

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** MN-500 - Minneapolis/Hennepin County CoC

**1A-2. Collaborative Applicant Name:** Hennepin County

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Amherst H. Wilder Foundation

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Other health care providers	Yes	Yes	Yes
Funders and foundations	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

The CoC holds an annual community meeting to inform members of efforts to end homelessness and solicit feedback on unmet needs and emerging trends. The annual meeting is attended by over 200 people representing over 50 community organizations. Survey results inform programming. Working groups of the CoC focus on specific populations of singles, youth & families. The working groups represent dozens of agencies, set strategic plans & coordinate services across the CoC. An eg. of an effort to solicit ideas was a summit hosted by the CoC on developing extremely affordable housing. Architects, developers, funders, & policy makers brainstormed ways to build housing that is affordable to low income families but financially feasible. Another example is a standing committee on homeless single adults that is redesigning the single adult shelter system with a focus on moving people from shelter into housing. That working group includes shelter managers and county staff with shelter contracts.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Avenues for Homeless Youth	Yes	Yes	No
Catholic Charities of St. Paul/Minneapolis	Yes	Yes	No
The Bridge for Youth	Yes	Yes	No
YouthLink	Yes	Yes	No
The Link	No	Yes	No
Teens Alone	No	Yes	No
Lutheran Social Service of Minnesota	No	Yes	No
Simpson Housing Services	No	Yes	No
Oasis for Youth	No	Yes	No
YMCA Greater Twin Cities	No	Yes	No

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Tubman Family Alliance	Yes	No
Cornerstone Advocacy Service	Yes	No
Asian Women United	No	No
Mission, Inc. Home Free Shelter	No	No
Sojourner	No	No
Domestic Abuse Project	No	No
Phyllis Wheatley Community Center	No	No
Oasis of Love	No	No

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
(limit 1000 characters)**

Heading Home Hennepin plan aligns with Opening Doors & has organized community workgroups to oversee implementation of the plan. Members are solicited through public & personal invitation to orgs and individuals. Standing committees for single adults was assigned ending CH, families committee to end family homelessness, & youth committee to end youth homelessness. Committees meet regularly to coordinate work, sponsor research, & identify emerging trends & unmet needs. As needs are identified, either the standing committee takes on the work or a new workgroup is formed to address the issue. Eg. the effort to end veteran homelessness resulted in a new workgroup that meets around the registry and brings together appropriate agencies to identify veterans and provide a broad range of housing opportunities beyond those made available by the VA. Feedback from the Family Services Network resulted in the Stable Families Initiative to prevent high return to shelter rate of young mothers.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The CoC solicits proposals for new projects at least annually through a Request for Proposals (RFP) process. The RFP is communicated throughout the CoC & 7 county metro area. The RFP is posted on Hennepin County (HC)'s public website and subscribers receive notification through govdelivers. The entire CoC & all housing providers receive this information through an email from the HC Office to End Homelessness. Providers can get questions answered at the RFP public meeting or by email. Q&A's are compiled and posted on HC's public website. All eligible organizations are encouraged to submit pre-applications, including those that have not previously received this funding. The CoC issued 2 RFPs in 2015 for new PSH for adults only households, and PH RRH for families and youth. The CoC's McKinney-Vento Housing/Funding Committee reviewed the resulting proposals and selected 4 new projects to submit applications on esnaps, 2 of the selected organizations have never received this funding.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Semi-Annually

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	6	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	6	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	6	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	3	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	3	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The CoC participates actively with all Con Plan jurisdictions in the CoC. The CoC is staffed by the CoC Coordinator & by staff of the Office to End Homelessness (OEH) & Housing and Homeless Initiatives. The director of OEH is employed by the City of Minneapolis and meets with city staff & leadership twice per month for 1-2 hours. Other CoC staff meet monthly with the city for 1-2 hours. The CoC's lead agency is Hennepin County, which works with 5 suburban jurisdictions through a Suburban Hennepin Consortium Con Plan and ESG funding, through its Community Works (CW) Department. CoC staff meet with CW staff 18 times per year, for 1.5-2 hours, for coordination & collaboration. CW staff also meet with the suburban Con Plan jurisdictions 2-3 times per year, for 1.5-2 hours. Recently, when developing the 5-year Con Plans, the CoC met with Minneapolis and Hennepin CW staff 3 times for a total of 10 hours. The CoC meets monthly with the State of MN and all CoC Coordinators for 2 hours.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

