

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-501 - St. Paul/Ramsey County CoC

1A-2. Collaborative Applicant Name: Ramsey County Community Human Services Department

1A-3. CoC Designation: CA

1A-4. HMIS Lead: A. 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	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
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
Veteran Service Provider	Yes	Yes	Yes
		Not Applicable	Not Applicable
		Not Applicable	Not Applicable

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)

Publicly posted open monthly meetings of the CoC Governing Board. CoC Listserv membership of 250+ individuals. CoC website www.ramsey.headinghomeminnesota.org. Open meetings of the State-funded Family Homeless Prevention and Assistance Advisory Committee. St. Paul Area Coalition for the Homeless monthly meetings. Police-provider forum quarterly meetings. Open Governing Board Committee meetings. Landlord discussion sessions. Coordinated Entry provider meetings. In particular, to ensure we have voices present to speak for CoC prioritized populations, we have on our governing board a representative from a domestic violence program and the head of the school homeless student liaison team for St. Paul Public Schools, the former serving on our CoC Evaluation committee and the latter on our Family CES committee.

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).
Lutheran Social Services	Yes	Yes	Yes
The Salvation Army	Yes	Yes	No
Ain Dah Yung	Yes	No	No
Face To Face Health and Counseling	No	Yes	Yes
Beacon Interfaith	No	No	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).
Harriet Tubman	Yes	Yes
Women's Advocates	No	No
Casa de Esperanza	No	No
The Dwelling Place	No	No
Women of Nations	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)

Governing Board held strategic planning session in early 2015 to align priorities with Opening Doors. The CoC requested the Mayor of St. Paul to join the city challenge to end vet homelessness. The CoC has supported a registry to track all homeless vets and work with team of housing and outreach providers to create housing plans for every identified vet, a list that started at 99 and is now down to 22. The CoC is creating a committee to track chronic homelessness and will use the 2016 PIT to start a CH registry to track and create a housing plan every identified person on the list. CAHS, our CES for families and the Ramsey Youth Action Team have been named the parties responsible for moving toward an end to family and youth homelessness.

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)

Each year, the CoC issues a request for proposals through the CoC website and the CoC listserv of over 250 names. The request is publicized at all homeless related meetings. Three meetings are held to recruit and field questions from community providers interested in submitting applications as part of our collaborative application. All applications submitted are carefully reviewed for alignment with publicized CoC component and population priorities, project readiness, and HUD priorities. Applicants are provided feedback on the application to strengthen the proposal. All proposals submitted are reviewed by the ranking committee. Rejected applications are provided additional feedback and invited to submit again for the following year's competition.

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

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	Yes
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	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	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?	2	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 Coordinator and CoC Evaluator meet with City of Saint Paul and Ramsey County responsible for the Consolidated Plan at least monthly for 2 hours(city staff person responsible for the housing and homeless sections of the plan is a CoC Governing Board member; Coordinator and Evaluator are county staff) to provide PIT, HIC and Unmet Need statistics and other info needed for that plan and attends public hearings on the plan. The CoC spends approximately 8.5 hours in meetings, phone calls, and e-mail providing information to Ramsey County in the development of their plan.

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 Coordinator and other Governing Board members read, evaluate, score and rate all ESG applicants to both the City of St. Paul and the State of MN. The CoC participates in a face to face review with the state on all Ramsey County applications. The COC Evaluator is meeting with all ESG sub-recipients, using primarily HMIS, PIT and HIC data to develop performance standards and strategies for tracking performance and will be reporting annually to the CoC Governing board on these results.

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)

The CoC Governing Board includes an experienced victim's services advocate to share best practices, connect to other initiatives, coalitions, networks, and trainings to improve response to victims of violence. The CoC coordinates with other victim services providers through Day One, the MN Coalition for Battered Women and the MN Coalition Against Sexual Assault. Victim's service providers helped to plan and work closely with our Coordinated Entry system for families to ensure that everyone has easy and rapid access to a housing assessment and appropriate safety-focused referral. If a person fleeing violence comes initially to coordinated entry, they are immediately assessed and connected to the victim's services network through the Day One system for immediate placement into the safest available spot. Once someone is placed in a domestic violence shelter, the shelter staff immediately inform our coordinated entry system for a housing assessment that is focused on safety.

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
St. Paul Public Housing Agency	0.00%	No
Metropolitan Council	0.00%	No

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)

St. Paul PHA dedicates over 500 PBVs units for supportive housing for people who are homeless, 100 FUP Vouchers and 159 HUD VASH. In Ramsey County, the state of MN has invested heavily in subsidized housing for people who are long-term homeless: capital funding for 434 units; operating subsidies for 123 units and tenant based rental assistance for 132 units. 178 subsidized housing units are used through the state-funded Group Residential Housing Program for people meeting the definition of long-term homeless. The state funded Family Homeless Prevention Program and Transitional Housing program also provide approximately 125 units of transitional and rapid rehousing slots for people who are homeless.

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 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)**

n/a

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)**

CES for families began January 2014. Designing singles CES with access points thru shelter and outreach; youth thru outreach and drop-in centers. Removed unnecessary barriers to programs. Mapped supportive housing projects to facilitate accurate referrals based on the VI-SPDAT assessment. Partner with 2-1-1 to identify clients 24/7. Our CES education campaigns include law nforcement, schools, hospitals, community organizations, and other support systems. We also use our website and linked county online resources to engage our residents. Regular meetings are held to assist providers and clients in navigating during and following intake. Track clients throughout CE process using bi-weekly updates with providers to identify clients who might need additional assistance in securing housing even after acceptance to a housing program. The CoC is managing a by-name list for homeless veterans currently and plans to initiate a similar list for chronically homeless in the 2016 PIT.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Religious Institutions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>

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?	29
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
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?	25
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"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
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"/>
	<input type="checkbox"/>
Need for specialized population services	
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"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

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 has adopted and enforces HUD Notice CPD-14-012. The CoC looked at the % of dedicated Chronic beds and the % of non-dedicated that are prioritized for CH. CoC identified severely mentally ill and victims fleeing violence as priorities and used project applications, APRs and monitoring visits to the projects targeting those populations. Looked at all the APRs to determine number of physical and mental health conditions for all stayers and leavers. For families, tracked the referrals through coordinated entry for willingness to serve the most vulnerable. CoC Ranking and scoring criteria took vulnerability of population into consideration to ensure an emphasis on projects serving the those with longest histories of homelessness and greatest service needs.

**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)**

The ranking criteria and the specific scoring tool were made available on the CoC website on Monday, Oct.12. Posted at: www.ramsey.headinghomeminnesota.org. We completed our preliminary ranking decisions on October 27th and shared the results with each applicant on Oct. 28th We reviewed and met with two providers who appealed their position in tier 2 on the ranking list. We posted a final ranking sheet on our website on November 5.

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.) 11/13/2015

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.) 11/04/2015

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 carefully reviews the project APRs for all funded projects. Reviews data quality quarterly for all providers. Special focus is made to populations served (and not served), intake process (including the time required to fill vacancies), eligibility requirements, whether services are required or not, turnover rates, reasons and frequency of program expulsions, average length of stay, exits to permanent housing, and income increases. This info is compared to APR data on performance goals. For all state funded programs, HMIS data was used to identify clients who have a return to shelter in the 6 and 12 months after program exit. Finally, programs were reviewed for consistency with HUD and CoC goals, particularly serving individuals and families with the longest histories of homelessness and those with the most difficult barriers.

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. Wilder-CoC HMIS MOU Pages 1-3

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)? Service Point
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 coverage area: Statewide

*** 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	\$108,686
ESG	\$12,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$120,686

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
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$39,748
State and Local - Total Amount	\$39,748

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$31,942
Other - Total Amount	\$31,942

2B-2.6 Total Budget for Operating Year	\$192,376
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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): 04/30/2015

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	788	226	186	33.10%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	593	20	438	76.44%
Rapid Re-Housing (RRH) beds	343	0	343	100.00%
Permanent Supportive Housing (PSH) beds	2,897	0	2,376	82.02%
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)

Emergency shelter beds include the Union Gospel Mission (168 beds). The Mission is independently funded and does not intend to change their information system provider. Talks are underway to provide Mission extracts that can be loaded into HMIS by a third party. The Mission will also be a point of access for CES for singles and assessment data will be in HMIS. Catholic Charities (208 beds) is waiting on Bowman Systems for a total transfer of their current information system to Service Point at which time those beds, including historical data will be in HMIS. The Union Gospel Mission also has 83 beds for families in TH. With those beds entered we would have exceeded 90% of all TH beds covered. South Metro Human Services administers 137 PSH beds through state-funded GRH program that will be entered into HMIS starting in 2016. 217 HUD VASH beds are not yet required to use HMIS.

**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 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 type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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	2%	1%
3.2 Social Security Number	5%	23%
3.3 Date of birth	4%	0%
3.4 Race	6%	1%
3.5 Ethnicity	6%	0%
3.6 Gender	5%	0%
3.7 Veteran status	3%	0%
3.8 Disabling condition	2%	0%
3.9 Residence prior to project entry	2%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	18%	10%
3.15 Relationship to Head of Household	17%	0%
3.16 Client Location	7%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	18%	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? 10

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 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)

VA Grant and Per Diem programs are entering data into HMIS but there are no GPD programs in Ramsey County

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): 04/30/2015

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 type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input 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's sheltered PIT count methodology was developed in collaboration with the State Office to Prevent and End Homelessness. Technical assistance was provided to all CoCs in MN. HMIS data for all shelters and transitional housing providers was reviewed. A survey went out to all projects not in HMIS. Surveys were conducted by trained staff or supervised and trained volunteers. Follow up interviews were held with all providers, whether in HMIS or not whenever there were questions or incomplete information provided. Methodology selected to provide maximum coverage.

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)

N/A

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)

N/A

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 checked="" 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)

This was the first year of active involvement with HMIS in the PIT count and our first use of a collaboratively developed common statewide online survey. There was far more outreach to shelter and transitional housing providers to be sure that their HMIS data was current and accurate or to prepare them for the questions on the survey to ensure more complete information and far more training for both staff and volunteers involved.

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):** 04/30/2015

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"/>
Day after the count at meal programs and drop in centers	<input checked="" 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)

As with the sheltered PIT count, a coordinated statewide survey form was used to collect equivalent data statewide. Street outreach teams went out to known camp locations the night of the count. A team was stationed at the Union Depot in St. Paul and interviewed people there between 2 and 6 am. The day after we covered meal programs, drop in sites and food shelves to identify others not previously interviewed. All survey info was entered into a state on-line data base.

