% increase income from sources other than employment	____% (renewals)		≥ 54% = 10 pts 53% - 20% = 5 pts ≤ 19% = 0 pts	
56% obtain mainstream benefits.	____% (renewals)		≥ 56% = 10 pts 55% - 20% = 5 pts ≤ 19% = 0 pts	
Page one total points				

APRs accurately completed on time (when applicable)	Yes Needs Help No		Yes = 10 pts Needs help = 5 pts No = 0 pts	
Participation in CoC process (# CoC meetings attended since last ranking meeting on 10/1/2017)	_____ Mtgs	≥ 6 = 10 pts 3-5 = 5 pts < 3 = 0 pts	≥ 6 = 10 pts 3-5 = 5 pts < 3 = 0 pts	
Spent Funds	_____ % (renewals)		≥90% spent = 10 pts 89% - 80% spent = 5 pts 0% - 79% spent = 0 pts	
Drawdowns			Monthly = 10 pts Quarterly = 5 pts Less Than Quarterly = 0 pts	
HMIS Data Quality in universal data elements	_____ % (renewals)		≥98% = 10 pts 90% - 97% = 5 pts ≤89% = 0 pts	
Project Admin Costs	_____ %	0 – 5% = 10 pts 5.01 – 7% = 5 pts 7.01% + = 0 pts		
Mainstream Resources: % of funds requested matched by other resources.	_____ %	≥ 25% = 10 pts 1 – 24% = 5 pts 0% = 0 pts		
PAGE TWO POINTS				
PAGE ONE POINTS				
TOTAL POINTS				
TOTAL POSSIBLE POINTS				
TOTAL POINTS / TOTAL POSSIBLE POINTS				

On a single night in January in **Southwest CoC...**

65 people experienced homelessness.

Where?

Unsheltered

0%

Sheltered



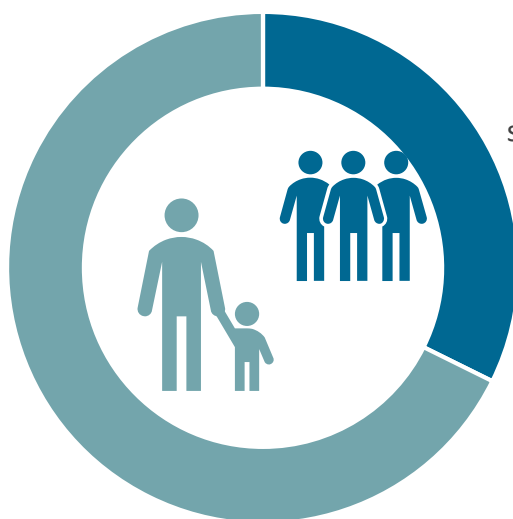
HMIS Emergency
Shelter 23%

Non-HMIS Emergency
Shelter 22%

HMIS Transitional
Housing 55%

Who are they?