The CoC advises, leads and staffs efforts to allocate ESG funds, to develop appropriate performance standards & outcome evaluation, and to develop & implement related Coordinated Entry and HMIS priorities, protocols, procedures & management. The CoC has developed similar performance standards and outcomes that are implemented in all ESG funding jurisdictions. CoC staff regularly meet with the City of Minneapolis about ESG funding priorities and decisions, including providing PIT data and RRH performance standards. The State of MN consults with the CoC about their ESG funding, including input on who is funded in the ESG and the development of performance standards. The CoC and the Hennepin County Consortium work very closely on funding priorities, selecting sub-recipients, developing performance standards, and evaluating outcomes. Hennepin County contracts with sub-recipients & monitors their performance at least annually.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

Scenario A. If a survivor of domestic violence presents at our family shelter, the first response is to see if there is an opening in a domestic violence shelter. If an opening doesn't exist at the time, repeated attempts are made to ensure that the survivor accesses domestic violence shelter when there is an opening. Survivors may always choose to stay in another shelter. Providers working with survivors of domestic violence are expected to complete safety plans with the survivor to ensure their safety & security.

Scenario B. Survivors staying in domestic violence shelters are prioritized for housing opportunities available through domestic violence service providers. Families staying in domestic violence shelter have opportunities within our mainstream housing programs through our CES. Clients are asked their housing preferences during their CES Next Step Assessment. These preferences are taken into account when making all housing referrals.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Minneapolis Public Housing Authority	0.00%	Yes-HCV
Housing Authority of St. Louis Park	0.00%	No
Metropolitan Council HRA	0.00%	No
Bloomington HRA	0.00%	No
Plymouth HRA	0.00%	Yes-HCV

**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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.**

**(limit 1000 characters)**

1) Long-term Homeless (LTH) Supportive Housing with MN’s Group Residential Housing (GRH) is the largest. This GRH program has created 100s of opportunities in the past 10 years, with over 25 providers & almost 2000 HH of all populations currently housed. Most are scattered site & use a housing first approach. 2) MN Housing Trust Fund provides housing opportunities for people experiencing LTH, homelessness, or at risk of homelessness. 3) 134 transitional housing opportunities supported by our Adult Mental Health Initiative are available to adults with SMI & prioritizes those who are homeless. 4) Hennepin County’s Affordable Housing Initiative Fund provides funding for new housing. Preference is for projects that prioritize County Human Service clients, especially those experiencing homelessness. 5) MN’s LTH Supportive Services Fund provides 332 housing opportunities for all populations experiencing homelessness. Preference for HH with greatest barriers to sustaining independent housing.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

# 1D. Continuum of Care (CoC) Discharge Planning

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

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. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

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-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

## 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)**

The CoC has had a form of CE since 1996 when Hennepin established a right to shelter for families. This is a coordinated system of prevention, shelter entry, assessment, & referrals to housing, tied to TANF & county services. This family CE now uses HMIS & the VI-SPDAT. Housing referrals are based on the family’s eligibility, needs, family size & assessment. In Jan 2016 Housing Referral Coordinators will be added to manage referrals based on CoC priorities and acuity of need. The Adults & Youth systems are not as evolved; however there is significant progress on planning & implementation. Abt Associates & Bowman Systems are assisting the CoC to fully develop CE for these populations by 2016. The CE system is advertised through 211, county outreach staff, agency outreach staff, the libraries, homeless drop-in centers, & shelters. Hennepin County has a robust street outreach program that connects people to shelter or housing. All these entry points will direct people to the CE process.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

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

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	34
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	31
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
<b>Performance outcomes from APR reports/HMIS</b>	
Length of stay	<input type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
% households accessing non-cash benefits	<input checked="" type="checkbox"/>

<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Operational Performance (utilization/financial leverage/data quality etc.)	<input checked="" type="checkbox"/>