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)

This was the first year we have used an online database to compile all the survey info for the unsheltered count. The count was coordinated statewide with video training and assistance with the overall strategy to maximize coverage.

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 checked="" 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)

With technical assistance from the State Office to End and Prevent Homelessness, our CoC had much better planning, conducted more extensive recruitment of PIT volunteers and provided 6 training sessions as opposed to 2 in previous years. Establishing a statewide planning timeline, we had far more time to recruit and train volunteers.

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	1,500	1,398	-102
Emergency Shelter Total	712	758	46
Safe Haven Total	0	0	0
Transitional Housing Total	720	556	-164
Total Sheltered Count	1,432	1,314	-118
Total Unsheltered Count	68	84	16

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	1,352
Emergency Shelter Total	562
Safe Haven Total	0
Transitional Housing Total	881

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)**

The CoC uses the state funded Family Homeless Prevention and Assistance Program, ESG, and TANF Block Grant and state General Assistance funding to prevent evictions and condemnations through short to medium term rental and utility assistance, clean up of hoarding houses, landlord/tenant mediation, legal assistance, and a robust shelter diversion program. The CoC partners with 2-1-1 as a initial screener for all families seeking shelter in Ramsey County and has been able to divert 60% of all callers into various prevention strategies. CoC has issued a community survey to identify proximate causes of homelessness identifying lack of family or social support system coupled with very low income the greatest predictor of homelessness, followed by poor health, long history of unemployment, and multiple felony convictions.

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)**

The CoC uses the VI-SPDAT and coordinated entry to assess the level of assistance required for all families (the system for single adults and youth is due to start up in early 2016), which has eliminated the need for families to navigate the complex web of agencies and programs seeking any solution. Providing easy access and getting people to the right place the first time is the key to shortening the length of time homeless. The CoC has worked diligently with all our providers on the necessity of prioritizing people with the longest histories of homeless which is why 100% of our CoC funded PSH beds likely to turn over in the upcoming year have been prioritized for chronically homeless individuals and families. The CoC works closely with the city, county and state in their use of LIHTC, HOME and CDBG to focus on preserving and developing new affordable housing.

*** 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	353
Of the persons in the Universe above, how many of those exited to permanent destinations?	289
% Successful Exits	81.87%

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	462
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?	430
% Successful Retentions/Exits	93.07%

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)

Coordinated entry is designed to get people to the level of assistance needed to avoid returns to homelessness. Having adopted HUD Notice CPD-14-012, we have as a first priority to move people with the greatest needs into the most suitable housing to meet those needs to prevent recycling through the streets and shelter. We also promote our directory of homeless prevention resources throughout the community to ensure police, landlords, county financial workers, hospitals and legal aid staff, among others know how to connect people in need quickly.

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)

Goodwill Easter Seals, one of our largest employment service providers is using SNAP E&T in partnering with our largest adult shelter program and day center and our homeless youth drop in center to promote employment and training opportunities for unemployed and homeless persons in Ramsey County. Our CoC participated with 10 other communities in the 2014 Partnerships for Opening Doors Summit in Washington with HUD and Dept. of Labor to network and learn about best practices from around the county to improve our capacity to match our homeless population with employment. Our CoC has also maximized participation of homeless service providers in SOAR trainings through the lead agency South Metro Human Services to move disabled people more quickly into SSI and SSDI. Wilder ROOF project, among other homeless service providers have developed partnership with our local St. Paul College to promote education and job skills training for their residents.

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)

The CoC worked with the county to design a credential initiative called Healthcare Pathways, a partnership with the county Workforce Solutions dept., Century College and area health care facilities where low income TANF families can enroll to obtain credentials for Personal Care Attendant, and Certified Nursing Assistant with follow-up options for Trained Medical Aid and Phlebotomy certificates. Ramsey County Families Achieving Success Today (FAST)_ program aims to find better paths to employment for TANF families with disabilities who have difficulty engaging in employment services. FAST provides a comprehensive set of co-located services for families with multiple barriers to employment. Ramsey County financial workers, and employment counselors are co-located in county shelters to assist with access to benefits including SNAP E&T enrollment and job placement. 56% (18 of 32) programs are directly connected with mainstream employment providers.

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)**

We are working to improve a lack of resources for outreach. People, Inc. provides 1.5 FTE street outreach workers that patrol homeless encampments around the county, libraries, city parks, transit centers and other places where unsheltered folks congregate to build trusting relationships, distribute survival gear, and talk about opportunities for housing, healthcare and benefits. They also work with St. Paul Code Enforcement to provide options for people when the city is evicting campers. The PATH funded ACCESS team includes in their caseload people living in their cars and other unsheltered locations who struggle with mental illness. These two teams meet at least monthly to coordinated information and care for people who are unsheltered. ESG funds also provide street outreach for homeless vets.

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)**

N/A

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	198	216	18
Sheltered Count of chronically homeless persons	154	164	10
Unsheltered Count of chronically homeless persons	44	52	8

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 increase in chronically homeless persons in Ramsey County is largely attributable to the significant tightening of the rental vacancy market throughout the Twin Cities area, with current reports below 2%. This has created enormous difficulties in finding landlords who will accept persons with the longest histories of homelessness and backgrounds that include multiple UD's, criminal convictions, and poor credit. Specifically the increase in the unsheltered population is largely due to temperatures in 2015 nearly 40 degrees warmer than 2014 making it far more likely to find people 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)

In our 2013 application, we are creating 38 beds that are dedicated to households that meet the definition of chronic homelessness - 32 CH beds in the new Catholic Charities Mary Hall Permanent Supportive Housing Program that can be utilized immediately in 2014 and 6 beds for chronically homeless veterans, 12 beds created through a provider/health plan partnership, and 23 beds through an expansion of an existing program for women escaping prostitution and their children which will be available in 2015. We will be recruiting agencies for new development either with new funding or reallocation to increase the number of CH beds in 2015. Though not reflected in the number of beds dedicated for CH, the CoC intends to continue to increase the percentage of PSH beds prioritized for CH.

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)

In fact all were accomplished. The Catholic Charities Mary Hall program created 32 new dedicated chronic homeless beds. The Hearth Connection/Medica Health Plan partnership added an additional 12 dedicated beds, and our funding for Breaking Free created 23 new dedicated beds for chronically homeless women flee from sex trafficking and prostitution. We have also continued to increase the supply of non-dedicated beds that are being prioritized for chronic homelessness. We believe, in spite of the increase this year, that we are positioning ourselves to end chronic homelessness by 2017.

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 homelessness persons identified on the HIC.	1,115	1,199	84

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 beds was largely due to the addition of the 67 beds identified in 3B-1.2a plus an additional 17 dedicated beds from programs still in development in 2014.

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. pages 6-8

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.	692
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.	145

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.

145

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

100.00%

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)

The CoC is working to establish a chronic homeless registry, which synchronizes case management across different service providers to establish individualized housing and service plans for chronically homeless persons. Monthly meetings between outreach and coordinated entry providers will support the identification of the chronic population, along with effective coordination and targeted service provision. The CoC Governing Board has adopted the HUD PSH prioritization recommendations. The CoC plans to maximize the use of state funded Long Term Homeless Group Residential Housing by dedicating these resources to target the chronically homeless with housing assistance and support services. Moreover, as the top local priority, funding for local projects and CoC policies have focused on increasing resources and decreasing barriers for the chronically homeless.

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 checked="" 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"/>
	<input 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)

The CoC has focused on eliminating barriers to both assessment and housing. We have partnered with our local 2-1-1 system as a 24/7 central entry point for all families who become homeless. 2-1-1 does an immediate screen to determine needs and alternative resources, and refers all families determined to need emergency shelter to our our coordinated entry program for all homeless families. Police, hospitals, county staff and providers have been trained on access. We have state funding for a diversion program provide financial assistance as needed to rapidly move people into housing solutions. All families are provided a housing assessment within 7-10 days of entering shelters (to enable those families who can self-resolve to do so) and the goal after assessment is housing placement in the shortest possible time. CoC and ESG funded RRH programs are not allowed to create barriers to accessing their programs.

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:	117	343	226

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 checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" 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:	256	226	-30
Sheltered Count of homeless households with children:	254	213	-41
Unsheltered Count of homeless households with children:	2	13	11

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)

Our CoC's coordinated entry system for families began in January 2014. This is the single most important cause in the drop in the number of homeless families. The increase in unsheltered families is largely attributable to the fact that it was nearly 40 degrees warmer for the PIT in 2015 over 2014. This made finding unsheltered households considerably easier in 2015. Also, because everyone knows to contact Coordinated Access to Housing and Shelter (CAHS), our CES for families, we have a much more complete engagement with all homeless families in Ramsey County while not having sufficient shelter beds for all in need.

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 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 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, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	103	88	-15

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)

Early 2014 the Salvation Army opened a new 11 bed shelter in Ramsey County which resulted in youth having easier access to shelter immediately than the previous year.

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):	\$4,212,943.00	\$4,000,510.00	(\$212,433.00)
CoC Program funding for youth homelessness dedicated projects:	\$201,525.00	\$201,525.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$4,011,418.00	\$3,798,985.00	(\$212,433.00)

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:	48
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	8
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	44

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)

Our elected CoC Governing Board includes Director of the Saint Paul School District homeless student liaison office. She is not only a voting member at our monthly Governing Board meetings, but also actively participates in the CoC planning groups and ranking committee. A Homeless Student Education Liaison also serves on our Family Housing Prevention & Assistance Program Advisory Committee. Additionally, we have participation from local education liaisons on our family coordinated entry planning and Data subcommittees. The Head Start Manager in St.Paul is a member of our family homeless prevention committee. State liaisons along with our CoC Coordinator attend monthly statewide coordinator meetings to participate in planning efforts across the state. The Ramsey CoC coordinator also participated in a training for all Ramsey County school district education liaisons in the state to discuss collaboration opportunities.

