

Minnesota Housing programs use the following definitions for supportive housing and homelessness terminology in determining eligibility of residents.

Coordinated Entry:

A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated entry system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Emergency Shelter:

Temporary short-term housing for individuals or families who are homeless.

Transitional Housing:

A project that facilitates the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

Homeless:

A household lacking a permanent place to live that is fit for human habitation.

Homeless Management Information System (HMIS):

A web-based system that provides standardized and timely information to improve access to housing and services and strengthen efforts to end homelessness. Programs serving people who are homeless use HMIS to collect household information and record services and assistance provided. HMIS provides data on homelessness including unduplicated counts, use of services, and the effectiveness of the local homeless assistance system. HMIS tracks the success of outcomes of persons experiencing long-term homelessness.

Household at Risk of Becoming Homeless:

A household that is faced with a situation or set of circumstances that is likely to cause the household to become homeless in the future, including:

- Living in substandard housing
- Living in housing that is inadequate for the size of the household
- Living in housing with a person who engages in domestic violence
- Paying more than 50 percent of household gross income for rent
- Having insufficient household resources to pay for current housing and meet other basic needs

Households Experiencing Long-Term Homelessness:

Persons including 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. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless. Note: Minnesota's definition does not require that the person have a disabling condition.

Households at Significant Risk of Long-Term Homelessness:

Includes (a) households that are homeless or recently homeless with members who have been previously homeless for extended periods of time and are faced with a situation or set of circumstances likely to cause the household to become homeless in the near future, and (b) previously homeless persons who will be discharged from correctional, medical, mental health or treatment centers who lack sufficient resources to pay for housing and do not have a permanent place to live.

Permanent Supportive Housing:

Permanent rental housing affordable to the population served where support services are available to residents. Permanent supportive housing is available to individuals and families with multiple barriers to obtaining and maintaining housing, including those who are formally homeless or at risk of homelessness and those with mental illness, substance abuse disorders, and/or HIV/AIDS.

Definitions relating to HSASMI and Support Services**ACT (Assertive Community Treatment) Teams:**

Multidisciplinary teams that provide case management, crisis intervention, medication monitoring, social support, assistance with everyday living needs, access to medical care, and employment assistance for people with mental illness. The programs are based on an assertive outreach approach with hands-on assistance provided to individuals in their homes and neighborhoods. ACT teams must meet fidelity standards established by the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and the Minnesota Department of Human Services (DHS). Integrated ACT teams work with people with co-occurring disorders (mental illness and chemical dependency).

Adult Rehabilitative Mental Health Services (ARMHS):

Mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, person and emotional adjustment and independent living and community skills when these abilities are impaired by the symptoms of mental illness. A person can receive this service if they are 18 or older, and are diagnosed with a medical condition such as a serious mental illness or traumatic brain injury for which adult rehabilitative services are needed.

Community Support Program (CSP):

A set of ten supportive services, other than inpatient or residential treatment services, provided or coordinated by an identified program and staff under the clinical supervision of a mental health professional designed to help adults with serious and persistent mental illness to function and remain in the community.

- Supported employment

- Skills development related to the activities of daily living

- Leisure time activities

- Goal planning

- Supportive housing

- Outreach activities such as home visits, health and wellness checks, and problem solving

- Connecting people to resources to meet their basic needs

- Benefits assistance

- Fostering social support

- Educating about mental illness, treatment, and recovery

Integrated Dual Disorder Treatment (IDDT):

Combines treatments for both mental illness and chemical dependency.

Medical Assistance Home and Community Based Waivers:

Persons with disabilities or chronic illnesses who need certain levels of care may qualify for the state's home and community based waiver programs. Eligibility is determined through a screening process by the local county social services agency. The home and community based waiver programs are

Community Alternative for Disabled Individual (CADI) Waiver:

For persons with disabilities who require the level of care provided in a nursing facility.

Mental Health Targeted Case Management:

Activities that are coordinated with the community support services program and are designed to help adults with serious and persistent mental illness in gaining access to needed medical, social, educational, vocational, and other necessary services as they relate to the client's mental health needs. Case management services include developing a functional assessment, an individual community support plan, referring and assisting the person to obtain needed mental health and other services, ensuring coordination of services, and monitoring the delivery of services.