<b>Need for specialized population services</b>	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
Youth-headed families with children	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

The CoC factored in priority populations & target subpopulations in its selection & ranking process & also considered the goals of Opening Doors. Adult-only projects that targeted & housed individuals who are chronically homeless, unsheltered, seniors, or veterans were also awarded additional points. Projects serving families with children are required to participate in CES. Projects that prioritized families with children & youth were awarded bonus points. Family & youth projects that target & house households with multiple barriers & vulnerabilities received additional points. Applications that had low barriers to accessing housing & have a Housing 1st approach were awarded additional points. A new youth project application serving LGBTQ youth was selected & prioritized in Tier 1. Family PSH and RRH projects have to participate in CES which assesses and prioritizes chronic homeless households and, severity of needs and vulnerabilities when making referrals to PSH and RRH.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)**

On October 8, 2015, the CoC e-mailed the review, ranking, & selection criteria to all potential applicants. On October 9, 2015, 10 days before project applications were due to the CoC, these criteria were posted on the Hennepin County website. See attached screenshot of posting. In addition the CoC solicited proposals for new projects with an RFP, which was posted on September 10, 2015, with proposals due by October 1, 2015. This RFP also contained information on ranking & selection criteria. This RFP was publicized widely at meetings, through Govdelivery, at sub-committee meetings. The measures were also available at the CoC annual meeting.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** 11/17/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 09/23/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC's Funding Committee reviews APRs, other requested information from projects, & information from HUD to monitor & evaluate CoC-funded projects on these criteria: accessing of mainstream benefits, increased income for adults, bed utilization rates, participant eligibility, HMIS data quality, housing stability, exits to permanent housing, on-time APR submission, responsiveness to CoC requests, HUD monitoring findings, fund drawn-down rates, & full utilization of awarded funds. Measurable criteria, metrics, & a scoring tool are used in this monitoring & evaluation. The evaluation tool was revised in 2015 after the NOFA was released. Projects are evaluated & provided feedback on their performance. Their capacity to meet program requirements is regularly assessed, based on their performance on these criteria & ways to improve are discussed. Monitoring occurs at least annually & more, as needed. On-site visits occur on a rotating 3-year cycle for further monitoring.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** pages 4-7

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** ServicePoint  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Bowman Systems  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2B-1. Select the HMIS implementation Statewide coverage area:**

**\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$206,141
ESG	\$1,500
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$207,641</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

**2B-2.3 Funding Type: State and Local**

<b>Funding Source</b>	<b>Funding</b>
City	\$0
County	\$0
State	\$31,675
<b>State and Local - Total Amount</b>	<b>\$31,675</b>

**2B-2.4 Funding Type: Private**

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$64,076
<b>Other - Total Amount</b>	<b>\$64,076</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$303,392</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/15/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	1,851	168	1,333	79.20%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,345	39	556	42.57%
Rapid Re-Housing (RRH) beds	2,177	0	2,177	100.00%
Permanent Supportive Housing (PSH) beds	3,620	36	3,392	94.64%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

Hennepin County is in the process of preparing the adults only emergency shelters for Coordinated Entry. This includes increasing HMIS participation. We hope to have CES for single adults operational in 2016. Seasonal and overflow ES is currently not documented on HMIS, but Hennepin County is working on a swipe card system that we expect will capture this. Hennepin County's CES is not fully built out yet, but we expect that to happen in 2016 and this will ensure near complete HMIS participation.

A Faith-Based Transitional Housing project that accounts for 576 TH beds that does not participate in HMIS anymore was mistakenly included in the 2015 HIC as participating in HMIS. We will continue to engage the provider to participate in HMIS but we are not overly optimistic that there will be a change in the near future.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input checked="" type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input checked="" type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Quarterly

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	8%	2%
3.2 Social Security Number	9%	19%
3.3 Date of birth	3%	1%
3.4 Race	5%	1%
3.5 Ethnicity	5%	1%
3.6 Gender	3%	0%
3.7 Veteran status	12%	1%
3.8 Disabling condition	8%	2%
3.9 Residence prior to project entry	11%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	46%	1%
3.15 Relationship to Head of Household	38%	0%
3.16 Client Location	7%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	26%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 8