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, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Our homeless liaisons for each of the 5 school districts in Ramsey County collaboratively work at the schools and shelters to foster connections and provide support to families and children. After shelters receive a release of info from a family, the district liaison is immediately contacted and works with the family to determine which schools their children were attending to coordinate transportation. Public schools and student placement refer families and students to the school liaisons if they are experiencing homelessness who then contact the families to provide school supplies, coats, blankets, and other general supplies, as well as arrange school transportation. Homeless liaisons collaborate with the families coordinated entry system (CE) in verifying homeless status and assisting clients through their navigation of the process. CE also refers families, who are not already connected to the school liaisons. The liaisons stay in contact with school social workers and families if attendance for a student is a concern, and helps coordinate support with other entities. At the housing provider level, once families move in, they are connected to the education coordinator to support educational goals and school advocacy. Programs are expected to leverage funding resources, and do so through collaboration with educational programs and opportunities for youth and adults, both on and offsite. Youth outreach connect homeless youth and families with education resources as well. As a metro-wide collaborative, youth outreach providers have harmonized practices to widely advertise their services through a mobile app, which allows youth to directly connect with services and outreach workers across all metro CoCs. The CoC has adopted a Childhood Education policy which is on page 9 of the attached CoC Charter document.

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:	67	59	-8
Sheltered count of homeless veterans:	62	52	-10
Unsheltered count of homeless veterans:	5	7	2

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)

In the fall of 2014, the Mayors of St. Paul and Minneapolis joined the challenge to end veteran homelessness. From that point on we have been very active in identifying and developing housing plans for homelessness vets. Although that effort had only just begun at the time of our 2015 PIT, it was clear that the attention on this issue was already starting to pay off.

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 PIT, the MN Dept. of Vet. 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 ok, the Ramsey County team of outreach, veteran services providers and housing providers convenes to identify the resources best poised to help obtain stable housing for each person on the list. This includes programs and services delivered by the VA medical center (including HUD-VASH), MDVA, and private organizations, including SSVF. Veterans are triaged and referred based on their eligibility and acuity. the Registry documents housing plans and ensures accountability for next steps. MN Assistance Council for Veterans also conducts a Stand Down even to promote engagement of vets 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 CoC 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 assistance first. The scope of the Homeless Veteran Registry, described in 3B.3.2, includes everyone who has served in the US Armed Forces regardless of discharge status or whether they qualify for vet benefits. VA Medical Center and MDVA personnel confirm their vet status and eligibility for VA health care as part of the intake and triage process through the registry, ensuring that vets who are not eligible for VA health care are referred to other 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:	100	52	-48.00%
Unsheltered count of homeless veterans:	17	7	-58.82%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

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)

Strong coordination with our VA Medical Center, leveraging SSVF, and using the MN Homeless Veteran Registry described above have been the primary vehicles for ensuring that available resources are being maximized to achieve the goal for every veteran we identify. We have found that a single vet is often in touch with multiple organizations at the same time, and so through the registry, we are able to coordinate care in a way that was not possible previously. In addition, we have found that the combined resources of multiple agencies often helps create housing solutions for each vet that would not be possible for agencies acting alone.

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):	31
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).	27
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	87%

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)

Minnesota is a Medicaid expansion state. Several programs, including Guild, Inc. partnered with the National Alliance on Mental Illness to train MNSure coordinators when enrollment started in 2014. Therefore, many agencies do not need to go outside of their organizations to get people enrolled. Others are collaborating with United Family Practice, the Westside and Eastside Clinics, Open Cities, Bethesda and others to ensure maximum enrollment. Our street outreach teams, People, Inc and ACCESS, Health Care for the Homeless, as well as hospitals and case managers have been finding and enrolling anyone they can as they are found. Since health insurance enrollment is an automatic part of the county's benefit screening, for most people it happens early in the process. In fact many programs are reporting that most people are already enrolled at the time of intake into our homeless programs.

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 checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Reminders of appointments	<input checked="" 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):	32
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:	31
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":	97%

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):	32
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:	31
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:	97%

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:	117	343	226

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)**

N/A

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)

N/A

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)

N/A

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 type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input 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 type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input 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
HMIS	08/06/2013	5
Coordinated Entry	01/16/2015	4
Ending Veteran Homelessness	10/12/2015	4
Retooling Transitional Housing	11/05/2014	3

4C. Attachments

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.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Confirmation of n...	11/10/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Public and CoC No...	11/13/2015
03. CoC Rating and Review Procedure	Yes	Scoring tool and ...	11/09/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Ranking and Publi...	11/09/2015
05. CoCs Process for Reallocating	Yes	Reallocation Prcess	11/09/2015
06. CoC's Governance Charter	Yes	Governance and By...	11/09/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	11/13/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Public Housing/HC...	11/10/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC HMIS MOU	11/09/2015
11. CoC Written Standards for Order of Priority	No	Page 6-8 of Gover...	11/18/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	Reallocation Noti...	11/09/2015
14. Other	No	HMIS Admin P and P	11/13/2015
15. Other	No	no rejections	11/13/2015

Attachment Details

Document Description: Confirmation of no rejections

Attachment Details

Document Description: Public and CoC Notification

Attachment Details

Document Description: Scoring tool and ranking process

Attachment Details

Document Description: Ranking and Public Notification

Attachment Details

Document Description: Reallocation Process

Attachment Details

Document Description: Governance and By-laws

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: Public Housing/HCV admissions policies

Attachment Details

Document Description: CoC HMIS MOU

Attachment Details

Document Description: Page 6-8 of Governance Charter on order of priority

Attachment Details

Document Description:

Attachment Details

Document Description: Reallocation Notifications

Attachment Details

Document Description: HMIS Admin P and P

Attachment Details

Document Description: no rejections

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/18/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/18/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/18/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/18/2015
2G. Sheltered Data - Quality	11/17/2015
2H. Unsheltered PIT	11/17/2015
2I. Unsheltered Data - Methods	11/17/2015
2J. Unsheltered Data - Quality	11/17/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/17/2015
3B. Objective 3	11/16/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/13/2015
4C. Attachments	11/18/2015
Submission Summary	No Input Required

November 10, 2015

To Whom It May Concern:

The St. Paul / Ramsey County Continuum of Care has concluded its ranking process for 2015 and has not rejected any project applications.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Anderson', written in a cursive style.

Jim Anderson, Coordinator
St. Paul / Ramsey County Continuum of Care

Hylton, Zachary

From: Anderson, Jim
Sent: Friday, November 13, 2015 4:40 PM
To: Hylton, Zachary
Subject: FW: the Ramsey County CoC Application Draft is ready for review
Attachments: Collaborative Application Draft.pdf; Project Listing.pdf

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Subject: the Ramsey County CoC Application Draft is ready for review

Hi everyone,

The Ramsey County CoC HUD application is ready for your review. Attached please find the draft of the application and the project listing. These documents are also available at our Heading Home Ramsey website at www.ramsey.headinghomeminnesota.org

Please send me any comments or suggestions.

Jim

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Heading Home Ramsey Ranking and Appeal Process

1. The Heading Home Ramsey Coordinator and the Heading Home Ramsey Ranking Committee develop a scoring tool for the ranking process. This scoring tool is approved by the Heading Home Ramsey Governing Board.
2. The Heading Home Ramsey Coordinator composes project summaries for each program application highlighting key elements of the application.
3. The Heading Home Ramsey Committee conducts a technical review of Project Applications and conduct initial scoring using the approved scoring tool. In addition to project applications, the following items are used to inform scoring:
 - Project APRs
 - Housing Inventory Charts
 - Recent HUD audits and findings
 - LOCCS Drawdown and unspent funds
4. The Heading Home Ramsey Ranking Committee meets to rank projects into Tier 1 and Tier 2 based on score and other information from project application summaries. It should be noted that the Ranking Committee uses “scoring” and “ranking” as two distinct steps. Scoring informs but does not dictate the final ranking decisions. Where ranking and scoring do not correlate, the Ranking Committee will provide comments to indicate why the project was ranked in their position.
5. The Heading Home Ramsey Ranking Committee may identify projects that should be reallocated, in whole or in part, in favor of a new project.
6. Projects facing reallocation will have additional appeal rights (*See Appeals Policy*). In addition, commentary from the Heading Home Ramsey Ranking Committee will be provided to applicants after the competition closes on November 20, 2015. Projects can also report any discrepancies in their score sheet, although this is not considered an official appeal.
7. The Heading Home Ramsey Ranking Committee will publish their final ranking on the Heading Home Ramsey website no later than 15 days prior to CoC Application submission to HUD.
8. Projects will submit their copies of letters or documentation for all match/leverage resources listed in their final Project Application submission to HUD. The Heading Home Ramsey Coordinator will be responsible for approving all Project Applications. Projects will be expected to provide quick response to fix missing information or errors in their Project Application at the Coordinator’s request prior to final submission.
9. Applications will be submitted with the Heading Home Ramsey Collaborative Application.

Appeals Policy and Process

Applicants may appeal if the project is not funded or receives less funding than the amount in the application. Applicants may also appeal if the project is ranked in Tier 2 of the project priorities listing on the collaborative application.

Process and Timeline:

- Each agency will have received a copy of their score sheet October 26.
- A preliminary ranked CoC Program funding list is posted on the Heading Home Website: www.ramsey.headinghomeminnesota.org on or about Thursday, October 29.
- Eligible Appeals: Any project that is 1) not funded or receives less funding than the amount in the application; 2) a renewal project that is ranked in Tier 2 of the CoC application (in which the applicants funding may be at risk) may appeal the application's score based on their score sheets. The preliminary CoC Program project funding list will indicate which applications fall into these categories at the time it is posted.
- Any and all appeals must be received in writing within the two (2) business day appeal period; therefore, all written appeals for applications that are eligible to appeal at the time the preliminary ranking list is posted must be received by **November 2, 2015 by 4:00 PM via email to: jim.anderson@co.ramsey.mn.us**
- The notice of appeal must include a written statement specifying in detail each and every one of the grounds asserted for the appeal. The appeal must be signed by an individual authorized to represent the applicant agency (i.e., the Executive Director) and must include (highlight and/or cite) the specific sections of the application on which the appeal is based. The appealing agency must specify facts and evidence sufficient for the Appeal Committee to determine the validity of the appeal. That is, the notice of appeal must have attached the specific areas of the application being appealed and must also clearly explain why the information provided is adequate enough to gain additional points.
- If a program is facing reallocation, in part or in whole, the appealing agency may submit a more robust appeal. These appeals can include any information the agency feels is relevant, whether or not it was included in the project's original application.
- The Appeal Committee will review and evaluate all notices of appeal and decide whether or not the appeal has any validity based on the appeal policy.
- The Appeal Committee will hear any in-person presentations by projects facing reallocation. The appealing agency can send up to two (2) staff members to the presentation. The presentation is limited to 5 minutes. Following the presentation, the Appeal Committee will have the opportunity to ask questions of the appealing agency. The results of the in-person presentation will not have an effect on the project's rank; it can only be used to reverse a decision to reallocate funds. The decision of the Appeal Committee will be released after deliberation.
- Agencies will receive, in writing, the decision of the Appeal Committee within 2 business days.
- Appeal Committee ranking list is submitted for consideration to the Heading Home Ramsey Ranking Committee.