**Families
with
children**
68%

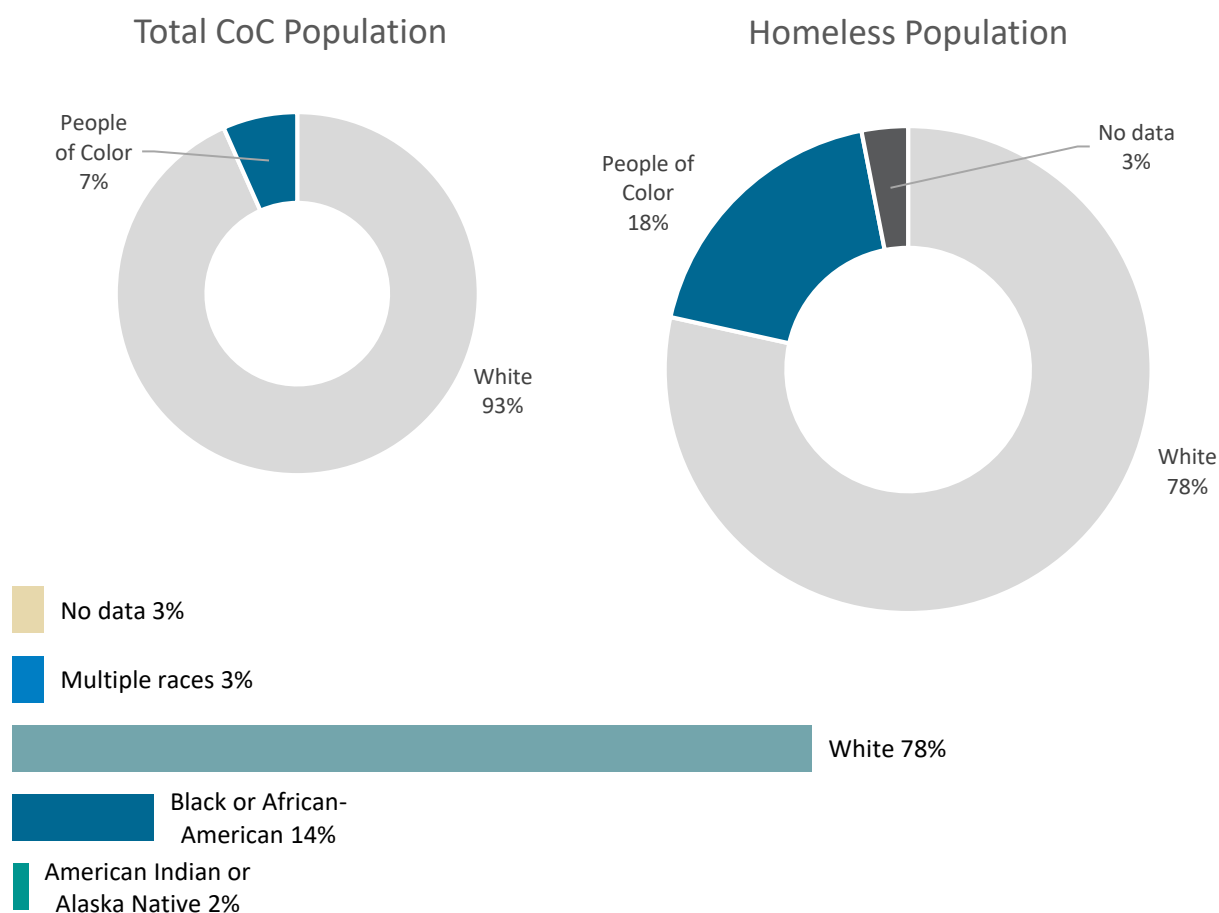


Adults:
single or in
groups
32%

1 Veteran

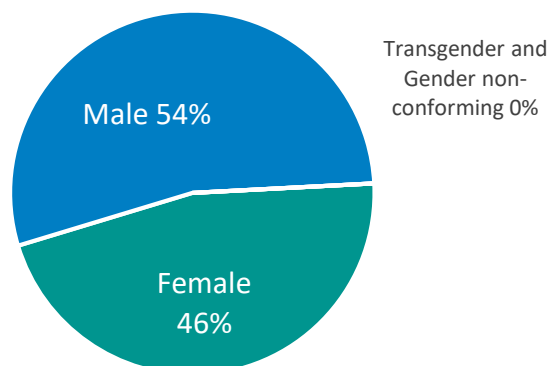
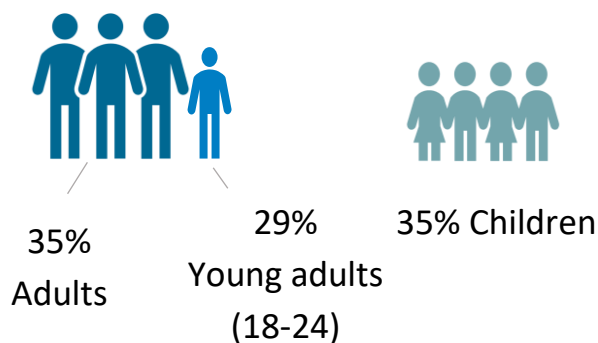


People of color are disproportionately affected.



More than a third are **children**.

More are **male** than **female**.



NOTE: This data comes from the **Final PIT Summary** each CoC received from ICA. Counts may differ from those submitted to HDX if a CoC altered data prior to submission.