**2D-4. How frequently does the CoC review data quality in the HMIS?** Quarterly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)**

Not Applicable

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
For ES & TH providers not in HMIS, a provider-level survey was conducted	<input checked="" type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

The CoC, in cooperation with the state-wide HMIS administrator, utilized PIT reports of those ES & TH providers fully participating in HMIS. The CoC, with the assistance of the state's Department of Human Services (DHS), conducted a provider-level survey of all other ES & TH providers in the CoC, which included questions for all elements in the PIT submission. The raw data from both sources were reviewed and adjusted, as needed, in consultation with the HMIS administrator, DHS staff, & the providers. The CoC chose this methodology because it has been used & refined over many years & assures full coverage for the sheltered count, including programs not participating in HMIS.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

Not applicable.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

Not Applicable

## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

The CoC, together with the 9 other CoCs in MN, partnered with the Minnesota Office to Prevent and End Homelessness to better coordinate processes and methodologies statewide to improve the quality and consistency of the counts. That Office coordinated the work of the statewide HMIS administrator, the MN Dept. of Human Services, & the MN Dept. of Veteran Affairs to improve the quality of data collected via HMIS and provider surveys, & to improve how veterans were identified & connected with services during the count.

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/22/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/15/2015

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)**

The CoC uses the same methodology for conducting quarterly unsheltered counts in Hennepin County, including the annual PIT count for HUD for many years. The CoC's outreach team, St. Stephen's Street Outreach, employs well-trained staff & volunteers to conduct counts & interviews at known locations and at service-based locations the day after. Also, as part of this strategy, outreach & CoC staff use social mapping techniques & interview questions to identify others sleeping at those and other locations. The service-based locations include emergency service providers, hospitals, schools, libraries, & public transit operations, to name just some. The CoC has developed and chosen this methodology because it has proven effective and relatively accurate over many years of quarterly use and refinement.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

Not Applicable.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

Training:	<input type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

The CoC, together with the 9 other CoCs in MN, partnered with the Minnesota Office to Prevent and End Homelessness to better coordinate processes and methodologies statewide to improve the quality and consistency of the counts. That Office coordinated the development of consistent methods and tools for gathering and documenting the unsheltered counts statewide. We also partnered with the MN Dept. of Veterans Affairs to improve how veterans were identified & connected with services during the count.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3,731	3,215	-516
Emergency Shelter Total	2,510	1,733	-777
Safe Haven Total	0	0	0
Transitional Housing Total	1,011	1,359	348
Total Sheltered Count	3,521	3,092	-429
Total Unsheltered Count	210	123	-87

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	4,282
Emergency Shelter Total	2,758
Safe Haven Total	0
Transitional Housing Total	1,659

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**

**(limit 1000 characters)**

Risk factors for first-time homelessness identified through data analysis and research include very low income, foster care experience, childhood homelessness experience, end of TANF. Our eligibility tool developed based on HMIS data, closely matches those provided homeless prevention interventions with those most likely to access ES. This way the CoC more effectively targets both mainstream resources (EA & EGA) & homeless prevention programs to prevent 1st-time homelessness. Many people at imminent risk of homelessness are identified by emergency service providers (ESP) & food shelves, many of which also provide homeless prevention services. County Human Services has regional centers co-located with 4 ESP’s facilitating easier access to mainstream emergency resources & homeless prevention assistance. Human Services staff also visit outlying ESP’s to process applications for mainstream resources. Family CES facilitates resources and referrals to divert families from ES & homelessness.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

HMIS identifies families with 30 days or more in shelter. CE staff target those families for added employment & housing supports. Families are screened within 3 days of shelter entry using VI-SPDAT to identify those most in need of PSH & move into available units ASAP. The adults tool is being developed. The adult shelter system is being redesigned to identify single adults at 30 days for added employment & housing supports. Considerable research on the driving forces behind longer stays for individuals & families has been done. Half the single adults leave shelter within a week & ½ of the remaining within a month. Single adults’ shelter exits decline after 5 months, so this population is targeted for help by housing advocates. For families, length-of-stay is driven by repeated homelessness & loss of TANF funds post-60 months. The CoC’s Stable Families Initiative for repeat shelter stayers has county-funded employment services for post 60-month TANF families to move into housing ASAP.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	219
Of the persons in the Universe above, how many of those exited to permanent destinations?	187
% Successful Exits	85.39%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	2,168
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	2,021
% Successful Retentions/Exits	93.22%