2015 Ramsey County CoC Scoring Tool

Organization:

Project Name:

Measures	Low	Mid	High		Score
	Definition	Definition	Definition	Achievement	
Chronic 1 (local priority 1-PSH only) 0/2	0% -74% of beds are dedicated for CH		>75% of beds are dedicated for CH		
Chronic 2 PSH only 0/2	0% of non-dedicated CH beds expected to turnover are prioritized for CH	1%-74% of non-dedicated CH beds expected to turnover are prioritized for CH	>75% of non-dedicated beds expected to turnover are prioritized for CH		
Severe Mental Illness (local priority 2) 0/1	Program does not target severely mentally ill population		Program targets severely mentally ill population		
Domestic Violence Survivor (local priority 3) 0/1	Program does not target survivors of domestic violence		Program targets survivors of domestic violence		
Housing First -1/0/2	Project does not follow housing first model (3B.4.d.), and has ≤ 6 boxes checkin in sections 3B.4.b. & c.	Project does not follow housing first model (3B.4.d.), and has > 6 boxes checkin in sections 3B.4.b. & c.	Project follows housing first model (3B.4.d.)		
Low Barrier -1/0/2	Clients are not screened out from accessing program in 0 or 1 of the options listed in section 3B.4.b.	Clients are not screened out from accessing program in 2 or 3 of the options listed in section 3B.4.b.	Clients are not screened out from accessing program in all 4 of the options listed in section 3B.4.b.		
Leverage (HUD awards the CoC extra points if the sum of all project leverage is ≥ 150%) -1/0/1	Project leverages ≤ 139%	Project leverages 140%-149%	Project leverages ≥ 150%		
Project Performance - All Renewals					
Bed Utilization (based on most recent HIC) -1/0/1	Project beds utilized ≤ 74%	Project beds utilized 75%-89%	Project beds utilized ≥ 90%		
Funding Management: Unspent Funds -2/-1/0	Grant award spent ≤ 89%	Grant award spent 90%-97%	Grant award spent ≥ 98%		
Funding Management: Drawdowns -1/0/1	Drawdowns occur less than quarterly	Drawdowns occur at least quarterly	Drawdowns occur monthly		
HMIS Data Quality (Based on MN HMIS minimal targets and goals) -1/0/1	Universal Data Elements completed values ≤ 91%	Universal Data Elements completed values 92%-97%	Universal Data Elements completed values ≥ 98%		
Project Performance - Permanent Supportive Housing Renewals					
Housing Stability: 6 months -1/0/1	≤ 94%	95%-97%	≥ 98%		

Housing Stability: 12 months -1/0/1	≤ 77%	78%-95%	≥ 96%		
Exits to Permanent Destinations -1/0/1	≤ 6%	7%-77%	≥ 78%		
Exits to Shelter -2/-1/0	≥ 12%	6%-11%	≤ 5%		
Increased Earned Income for Adult Leavers -1/0/1	≤ 4%	5%-20%	>20%		
Increased Other Cash Earnings for Leavers and Stayers -1/0/1	≤ 4%	5%-49%	≥ 50%		
Project Performance - Rapid Re-Housing/Transitional Renewals					
Exits to Permanent Housing On or Before 24 Months 1/0/1	≤ 61%	62%-92%	≥ 93%		
Increase Income from Employment from Entry to Exit 1/0/1	≤ 5%	6%-29%	≥ 30%		
Increased Non-Cash Benefits for Leavers and Stayers -1/0/1	≤ 3%	4%-19%	≥ 20%		

Total Score:

Anderson, Jim

From: Anderson, Jim
Sent: Friday, November 06, 2015 8:31 AM
To: Anthony Coleman (anthony@hearthconnection.org); Barbara McCormick; Colleen G. O'Brien; Dawn Bjoraker (dbjoraker@breakingfree.net); Deborah Smith (deborah.smith@ppl-inc.org); Debra Palmquist; Emily Baldwin (ebaldwin@breakingfree.net); glloyd@mhresources.com; Hanna Getachew-Kreusser (getachew-kreusserh@face2face.org); haysd@face2face.org; Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US); Jacqueline Jones (jacqueline.jones@wilder.org); Jaime Stampley (jstampley@ywcaofstpaul.org); Jazi Foreman (jforeman@solidgroundmn.org); 'jennifer.fairbourne@lssmn.org'; Jonathan Lindquist (jonathan.lindquist@cctwincities.org); Julie Grothe - Guild Incorporated (jgrothe@guildincorporated.org); Katie McShea (KMcshea@breakingfree.net); kdownie@modelcities.org; Kelby Grovender (kelby@hearthconnection.org); Keogh, Jennifer; kstull@rseden.org; Lindsay Bacher (lindsay.bacher@wilder.org); lmueller@rseden.org; Lucy Zanders; Matt Lewis (mattl@south-metro.org); Michael Radcliffe; Nelson@commonbond.org; Nona E Ferguson; Peller-Nelson, Marilyn; Riegle, Sara; Roxanne Condon; Sarah Koschinska; Scott Cole-Hill (colehills@face2face.org); Sharri Adams (sadams@emmanorton.org); tammy.wiger@metc.state.mn.us; Teresa M. Howard; Terry Schneider; 'Tonya Brownlow'; Tricia Carter; Trisha Cummins Kauffman (tckauffman@solidgroundmn.org); Tyronia Watson; Wendy Assal (wassal@breakingfree.net)
Subject: Official and final HUD Ranking 2015
Attachments: Ramsey Final Ranking.xlsx

Attached please find the final ranking for our CoC. It is also posted on our Heading Home Ramsey website: www.ramsey.headinghomeminnestoa.org

Jim

Jim Anderson
Ramsey County Community Human Services Department
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jim.anderson@co.ramsey.mn.us

Ranking 3	Applicant Name	Project Name	Expiring Grant #	Project Type	Component Type	Amount Requested	Amount Ranked	Running Total
1	Breaking Free	Village Place 4-unit	MN0205L5K011403	Renewal	PSH	\$35,389.00	\$35,389.00	\$35,389.00
2	Model Cities	Families First	MN0041L5K011407	Renewal	PSH	\$226,528.00	\$226,528.00	\$261,917.00
3	Catholic Charities	Mary Hall Permanent Housing	MN0308L5K011401	Renewal	PSH	\$266,208.00	\$266,208.00	\$528,125.00
4	Metropolitan Council HRA	Ramsey County CoC	MN0046L5K011407	Renewal	PSH	\$824,232.00	\$824,232.00	\$1,352,357.00
5	South Metro Human Services	SMHS Ramsey CD Housing 2		New	PSH	\$126,546.00	\$126,546.00	\$1,478,903.00
6	CommonBond Communities	Ft. Snelling Renewal	MN0305L5K011300	Renewal	PSH	\$62,198.00	\$62,198.00	\$1,541,101.00
7	Breaking Free	Village Place #3	MN0310L5K011401	Renewal	PSH	\$120,491.00	\$120,491.00	\$1,661,592.00
8	CommonBond Communities	Lexington Renewal	MN0034L5K011403	Renewal	PSH	\$86,825.00	\$86,825.00	\$1,748,417.00
9	Emma Norton Services	Emma's Place	MN0040L5K011407	Renewal	PSH	\$140,569.00	\$140,569.00	\$1,888,986.00
10	South Metro Human Services	SMHS Ramsey CD Housing Renewal	MN0207L5K011403	Renewal	PSH	\$175,634.00	\$175,634.00	\$2,064,620.00
11	Breaking Free	Village Place Supportive Housing	MN0050L5K011407	Renewal	PSH	\$309,180.00	\$309,180.00	\$2,373,800.00
12	Solid Ground	East Metro Place II	MN0039L5K011407	Renewal	PSH	\$68,401.00	\$68,401.00	\$2,442,201.00
13	Public Housing Agency of St. Paul/PPL	Fort Road Flats	MN0035L5K011401	Renewal	PSH	\$95,000.00	\$95,000.00	\$2,537,201.00
14	Face To Face Health and Counseling	Homeless Youth Program	MN0244L5K011403	Renewal	RRH	\$47,611.00	\$47,611.00	\$2,584,812.00
15	Lutheran Social Services	Rezek House	MN0047L5K011407	Renewal	TH	\$107,518.00	\$107,518.00	\$2,692,330.00
16	Catholic Charities	Mary Hall Permanent Housing 2		New	PSH	\$262,208.00	\$262,208.00	\$2,954,538.00
17	South Metro Human Services	Ramsey Co. Coordinated Entry		New	SSO	\$122,042.00	\$122,042.00	\$3,076,580.00
18	Amherst Wilder Foundation	MN Place	MN0269L5K011403	Renewal	PSH	\$36,179.00	\$36,179.00	\$3,112,759.00
19	Ramsey County/Health Connection	Ramsey RA	MN0045L5K011407	Renewal	PSH	\$961,920.00	\$961,920.00	\$4,074,679.00
20	RS Eden	7th Landing	MN0049L5K011407	Renewal	PSH	\$46,396.00	\$46,396.00	\$4,121,075.00
21	Project for Pride In Living	Crestview Community	MN0037L5K011407	Renewal	PSH	\$292,896.00	\$292,896.00	\$4,413,971.00
22	YWCA	Cleveland Saunders	MN0240L5K011403	Renewal	PSH	\$20,002.00	\$20,002.00	\$4,433,973.00
23	Theresa Living Center	Caroline Family Services	MN0036L5K011407	Renewal	PSH	\$54,852.00	\$54,852.00	\$4,488,825.00
24	Guild, Incorporated	Hospital to Home	MN0242L5K011403	Renewal	PSH	\$272,378.00	\$272,378.00	\$4,761,203.00
25	YWCA	MLK Court	MN0241L5K011403	Renewal	PSH	\$25,000.00	\$25,000.00	\$4,786,203.00
26	YWCA	THP	MN0053L5K011407	Renewal	TH	\$80,585.00	\$80,585.00	\$4,866,788.00
27	Twin Cities Housing Development Corp.	St. Philip's Garden	MN0170L5K011401	Renewal	PSH	\$23,606.00	\$23,606.00	\$4,890,394.00
28	Mental Health Resources	Avenues to Independence	MN0277L5K011402	Renewal	PSH	\$209,077.00	\$209,077.00	\$5,099,471.00
29	Amherst Wilder Foundation	HMIS Ramsey	MN0043L5K011407	Renewal	HMIS	\$82,083.00	\$82,083.00	\$5,181,554.00
30	Amherst Wilder Foundation	HMIS Ramsey Expansion		New	HMIS	\$26,603.00	\$26,603.00	\$5,208,157.00
31	Amherst Wilder Foundation	ROOF Project	MN0048L5K011407	Renewal	RRH	\$1,175,141.00	\$1,175,141.00	\$6,383,298.00
32	Guild, Incorporated	Hospital to Home Expansion		New	PSH	\$272,378.00	\$272,378.00	\$6,655,676.00
33	Amherst Wilder Foundation	Wilder ROOF Expansion		New	RRH	\$410,515.00	\$410,515.00	\$7,066,191.00
34	Public Housing Agency of St. Paul/TCHDC	St. Philip's Garden	MN0169C5K010900	Renewal	PSH	\$56,380.00	\$56,380.00	\$7,122,571.00
35	CommonBond Communities	Commerce Building		New	PSH	\$71,375.00	\$71,375.00	\$7,193,946.00
	Total ARD	\$	6,313,350.00					
	Tier 1	\$	5,366,348.00					