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

- 1) The CoC used HMIS data to identify individuals & families who had more than three shelter stays in two years and are currently housed. Single parents with custody of their children were contacted to determine if they were at risk of returning to shelter. Intensive case management and financial assistance were offered to those households to promote stability in housing.
- 2) The CoC works with housing programs for all populations (individuals & families) to minimize program terminations & discharges due to rule infractions & other reasons.
- 3) The CoC studied the use of shelter and determined that young mothers & their children were using the shelter more than others and were repeat users. The young parents PH program was developed to address this need. In the 2015 CoC Program Competition 3 of the 4 new permanent housing bonus projects selected for funding have specifically included young parents & children as a target population.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

- 1) For families we work with Goodwill/Easter Seals to provide individualized services to repeat shelter users & families in shelter who have reached their limit on TANF. Services include goal setting and hands-on assistance to apply for appropriate training or employment. This “enhanced” employment service is in addition to the required employment services for TANF. 2) HC implemented a policy & funding that presumes that families in shelter are eligible for child care assistance. The Human Services Dept. approves & provides this assistance when parents obtain employment & move to PH, increasing job retention. 3) The County created regional Human Service Centers throughout the county which has increased ease & accessibility to apply for & receive eligible cash benefits (e.g. TANF & General Assistance). The State of MN & the County have also increased utilization of advocacy resources & SOAR for SSDI benefits. HC was involved in the Opening Doors Summit on employment in Washington.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

100% of CoC funded projects access mainstream employment services. Some of the projects are certified TANF employment sites & provide employment services for their own participants & participants from other projects. Services include links to educational opportunities such as GED & college, professional training such as nursing; expungements, interview skills, resume writing, clothing, internships, job fairs, job leads, certification fees. Projects identified 46 employment providers that they work with & all access more than one. Some were specialized youth employment providers. Project for Pride in Living employment services were used by 42% of projects, Goodwill Easter Seals by 40%, state Workforce centers by 39%, Emerge & HIRED by 24% of projects. The CoC convenes a monthly employment community of practice where mainstream employment providers present their services & train projects how to help participants deal with barriers such as lack of a degree, criminal backgrounds, etc.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?**

**(limit 1000 characters)**

Hennepin County has a robust outreach strategy, with 18 agencies & 47 individuals. Outreach agencies, along with the Downtown Improvement District (Minneapolis), meet monthly to coordinate services, geographic coverage, & hours of service. The Downtown Business Council has made ending street homelessness one of their goals & are involved in planning opportunities to enhance outreach efforts. Each agency tracks the people they identify as unsheltered & data are entered into HMIS. The agencies focus on housing their clients directly from the streets into appropriate permanent housing & also encourage their clients to seek room in area emergency shelters. Hennepin ES has housed many adults directly from the streets in 2014. Hennepin ES system has the capacity to shelter every family with children who cannot be diverted to prevention or other housing options. The unsheltered count in Hennepin reflects this robust street outreach effort, with only 114 unsheltered in the Jan 2015 PIT count.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**  
**(limit 1000 characters)**

Not Applicable

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	576	637	61
Sheltered Count of chronically homeless persons	425	572	147
Unsheltered Count of chronically homeless persons	151	65	-86

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

The total PIT Count of chronically homeless persons increased by 61 from 2014 to 2015 (576 to 637). This was the result of an increase of 147 of sheltered CH persons along with a decrease of 86 of unsheltered CH persons. The sheltered increase is due to improved reporting of this subpopulation by ES providers, both in HMIS & in the PIT Count survey. The drop in unsheltered CH persons coincided with a drop in the unsheltered count in general & the increase in ES use by people who previously were unsheltered.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