The Saint Paul / Ramsey County Continuum of Care

Decision Process for Reallocation from an Existing Program to a New Program

The Saint Paul / Ramsey County Continuum of Care (CoC) is committed to maximizing the use of targeted resources to provide housing and services for persons experiencing homelessness. The CoC is obligated to use every available means to measure unmet needs and service gaps in our continuum and to measure the performance of all of the housing and services targeted to people experiencing homelessness.

The CoC has used the available information from project monitoring visits, Annual Progress Reports, and program applications to set community-wide population and sub-population priorities that improve our capacity to meet federal, state, and local goals for ending and preventing homelessness.

One of the strategies for maximizing the effective use of resources to meet CoC goals is reallocating funding, in whole or in part, from existing, underperforming projects, to new or expanded projects that create greater efficiency, effectiveness, and targets underserved and locally prioritized populations.

Criteria that are used to measure whether reallocation should be considered are:

- Overall project performance:
 - Length of time stable in the program
 - Exits to permanent housing
 - Increased income for program participants
 - Minimizing returns to homelessness
- Serving prioritized populations with appropriate strategies
 - Chronically, or long-term homeless – permanent supportive housing; housing first; low barrier entry policies
 - Persons fleeing domestic violence or sex trafficking – Strong safety policies, rapid rehousing; transitional housing
 - Severely mentally ill – trained, experienced staff
 - Unaccompanied youth – transitional housing, trauma-informed, low barrier, non-judgmental; emphasis on education and training; close connections with school liaisons and tutors; dedicated staff for child needs
 - Minor, single parent families – Rapid rehousing, transitional housing, parenting skills emphasis
- Successful use of resources
 - Monthly LOCCS drawdowns
 - History of fully-spent grants
 - Professional accounting practices

In all cases, voluntary reallocation should always be fully explored first with each program. Some programs that have struggled to fully expend previous grants may be relieved to voluntarily reduce.

There should be a strong and continuous effort to recruit new project applicants that target local needs and priorities so there are options if voluntary or involuntary reallocation is determined to be in the best interests of the CoC. The CoC has a responsibility to determine priorities for any reallocation annually prior to the ranking process and those priorities

will be used in the CoC-wide request for new proposals. Those priorities should be informed by, but not necessarily limited to priorities defined in the NOFA.

The process to be followed by the CoC for decisions on reallocation are as follows:

- Prior to, or at the time of the release of the NOFA, programs that can voluntarily reallocate part or all of their funding should be identified.
- A committee of persons without a conflict of interest should be convened to evaluate and rank any new projects seeking to participate in the CoC application.
- A careful ranking committee review of performance issues from the the APRs, findings from either the HUD Field Office or CoC monitoring visits, or complaints from project participants or others in the community to determine if there are projects that should be considered for reallocation, whole or in part. To be sure that decisions are not made based on a one year anomaly or a too-small sample size, project performance data should be collected over the most recent three years, when possible.
- Recommendations for any involuntary reallocation should be reviewed by all members of the Governing Board without a conflict of interest.
- Projects recommended for involuntary reallocation will be given an opportunity to respond to the recommendation either in person or in writing (that option belongs with the project) by an appeals committee selected by the Governing Board.
- Final decision is made by all members of the Governing Board without a conflict of interest.



Heading Home Ramsey* Charter and By-Laws

*Heading Home Ramsey is the official name of the St. Paul / Ramsey County Continuum of Care

Amended and Approved by the Heading Home Ramsey Governing Board on September 18, 2015

- I. **Vision Statement:** By working together, we will create a more livable community, where shelters are used only for emergency transitions and every family and individual has a permanent place to live.
- II. **Mission Statement:** Heading Home Ramsey, through community-wide strategic planning, data collection and analysis, project performance evaluation, community capacity-building, and resource development, shall design and implement comprehensive strategies for the elimination of homelessness in our community.

III. Purpose of the Charter

This Charter defines the roles, responsibilities, leadership, and committee structure of Heading Home Ramsey”.

IV. Heading Home Ramsey Responsibilities

Heading Home Ramsey has primary responsibility to coordinate and maximize public and private resources required to attain our goal of ending homelessness. Heading Home Ramsey, the official name for the St. Paul / Ramsey County Continuum of Care (CoC), is authorized by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the CoC Interim Rule (24 CFR 578) to provide a comprehensive response to homelessness that includes, but is not limited to:

- Plan for, develop, and amend as needed the Continuum of Care Plan, defined as the community-wide homeless response system;
- Implement the Continuum of Care Plan;
- Designate the Homeless Management Information System (HMIS) for the CoC and a HMIS lead agency;
- Prepare and submit, on behalf of the entire community, the annual CoC application for funding to HUD;
- Coordinate funding streams and resources – federal, local, and private – needed to carry out the Continuum of Care Plan; and
- Plan, design, and implement a coordinated assessment system for the entire CoC for all persons in need of assistance to end and prevent homelessness.



V. Organizational Structure

To carry out its responsibilities, Heading Home Ramsey has created a governance structure that includes an elected Governing Board delegated by Heading Home Ramsey to direct the development and implementation of the CoC plan and ensure compliance with the requirements of the HEARTH Act and CoC Interim Rule. Heading Home Ramsey has also delegated authority to the Governing Board to create and charge any sub-committees as it deems necessary to carry out the responsibilities assigned to it by Heading Home Ramsey.

A. Heading Home Ramsey Membership

Membership in Heading Home Ramsey is open to any interested individual and includes, but is not limited to, representatives of the following:\

- Nonprofit homeless providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Organizations that serve homeless and formerly homeless veterans
- Homeless or formerly homeless persons

Any person interested in improving the response to homelessness who either lives or works in Ramsey County may participate in Heading Home Ramsey. Membership is defined by attendance and participation in at least one Heading Home Ramsey meeting annually, including attendance at any sub-committees created to carry out the responsibilities of Heading Home Ramsey.

B. The CoC Governing Board

The Heading Home Ramsey Governing Board is a body elected by the Heading Home Ramsey membership to carry out the duties and responsibilities as delegated by Heading Home Ramsey to ensure compliance with the requirements as described in the HEARTH Act and the CoC Interim Rule.

Specific responsibilities of the Governing Board include, but are not limited to:

- Lead organization for the planning, development, and implementation of the response to homelessness in Ramsey County, also referred to as the Heading Home Ramsey Plan
- Drafting and approving all formal documents related to the above described responsibilities
- Strategic planning and goal setting
- Monitoring and evaluating performance goals for all homeless housing and service providers in Ramsey County, including all CoC, ESG and FHPAP providers
- Monitoring and evaluating the performance of the CoC Collaborative Applicant
- Monitoring and evaluating system-wide goals related to ending and preventing homelessness
- Ensuring the availability of data for planning and goal setting
- Establishing priorities and making decisions about the allocation of Heading Home Ramsey resources
- Developing written guidelines that define Heading Home Ramsey priorities, eligibility standards for all components of the Heading Home Ramsey Plan, and data collection and reporting requirements for all providers
- Aligning and coordinating CoC and other homeless assistance and mainstream resources
- Establishing sub-committees and task forces, as needed, to carry out the work of Heading Home Ramsey
- Enter into contracts and MOU's on behalf of Heading Home Ramsey and monitor performance under these contracts
- Establish and implement a communications plan to ensure transparency of Heading Home Ramsey operations and results to Heading Home Ramsey and the general public

Selection of Governing Board Members:

(See Article II, Section 2 of the CoC By-Laws)

C. HMIS Lead Agency

Heading Home Ramsey has concurred on the decision to operate a statewide Homeless Management Information System (HMIS) and, along with the other CoC regions in the state, has designated Minnesota Housing Finance Agency as the lead agency of that system, a role which includes:

➤ **Operate the CoC HMIS**

▪ **Data and Technical Standards Compliance**

Minnesota Housing Finance Agency will contract with a statewide system administrator, Wilder Research Center (WRC) to ensure that this operation will be in compliance with the HMIS Data and

Technical Standards (69 FR 146, March 10, 2010). Minnesota Housing Finance Agency through its system administrator will review this compliance on an annual basis and report to the Heading Home Ramsey Governing Board on the review results with any corrective action if it is required.

- **Policies and Procedures**

Minnesota Housing Finance Agency will maintain comprehensive HMIS operational policies and procedures, including, but not limited to, a privacy plan, security plan, and data quality plan. These policies and procedures will be reviewed for any needed updates annually.

- **Training and Technical Assistance**

Minnesota Housing Finance Agency, through its system administrator, will provide regular and ongoing training and technical assistance and support to all homeless system agencies using the HMIS network.

- **Monitor System Participation / Data Quality Performance**

WRC or the local system administrator for Heading Home Ramsey will monitor regularly the number of homeless system agencies utilizing the network and report the percentages to Heading Home Ramsey. WRC will work collaboratively with the Heading Home Ramsey system administrator to develop a plan to address low participation rates, as needed.

- **Reporting / Analysis**

- **Performance Reporting**

WRC, in collaboration with the Heading Home System Administrator, will coordinate the effort to design a Heading Home Ramsey-wide performance outcomes report, consistent with the expectations of the HEARTH Act.