We have already made great progress reducing chronic homeless. Since 2011 PIT count of 775 individuals to 373 in 2013, & families from 353 in 2011 to 39 in 2013. Beginning with this Competition, the CoC will be encouraging & evaluating CoC-funded projects on the percentage of their non-CH dedicated beds they will make available for CH individuals & families. We also have a new CoC-funded project, RS Eden Emanuel Housing, with 14 CH-dedicated beds that was under development & is now fully operating and will be reporting for 2014 & 2015. We also plan to reallocate an SSO project to PSH for CH households, resulting in about 40 more beds. We plan to continue to focus state resources on ending chronic homelessness. These include Long-term Homeless Group Residential Housing (GRH) funding through our Housing First Partnership and Specialized Choice program, Long-term Homeless rental assistance from Minnesota Housing, & Long-term Homeless Service funding from the MN Dept of Human Services. These efforts will continue to add to the numbers of CH dedicated beds in the CoC, from 1,653 in 2013 to estimates of 1,739 & 1,800 in the next 2 years.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

1) In January 2014 all CoC-funded PSH projects were strongly encouraged to prioritize as many vacancies as possible for CH households. During both the FY2013 & FY2014 project evaluation & application processes the PSH projects' proposed rates of prioritization were reviewed & scored. 2) In July 2013 RS Eden Emanuel Housing began operating & housing individuals. 3) The reallocation of an SSO project to PSH for CH households was not pursued because the CoC determined a higher need & priority to reallocate this project into a 600-bed family RRH project. In October 2014 a TH project was reallocated into a PSH project for CH households (10 units, 20 beds). 4) In January 2014 & January 2015 capacity of the Housing First Partnership was increased to house more households through Long-term Homeless Group Residential Housing (GRH). In January 2015 an RFP was issued for more LTH-GRH Specialized Choice projects in Hennepin County, which resulted in the selection of 4 projects with 35 beds.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	1,747	2,079	332

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

The increase in the number of CH PSH dedicated beds is the result of the addition of new housing opportunities through reallocation or new funding. In October 2014 a TH project was reallocated into a PSH project for CH households (10 units, 20 beds). In January 2014 & January 2015 capacity of the Housing First Partnership was increased to house more households through Long-term Homeless Group Residential Housing (GRH). In January 2015 an RFP was issued for more LTH-GRH Specialized Choice projects in Hennepin County, which resulted in the selection of 4 projects with 35 beds.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?** Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** 28, 37, 38

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	1,271
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	274
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	270
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	98.54%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

We are focused on meeting this goal by 2017. Our strategy is to bring the 5 shelter providers together into a coordinated entry system, similar to our family system, with prevention, assessment, and housing referrals. Our system has focused on the longest term shelter stayers, with targeted interventions for the longest shelter users, those in the criminal justice system, medically fragile, and unsheltered individuals. Our community has leveraged Group Residential Housing, a state funded program to house people who are chronically homeless. With a common assessment tool, we will triage the most vulnerable into housing opportunities and identify those who have fallen through the cracks.

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

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
VI-SPDAT Score	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

Families are assessed using VI-SPDAT as soon as possible after ES entry & placed on appropriate housing waiting list. RRH providers are expected to complete intake with families within 7 days of receiving the referral & meet with families at least weekly. Families must meet weekly with the HC shelter team (HCST) to reauthorize shelter & discuss their case plan & steps taken towards PH. RRH providers notify HCST if families are unresponsive & HCST reinforces need for provider contact and progress towards PH. Providers are expected to follow a housing 1st approach & focus solely on housing after intake is complete. Compared to similar sized areas HC has a high shelter census due to our shelter-all policy. In 2015 HC CoC funded only RRH for families with PH bonus to alleviate demand for PH. RRH providers are evaluated on how quickly they move families from homelessness into PH. This performance measure is included in all County RRH contracts & used by the CoC to make funding decisions.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	425	744	319

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	594	473	-121
Sheltered Count of homeless households with children:	593	472	-121
Unsheltered Count of homeless households with children:	1	1	0

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The CoC had a decline in homeless families with children between the 2014 & 2015 PIT count. We focused our attention on repeat shelter users with the Stable Families Initiative, which had a prevention component for families who had already been in shelter twice, and longer-term rapid rehousing program for young parents at risk of returning to shelter. We prioritized RRH services for families with income sufficient to sustain housing. PSH providers began to get most of their referrals from the ES system, saving PSH units for families with the highest VI-SPDAT scores. We now have more units available for CH families than CH families in our ES system. Shelter staff gave a consistent message of jobs as a way out of homelessness & assisted with job fairs attendance, professional clothing etc. Improved economy also contributed to a decrease in homeless households. However, this trend has recently reversed with unavailability of affordable rental housing with vacancy rates of less than 2%.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	83	63	-20

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

Hennepin CoC reduced unsheltered numbers in all populations. The CoC's outreach program to unsheltered & at risk of homelessness youth is very robust & we attribute the reduction to early identification & intervention. The youth homelessness system has developed a website and app that allows youth and community members to connect to services and view shelter bed availability in real time reserve them in realtime, it also notifies them when a bed becomes available. There have also been several presentations about youth homelessness sponsored by the CoC to raise awareness about youth homelessness. For example in September we had a community brown bag presentation on the County's "No Wrong Door", the County's effort to combat juvenile sex trafficking.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$5,996,682.00	\$6,382,698.00	\$386,016.00
CoC Program funding for youth homelessness dedicated projects:	\$1,056,552.00	\$1,450,939.00	\$394,387.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$4,940,130.00	\$4,931,759.00	(\$8,371.00)

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	28
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	9
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	25

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

The education liaisons are members of three CoC subcommittees: the Funding Committee, Homeless Assistance & Prevention Committee, and Family Service Network. These committees meet monthly. CoC members attend the Hennepin Homeless & Highly Mobile Liaisons' meeting when invited. The CoC sponsored the research on the surge of school age students in shelter & worked with the HHM liaisons to identify prevention strategies. All the youth homeless housing providers, including RHY providers attend the monthly FHPAP and the annual CoC meeting. A homeless youth housing provider is a voting member of the CoC's funding subcommittee. In addition the State Office to Prevent and End Homelessness has convened two strategy sessions that were attended by housing providers and CoC representatives. The CoC attends the School-Community Integration Committee to provide information about suburban youth homelessness and homeless response services available.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

When a family enters shelter, they are connected with the Minneapolis Homeless & Highly Mobile liaison within 24 hours. This liaison coordinates school attendance throughout the county to ensure that the children receive transportation to their original school. Parents with children have access to ongoing education through TANF. There is a focus on increasing educational services in RRH & PSHs and this includes completing GED, accessing technical education, and college. The CoC scores projects based on educational opportunities made available to program participants. The CoC educates the juvenile justice system and child welfare systems about homeless services available to their clients. Our youth prevention providers do outreach to high schools that have a high number of HHM students, so we are working with all HHM liaisons. Suburban ESG providers participate in school-community meetings & provide information to the non-profits & school members about homeless services.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	119	127	8
Sheltered count of homeless veterans:	106	123	17
Unsheltered count of homeless veterans:	13	4	-9

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

We saw a minimal increase in the number of veterans counted in the PIT, from 119 in 2014 to 127 in 2015. Our first focus was on identifying veterans eligible for VASH and SSVF housing. This increased effort to ask about veteran status led to an increase in veterans identified, many of whom have been in our system for years with veteran status unknown. With the implementation of a registry a year ago, we are making headway on reducing the number of veterans who are homeless. However, every push to identify new veterans leads to an increase in veterans on the registry.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)**

With the 2015 Point-in-Time count, the Minnesota Department of Veterans Affairs (MDVA) launched a statewide Homeless Veteran Registry. The purpose of the Registry is to identify every Veteran experiencing homelessness and create a sustainable housing plan, leveraging all available resources. With the Veteran’s authorization, a team convenes to identify the resources best poised to help the Veteran and their family obtain stable housing. These resources include programs and services delivered by VA Medical Centers (including HUD-VASH), MDVA (including the State Soldiers Assistance Program), and private organizations (including SSVF). Veterans are triaged and referred based on their eligibility and the acuity. The Registry documents these housing plans and ensures accountability for next steps. Finally, in addition to ongoing outreach, the Minnesota Assistance Council for Veterans also conducts Stand Down events to promote engagement of Veterans experiencing or at risk of homelessness.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)**