- **Annual Homeless Assessment Report (AHAR)**

WRC will manage the collection of all data elements required for the Annual Homeless Assessment Report and enter the data as required into the HUD Homeless Data Exchange on behalf of Heading Home Ramsey

D. The Designated CoC Collaborative Applicant: Ramsey County Community Human Services Department

The CoC Collaborative Applicant is the Ramsey County Community Human Services Department. The Collaborative Applicant is the agent assigned by Heading Home Ramsey with principle authority for the development and submission of the annual CoC application to HUD for McKinney-Vento homeless assistance funding. The Collaborative Applicant is also the



agency that is authorized to enter into a contract with HUD to do Heading Home Ramsey-wide planning and development.

➤ **Administrative Functions of the Collaborative Applicant:**

- Provide staff support for scheduling meetings
- Managing communication with community agencies and other partners on all issues related to the work of Heading Home Ramsey
- Provide staff support for the work and functioning of the Heading Home Ramsey Governing Board
- Manage and keep current the Heading Home Ramsey website, www.ramsey.headinghomeminnesota.org that provides information to all interested parties on the work of Heading Home Ramsey, including meeting times and locations, all Heading Home Ramsey-related reports and information related to the performance of Heading Home Ramsey and each of its participating agencies.

➤ **Continuum of Care Program Application :**

The Collaborative Applicant shall design a collaborative process for the development and submission of the Consolidated Application for the annual CoC grant competition, and coordinate with Heading Home Ramsey and the Heading Home Ramsey Governing Board to evaluate applications for funding and determine rank order for all applications to be included in the Consolidated Application.

➤ **The Annual Point-in-time (PIT) Sheltered and Unsheltered Count and the Housing Inventory Chart (HIC)**

The Collaborative Applicant is responsible for organizing and implementing the annual point in time count, including the collection, analysis, and submission to HUD and Heading Home Ramsey of all data obtained in the count. The Collaborative Applicant also has principle responsibility for assembling the information required to complete and submit to HUD and Heading Home Ramsey the annual Housing Inventory Chart covering the entire region.

E. Standing and Ad Hoc Committees

The Governing Board may, at its discretion and at any time, set up any standing and ad hoc work groups it deems necessary to carry out the needs of Heading Home Ramsey.

F. Heading Home Ramsey Policies and Priorities for Administering Assistance

F1. Focus on serving individuals and families with the longest histories of homelessness

Heading Home Ramsey shall prioritize for investment, permanent supportive housing projects dedicated to serving households that meet the definition of chronic homelessness, and, of the chronically homeless, Heading Home Ramsey shall prioritize those households with the longest histories of homelessness.

Heading Home Ramsey shall prioritize for investment, permanent supportive housing projects that have beds that are not specifically funded or otherwise dedicated to serve chronically homeless households but for which a priority has been given to serve chronically homeless households.

Heading Home Ramsey shall prioritize for investment, permanent supportive housing projects that adopt a housing first, entry-tolerant approach to housing people with long histories of homelessness.

F2. Focus on increasing the use of rapid rehousing to reduce the number of homeless families with dependent children

F3. Focus on ending veteran homelessness

F4. Focus on transitional housing and projects providing education and training as a primary strategy for reducing youth homelessness.

F5. Order of Priority in CoC Program-funded Permanent Supportive Housing

F5 a. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(1) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of family who has either been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or who has had at least 4

episodes of homeless in the past three years that add up cumulatively to at least 12 months and who meets the definition below for most severe service needs.

A person with the most severe service needs is defined as an individual for whom at least one of the following is true:

1. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
2. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

(2) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of family who has either been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or who has had at least 4 episodes in the past 3 years that add up cumulatively to at least 12 months and the CoC is unable to identify someone who qualifies for the first priority.

(3) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of family who has had at least 4 episodes in the past 3 years that add up cumulatively to at less than 12 months and who meets the definition of having the most severe service needs, defined in priority one.

(d) Fourth Priority—All Other Chronically Homeless Individuals and Families

The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and does not qualify as having the most severe service needs.

F5 b. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

(1) First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution

where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

(2) Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

(3) Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

(4) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

G. Education and Early Childhood Policy

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

- i. Identify staff who have primary responsibility for school attendance.
- ii. Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children are able to maintain enrollment in school.
- iii. Advocate for families with their school district to ensure that transportation is arranged (as needed).
- iv. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed).
- v. Assist families in developing education related goals for all family members when completing Housing Goal Plans.
- vi. Ensure that all family members are connected to relevant educational resources in the community.
- vii. Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start.



Heading Home Ramsey*

BYLAWS

(As amended and approved on September 18, 2015)

*Heading Home Ramsey is the official name for the St. Paul / Ramsey County Continuum of Care

ARTICLE I: ORGANIZATION AND PURPOSE

Section 1: Name Heading Home Ramsey MN-501

Section 2: Geographic Area of Coverage Ramsey County

Section 3: Oversight Responsibility:

Heading Home Ramsey, is responsible for planning and implementing the homeless response system in Ramsey County and carrying out the duties identified in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the Continuum of Care Interim Final Rule (24 CFR 578).

Specifically, those duties are to:

1. Operate the Continuum of Care
2. Designate a Homeless Management Information System for the Continuum of Care; and
3. Plan for the Continuum of Care

Additionally, Heading Home Ramsey must be involved in the coordination of funding streams and resources – federal, local, or private – of targeted homeless programs and other mainstream resources.

Heading Home Ramsey is responsible for promoting community-wide goals to end homelessness; provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation; promote access to , and effective utilization of mainstream programs; and optimize self-sufficiency for all persons experiencing homelessness.

Heading Home Ramsey shall meet monthly at a regular time. A schedule of Heading Home Ramsey meetings and any open committee meetings shall be made available to the public with an open invitation for any interested person to attend and participate.



ARTICLE II: CoC MEMBERSHIP

Heading Home Ramsey is composed of representatives of organizations including, but not limited to:

- Nonprofit homeless providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Organizations that serve homeless and formerly homeless veterans
- Homeless and formerly homeless persons
- ESG recipient
- Criminal Justice
- Organizations serving homeless and formerly homeless with specific barriers posed by involvement or past involvement with the criminal justice system

Any person interested in improving the response to homelessness who either lives or works in Ramsey County may participate in Heading Home Ramsey. Membership is defined by attendance and participation in Heading Home Ramsey meetings, including attendance at any subcommittees created to carry out the responsibilities of Heading Home Ramsey.

ARTICLE III: GOVERNING BOARD MEMBERSHIP

Section 1: Creation and Selection of a Governing Board:

A Governing Board (hereafter referred to as “the Board”) consisting of an odd number of members not less than 13 and not more than 25, shall be elected by Heading Home Ramsey to carry out the responsibilities as assigned by Heading Home Ramsey. Any Heading Home Ramsey member may run for a seat on the Board, although the CoC may establish guidelines, at its discretion, to ensure that membership includes a racial, cultural, and experiential diversity that reflects the greater community as well as the



community served by the CoC Plan, and enhances its capacity to carry out all responsibilities delegated to it by Heading Home Ramsey.

Elections for all open seats on the Board shall be held annually. A special election may be held at the discretion of Heading Home Ramsey. Terms of office shall alternate over three years and shall be renewable no more than 2 times if desired by the member and approved by Heading Home Ramsey. Renewing terms shall be for three years unless specifically requested to be shorter by the member. No more than forty-nine percent (49%) of the members of the Board may be representatives of agencies funded through the annual CoC application to HUD, and, unless waived by Heading Home Ramsey, no organization may be represented on the Board by more than one person.

The Board must include a homeless or formerly homeless person and a representative from a Emergency Solutions Grant jurisdiction covered by Heading Home Ramsey (either the City of Saint Paul or the Minnesota Department of Human Services).

Section 2: Governing Board Voting Eligibility: Any member elected to the governing board by Heading Home Ramsey is permitted to vote on matters before the board as long as they have maintained active membership status (see Section 3 below) and such vote does not represent a conflict of interest (see Section 4 below).

Section 3: Active Membership Status / Termination Policy: A person elected by Heading Home Ramsey for membership on the governing board shall be considered an active member unless there are three (3) consecutive unexcused absences or 50% missed meetings in any 12 month period. Board members may apply to Heading Home Ramsey for reinstatement if they are deemed inactive for the above reasons.

Governing board membership can be terminated by a two-thirds vote of the entire governing board. A vote on terminating membership can only be taken when there has been advance notice of this vote of at least 5 days sent to all members.

Section 4: Conflict of Interest: A Board member shall be deemed to have a conflict of interest related to any business before the Board if the member has a material or substantial personal stake in the outcome of that business. Members are asked to declare any potential conflict of interest and either recuse themselves from discussion and voting on the issue in question or ask the Board membership to vote on whether the potential conflict of interest rises to the level of recusal.



ARTICLE IV: GOVERNING BOARD OFFICERS

Section 1: Officer Positions:

Officer positions shall be Chair, Vice Chair, and Secretary.

Section 2: Eligibility:

Any active governing board member is eligible to serve as Chair or Vice Chair. Any interested citizen is eligible to serve as Secretary.

Section 3: Officer Selections:

Officers shall be elected by a simple majority of all voting members at the last meeting of each calendar year or at an alternative time approved by a majority of the members.

Section 4: Terms:

Officers shall be elected for a one year term and no officer may serve more than 4 consecutive terms in the same office.

Section 5: Officer Roles:

The Chair shall preside over governing board meetings and have responsibility for assembling the agenda for each meeting.

The Vice-Chair will act as chair in the event of the absence or recusal of the Chair.

The Secretary shall record and distribute meeting minutes to all CoC members and send notices of each meeting.

Together, the three officers shall operate as the Governing Board Executive Committee which has responsibility for preparing the agenda for each meeting and ensuring adequate communication with all Board members regarding meeting times and places, and other issues necessary for the proper functioning of the Board.

ARTICLE V: GOVERNING BOARD MEETINGS

Section 1: Meeting Schedule:

The governing board shall meet no fewer than 6 times per year on a yearly schedule determined by the Board members.

Section 2: Special Meetings:

Special meetings may be called by any member as long as the full Board membership is informed at least five (5) days in advance. Advance notice must include agenda items for discussion and no items not part of the advance notice may be considered at the special meetings.

Section 3: Public Meetings and Executive Sessions:



Unless otherwise posted, Board meetings are open to the public. Non-members may participate in discussions and may suggest agenda items for the meetings but are not eligible to vote.

Executive Sessions may be held at the discretion of the Board membership at which time, only active voting members will be allowed to attend and participate.

Section 4: Quorum Rules:

A quorum, shall consist of no fewer than one half of the elected, active voting members available either in person, by phone, or by e-mail. In the absence of a quorum, meetings and discussion can continue but no motions or votes may be taken.

Section 5: Decision-Making:

All decisions regarding Board planning, funding and governance must be formulated as a motion by active members of the governing board. Voting can only take place in the presence of a quorum. Decisions shall be by a simple majority vote, **except** funding reallocation, by-law amendments, and member termination decisions, which may only be decided by a two-thirds majority.

Section 6: Subcommittees:

The Board is empowered to create any sub-committees it deems necessary to create and carry out the work delegated to it by Heading Home Ramsey.

ARTICLE VI: FUNDING DECISIONS

Section 1: Program Evaluation: The Board shall be responsible for establishing ranking criteria and a process for selecting and ranking projects for funding. It is also responsible for collecting information and evaluating the effectiveness of all Continuum of Care and Emergency Solutions Grant funded projects. Based on those evaluations, the governing board may elect to reallocate Continuum of Care funding, in whole or in part, from existing vendors to new projects with a two-thirds majority vote.

Section 2: Ranking Committee: Annually, based on the HUD application schedule, no fewer than seven (7) people shall be selected by the governing board membership to serve on the Continuum of Care Ranking Committee. The role of the Ranking Committee is to read and evaluate all proposals for inclusion in that year's Ramsey County Continuum of Care application to HUD. Decisions will be based on HUD eligibility, the quality of the proposal, project idea, program outcomes, for existing programs, and the amount of money available through the Continuum pro-rata share, potential bonus funding, and the amount approved by the Board for reallocation.



Board members or members of the community at large may serve on the Ranking Committee. Potential members will be asked to sign a conflict of interest disclosure form prior to participating.

Representatives of organizations with new or renewal applications competing for funding are barred from participation on the ranking committee or on Board voting on Ranking Committee funding recommendations.

Ranking Committee members shall maintain confidentiality of the committee discussion and voting on project ranking until after the Board decision on those recommendations.

Section 3: Final Funding Decisions: Recommendations from the Ranking Committee will be voted on by all governing board members who do not have a conflict of interest with any of the proposals submitted. Approval of the recommendations will be based on a simple majority.

ARTICLE VII: ADOPTION AND AMENDMENTS TO THE BY-LAWS

Section 1: Adoption:

Adoption of these by-laws shall be adopted by a two-thirds majority of the members of the governing board.

Section 2: Amendments:

A two-thirds majority vote of the governing board will be required to adopt a motion to amend the by-laws. Amendments must be submitted to the Board membership at least 14 days prior to the meeting at which they will be considered.

Section 3: Effective Date Once approved, amendments to the by-laws become effective immediately unless the motion passed specifies a later date.

Minnesota's HMIS Policies and Procedures

Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness

N O V E M B E R 2 0 1 4

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Acknowledgments

The original version of this document was produced by Minnesota's HMIS Governing Group, led in this effort by Richard Wayman. This document was approved by the Governing Group on January 31, 2005.

The first major revision took place on December 2012, following recommendations discussed in a meeting of the HMIS Governing Group on December 6, 2012. Another major revision occurred in January 2014, following recommendations discussed in a meeting of the HMIS Governing Group on December 10th, 2013. The Data Quality Plan was revised and amended here November 19, 2014.

Contact Information

Web site information on Minnesota's HMIS:

<http://www.hmismn.org>

HMIS help desk:

HMIS@wilder.org

651-280-2780, or 1-855-280-2780

Wilder Research
451 Lexington Parkway North
St. Paul, MN 55104

HMIS Grievances (reported to HMIS Governing Group):

Minnesota Coalition for the Homeless
Attention: HMIS Grievance
2233 University Avenue West, Suite 434
St. Paul, MN 55114
651-645-7332

Background

Introduction

Homeless Management Information Systems (HMIS) enable data from a variety of service providers to be combined to reveal a more comprehensive picture of client needs. In Minnesota and elsewhere this is accomplished via the internet, using software that can enable inter-agency case management within a context of strict data privacy protections.

History

The decision to implement an HMIS in Minnesota grew out of a desire to obtain standardized, regularly updated information about homelessness for advocates, planners, and policymakers – all of whom were interested in doing something about the consistently growing and stubbornly persistent problem of homelessness. The idea was to broaden a data tracking initiative started among Ramsey County shelters and transitional housing providers in the early 1990s.

Coinciding with this local activity was a Congressional mandate to implement HMIS. In 2000 Congress instructed the U.S. Department of Housing and Urban Development to take measures to improve available data concerning homelessness in the United States. In response, HUD obligated all Continuum of Care regions to implement region-wide databases that would allow an unduplicated count of service users.

Specifically, Congress mandated to HUD to collect information on the number of persons assisted through the McKinney-Vento Act. The Omnibus Appropriations Act of 2003 (Pub. L. 108-7) in its conference committee report noted:

HUD is directed to begin collecting data on the percentage and number of beds and supportive services programs that are serving people who are chronically disabled and/or chronically homeless. . . HUD should continue its collaborative efforts with local jurisdictions to collect an array of data on homelessness in order to analyze patters of use of assistance, including how people enter and exit the homeless assistance system, and to assess the effectiveness of the homeless assistance system.

Previously in FY 1999 HUD Appropriations Act, Congress directed HUD to collect data from representative samples of existing HMIS systems,

collect, at a minimum, the following data: The unduplicated count of clients served; client characteristics such as age, race, disability status, units (days) and type of housing received (shelter, transitional, permanent); and services rendered. Outcome information such as housing stability, income, and health status should be collected.¹

The state Inter-Agency Task Force on Homelessness, the Corporation for Supportive Housing, the Metro-wide Engagement on Shelter, and others responded to this mandate by convening a series of open meetings in spring 2002. By general consensus a statewide, rather than region-by-region, approach was adopted and an “Implementation Group” was convened to oversee the project. The Implementation Group consisted of representatives from all of Minnesota’s Continuum of Care regions, at-large members who represent various populations and provider groups (e.g., agencies for homeless youth, veterans, domestic violence victims, those with HIV/AIDS, and consumers of homeless services), and representatives of state government.

The Implementation Group guided development and implementation of Minnesota’s HMIS. Early on the group adopted a vision for Minnesota’s HMIS (see next section), selected a system administrator (Wilder Research), trainer (Minnesota Housing Partnership), and software for the system (Bowman System’s ServicePoint). The group also developed various system policies and worked on system funding. The group continues to meet regularly to advise Wilder Research on nearly every aspect of the HMIS project, including budgetary matters and annual fees, system policies, and training procedures.

Eligible programs

Programs which may use HMIS include, but are not limited to:

- Emergency shelters serving homeless adults, families, and youth²
- Transitional housing programs
- Supportive Housing Programs (whether scattered site or on-site)
- Street and Community outreach programs to persons who are homeless

¹ See Fed. Register, Vol. 68, No. 140 (July 22, 2003) for further overview of federal mandates for HMIS.

² In general, domestic violence shelters are prohibited from participation in HMIS by federal legislation, under the Violence Against Women Act (VAWA). Please see hmismn.org, or contact Wilder Research for additional information.

- Supportive Service programs serving persons who are homeless

In addition, HMIS participation is a requirement of various funders. On the Federal level, HMIS participation is mandated for all service and housing providers that receive HUD funding under the McKinney-Vento Act, which includes:

- Supportive Housing Program (SHP)
- Shelter plus Care
- Section 8 Moderate Rehab for Single Room Occupancy
- Emergency Solutions Grant
- Housing for Persons with AIDS (HOPWA)

Satisfying the HMIS requirement is also factored into the Department of Housing and Urban Development's (HUD) scoring of annual Continuum of Care applications – the more programs that participate in HMIS, the higher the Continuum is scored on that aspect of their application. In Minnesota this means that implementing and maintaining a widely-used HMIS improves the state's chances of continuing to receive the over \$20 million annually in federal funding that we now receive under the McKinney-Vento program.

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

Minnesota Department of Human Services/Office of Economic Opportunity

- Transitional Housing Program (THP)
- Emergency Services Program (ESP)
- Emergency Solutions Grant Program (ESGP)
- Runaway and Homeless Youth Act
- Healthy Transitions for Youth
- Ending Long-Term Homelessness Supportive Services

Minnesota Housing Finance Agency

- Family Homeless Prevention and Assistance Program (FHPAP)
- Projects funded under the Plan to End Long-Term Homelessness

Agencies that receive funding from these state programs use HMIS to satisfy their reporting requirements.

Ideally all emergency shelters, transitional and supportive housing program, and homeless outreach programs in the state will participate in HMIS. The more agencies, and the more users within agencies, that participate in the system the better. More agencies equal more comprehensive data, and therefore improved information for planning and policymaking. More users within agencies means that clients will more likely receive appropriate services, since their caseworks may have an opportunity to see relevant case history from prior service episodes, and will have an opportunity to rely upon the systems case planning, referral, and data protection capacities.

Why is this important?

Because agencies that serve people experiencing homelessness work for the public welfare of our communities, they must remain accountable to their program participants, funders, and community partners. One way to remain accountable is to be driven and focused on a mission and to report progress on accomplishing that mission. Programs should be transparent about what outcomes and goals they have achieved. HMIS allows programs to manage data in a secure and standardized environment that also offers an aggregate view of our state-wide efforts to end homelessness. We hope that with better information we will be able to plan, work, and achieve greater success in serving participants with meaningful services and housing options and end a social problem that can be fixed.

Expectations for HMIS Partner Agencies

Social service agencies that participate in Minnesota's HMIS are referred to as "partner agencies." Each partner agency needs to follow certain guidelines to help keep the project on track and to maintain data privacy and accuracy. The guidelines below do not replace the more formal and legally-binding agency agreement that each agency signs when joining the project.