The Continuum of Care has established a preference so that if two households are similar in acuity and recommended for referral to the same resource, Veteran households are prioritized to receive that resource first. In addition, the scope of the Homeless Veteran Registry described in answer 3B-3.2 includes everyone who has served in the U. S. Armed Forces, regardless of their discharge status or whether they qualify for Veteran benefits. VA Medical Center and MDVA personnel confirm their Veteran status and eligibility for VA health care programs as part of the intake and triage process through the Registry, ensuring that Veterans who are not eligible for VA health care are referred to other appropriate resources.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	201	127	-36.82%

Unsheltered count of homeless veterans:	23	4	-82.61%
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**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** No

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

As a Vets@Home TA community & SSVF surge grant community, primary challenges identified are 1) locating landlords willing to accept Veterans with poor rental histories, behavioral health challenges & criminal histories; 2) engaging Veterans with severe mental health issues and/or chaotic substance use, who often are unable to participate in housing plans or unwilling to accept permanent housing solutions offered. While we have strategies to increase landlord engagement, which will hopefully address point (1), our lack of sufficient low-threshold housing options continues to pose challenges for 2nd group. Additional resources to create low-threshold housing options would be helpful, as would criminal justice system reforms to prevent people with criminal histories from being screened out of available housing options. Hennepin County is prioritizing state-funded GRH in scattered apartments for Veterans. In our tight rental market, creating additional affordable housing is critical.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	39
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	37
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	95%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

MN is a Medicaid expansion state so several agencies have trained MNSure coordinators & don't need to go outside their orgs to enroll people. Since health insurance enrollment is an automatic part of the county's benefit screening, for most people it happens automatically. Hennepin County's Health Care for the Homeless (HCH) has its own enrollment staff. One full time person's entire job is to work with uninsured clients on applications for whatever they are eligible for (Medicaid, Medicare, MN Care). There are also 3 staff who are trained to do this work in addition to their other duties. All are Certified Application Counselors in MNSure (ACA exchange) & assist patients in setting up MNSure accounts, completing applications, & follow up with county eligibility workers to ensure that application are processed & completed. HCH assists about 734 people with the health care marketplace annually. Last year, the program submitted 148 applications & enrolled 168 individuals.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	37
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	30
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	81%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	37
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	30
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	81%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	1,472	2,262	790

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
(limit 1000 characters)**

Not Applicable

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

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

Not applicable

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

Not applicable.

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input checked="" type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input checked="" type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Abt Associates has come to the CoC and continues to come to the CoC bimonthly for HUD funded and County funded technical assistance. They address all of the issues identified above.	11/16/2015	5

## Submission Summary

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<b>1E. Coordinated Assessment</b>	11/18/2015
<b>1F. Project Review</b>	11/19/2015
<b>1G. Addressing Project Capacity</b>	11/13/2015
<b>2A. HMIS Implementation</b>	11/13/2015
<b>2B. HMIS Funding Sources</b>	11/18/2015
<b>2C. HMIS Beds</b>	11/19/2015
<b>2D. HMIS Data Quality</b>	11/16/2015
<b>2E. Sheltered PIT</b>	11/19/2015
<b>2F. Sheltered Data - Methods</b>	11/18/2015
<b>2G. Sheltered Data - Quality</b>	11/13/2015
<b>2H. Unsheltered PIT</b>	11/19/2015
<b>2I. Unsheltered Data - Methods</b>	11/18/2015
<b>2J. Unsheltered Data - Quality</b>	11/13/2015
<b>3A. System Performance</b>	11/19/2015
<b>3B. Objective 1</b>	11/19/2015
<b>3B. Objective 2</b>	11/19/2015
<b>3B. Objective 3</b>	11/18/2015
<b>4A. Benefits</b>	11/19/2015
<b>4B. Additional Policies</b>	11/16/2015
<b>4C. Attachments</b>	11/19/2015
<b>Submission Summary</b>	No Input Required