Implementing HMIS

To prepare for participating in Minnesota's HMIS, agency administration should:

- Familiarize themselves with HMIS (see www.hmismn.org).
- Decide how many system end-users they will need. "End users" are the people who will actually enter data into the HMIS and use the system to run reports that the agency may need for funding purposes, or find useful for internal management. Typical end users include intake workers and case managers. Typically, the more end-users in an agency, the more useful the system becomes. There are, however, additional costs for each end-user in an agency. Volunteers should only be designated as end-users as a last resort, and will be subject to the same training and legal requirements as all other end-users.
- Familiarize prospective end-users with basic computer skills if necessary (e.g., windows, using a mouse, navigating the internet).
- Designate a primary HMIS contact within the agency.
- Develop a clear understanding of current reporting needs and funding streams. For example, does the agency receive SHP funds? THP? FHPAP?
- Understand the agency's data privacy requirements. For example, is the agency covered by HIPAA?
- Have access to a computer. Nearly any computer purchased within the past 5 years will be adequate. (See hmismn.org for current technical requirements and recommendations.)
- The computer must have access to the internet and an up-to-date a web browser. (See hmismn.org for current technical requirements and recommendations.)

The steps for implementation include the following:

1. **Initial contact.** Agency is contacted by Wilder Research (or contacts Wilder Research) and agrees to send its end-users to a day-long introductory group training on HMIS and using

ServicePoint. Agency administrators, IT staff, or others may also attend the training for a fee if there is space available. Agencies should not sign up for training unless they are willing and able to complete the following steps and begin entering actual client data within one month of attending training.

2. **Paperwork and payment.** Before attending training: (a) Agency must review and sign an agency agreement before the training. (b) If the agency is covered by HIPAA, the agency should send Wilder Research a Business Associates Agreement. (c) The agency must pay any training and end-user fees.
3. **Training.** All end-users within must complete initial training with Wilder Research.
4. **Work flow.** Agency program administrators and system end-users should designate a process for integrating the HMIS into its regular flow of work. Ideally information in ServicePoint will be updated in real time, whenever clients are entering or leaving programs, but this is not always possible. Planning how to incorporate ServicePoint in the agency's workflow should be done before the walk through so that the agency is ready to use ServicePoint immediately after the walk-through. Necessary decisions include:
 - a. Will the data be directly entered into ServicePoint during intake or case management sessions? (If so, what is our back-up plan if the power is out or the internet connection goes down?)
 - b. Will the information be recorded by paper forms and entered later? If so, can we adapt our existing forms so that there is no confusion when entering data into ServicePoint? Note that electronic versions (MS Word format) of data entry forms that mirror screens in ServicePoint are available at www.hmismn.org
 - c. Who will run reports? Which ones? How often? Note that we strongly recommend running reports on a monthly or weekly basis to help check for data entry errors. The agency is responsible for maintaining accurate data, and regularly running reports is a good way to double check that information has been properly recorded in the system. Regular reporting may also provide the agency with important information about its clients and programmatic goals.
5. **Data privacy practices and client informed consent.** Before entering data into Minnesota's HMIS, agencies must implement any necessary client notice, consent, and release of information forms associated with Minnesota's HMIS (see appendix for current examples), as well as their own written data privacy policy. This can be done prior to training, and should be ready to implement by the time of the walk through or even shortly before, so that the agency can begin entering actual data as soon as possible. Note that agency should be able to explain to clients the data privacy practices associated with Minnesota's HMIS.

6. **Set-up.** After training the agency's designated HMIS contact will be called by Wilder Research, to gather information necessary to configure ServicePoint to meet the agency's reporting and data privacy needs. The Agency's end-users cannot be given access to the system until the system set-up is complete, so it is important that the agency respond to Wilder's requests for information as soon as possible. Agencies that do not follow through with set-up after attending training may be required to attend an additional training session, at added cost.
7. **Walk through.** After set-up is completed (and confirmed with the agency's HMIS contact person), Wilder Research will contact the agency for a "walk through" session that serves as a sort of refresher on how to use the HMIS and demonstrates the way that the system has been configured for the agency. Usernames and passwords are issued at this point.
8. **Using the system.** Agencies should record in the HMIS at least three actual client entries into their programs within 2 weeks of completing set up with Wilder Research. On an on-going basis agencies must enter and update information on all current clients in their HMIS-relevant programs (homeless prevention, outreach, shelter, and housing programs) on at least a quarterly basis. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3).
 - a. **Reporting:** Agencies are required to run reports in the system as directed by their funding sources, and should run these reports prior to actual report due dates to check for data entry errors. Agencies are strongly encouraged to use the systems reporting features on a more frequent weekly or monthly basis to check for data entry errors. Agencies are responsible for the quality of the data that they report.

General on-going commitments

Participating agencies should be prepared to commit to the following:

- Collecting and updating minimum data elements on all clients, and updating on a quarterly basis as necessary. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3). This is necessary for Wilder Research to be able to issue accurate quarterly reports.
- Maintaining accurate data. The agency should run system reports on a regular weekly or monthly basis to check for errors. The agency should contact Wilder Research (HMIS@wilder.org, 651-280-2780, or 1-855-280-2780) if needing assistance with data correction, including deleting any client records that were entered by mistake.
- Obtaining necessary client consent and releases of information for data sharing.

- Agencies covered by HIPAA, domestic violence agencies, youth providers, and HIV/AIDS providers must develop joint legal agreements with other partner agencies if they will be sharing client records via the HMIS. Such agencies must work with Wilder Research to enable restricted data sharing.
- Posting a Notice of Uses and Disclosures for Minnesota's HMIS (see exhibits at end of this manual). Agency staff should be able to provide a basic explanation of the notice and the agency should be able to provide a copy to each of its clients.
- Cancel HMIS access of any end-user who is terminated from employment, leaves the agency, or needs to be restricted from the system for any other reason. The agency should contact Wilder Research as soon as possible and no more than 24 hours after the end-user is terminated.

Information entry standards

- Information entered into Minnesota's HMIS will be truthful, accurate and complete.
- Agency staff will not enter information about clients into Minnesota's HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.
- When adding to- or modifying data in- an existing client's HMIS record, end users should check to see if that client is currently receiving services from a different HMIS partner agency (e.g., entered into, but not yet exited from another program). If the client is active elsewhere, end-users should not alter or over-ride information possibly used by staff of that agency without first verifying the change with staff of the other agency.

No conditioning of services

Agencies shall not decline to provide any services to a client based upon a client's refusal to sign a Release of Information form or refusing to allow entry of information into Minnesota's HMIS. (Note: This does not over-ride agency policies or funding restrictions that may require certain data from a client before an agency is able to serve the client. However, if this is the case and HMIS is the only data base, then the client may be offered the opportunity to be entered as anonymous client – e.g., entered with a system generated code and no social security number or other identifying information.)

Accountability for noncompliance

The HMIS Governing Group will receive updates from Wilder Research on progress made by participating programs with HMIS. The Governing Group will provide notice to agencies and funders (the state of Minnesota, HUD, or local Continuum of Care Committees) when agencies are found not to be in compliance with data entry or have violated the code of ethics or privacy concerns.

The HMIS Governing Group and Wilder Research would like to make compliance with system policies and expectations as easy as possible, and welcomes agency requests for assistance. Agencies that fail to comply, however, should be aware of the potential for penalties under data privacy laws (e.g., HIPAA, the Minnesota Government Data Practices Act); potential impacts on funding from state and federal sources; and the possibility of additional charges from Wilder Research to cover costs associated with rectifying substantial problems.

Privacy Plan

According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have privacy plans that at the minimum include: data collection limitations; purpose and use limitations; allowable uses and disclosures; access and correction standards; and protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The Privacy Plan for Minnesota's HMIS consists of the following documents:

- **Agency Agreement**
This form obligates organizations that participate in Minnesota's HMIS to abide by all applicable rules and regulations, and to oversee proper use of the HMIS by their staff.
- **User policy, responsibility statement & code of ethics**
This form, signed by all system end-users, specifies responsibilities of individuals who access Minnesota's HMIS, and includes limitations on collecting data and accessing data. End users must agree to honor the wishes of the persons whose information is interested into the HMIS; access only information for which they have a clear business purpose; and keep their username and passwords private.
- **Client data privacy notice and consent form**
This form, given to all persons (or their parents or guardians) whose information is entered into the HMIS, outlines allowable uses and disclosures of individually-identifiable data maintained in HMIS. It also informs clients of their rights to view and correct data held in Minnesota's HMIS, including a method for filing grievances.

- Client release of information form
This form, while not currently in wide use, specifies organizations that an organization may share data with via Minnesota's HMIS. Clients may elect to share data or to limit data sharing.
- HMIS grievance procedure form
This form provides a grievance process for those who feel that they have been somehow wronged by Minnesota's HMIS.

Finally, all end-users are trained to protect the privacy of individually-identifiable data entered into Minnesota's HMIS

Program Participant Rights

Program participants have a clear right to:

- Keep their personal information held private. All clients have the right to choose to have their data entered in the system anonymously and refuse to have certain information recorded about them in the system. This can provide protections for clients who have experienced domestic violence, dating violence, sexual assault, or stalking at some point in their lives or who are uncomfortable having information entered about them for any other reason.
- Have their preferences with regard to the entry and sharing of client information within Minnesota's HMIS respected, whether they prefer their data to be shared with other partner agencies or not.
- Request a change in their information sharing preferences.
- Refuse to allow entry of identifiable information into Minnesota's HMIS without being denied services (except if entry of identifiable information is necessary for program operation).
- Have only truthful and accurate information about them entered into the system.
- Not be asked for information unless the information is required for a legitimate business purpose such as to provide services to the client.
- Inspect and obtain a copy of their own information maintained within Minnesota's HMIS (except for information that is used in preparation for a criminal or civil court case under release by subpoena).
- File grievances related to the HMIS without retaliation.

Data sharing

One of the potential benefits – and potential risks – of Minnesota’s HMIS is the ability to easily share data between agencies in a standardized format. Certain agencies, like youth providers, HIV/AIDS providers, and HIPAA-covered agencies, will only share data with other service providers if they have developed specific agreements allowing them to do so. Others will choose to share data routinely with other HMIS partner agencies. In either case, clients have the right to control access to their data and must sign a Client Release of Information form before an agency can share information about the client with other agencies via Minnesota’s HMIS (see appendix or electronic forms at www.hmismn.org). Note that agency staff must be prepared to explain the HMIS system and agency privacy policies upon request.

Additionally, please note that:

- Agency staff have the ability to designate information entered into the HMIS as “open” – meaning shared with other partner agencies, or “closed” – meaning hidden from other partner agencies. While Wilder will set defaults for data sharing in consultation with the agency, it is the responsibility of the agency staff to make sure that the data they are entering is secure consistent with agency practices and client preferences.
- HMIS project staff at Wilder Research and Bowman Systems, LLC. will have access to all information entered into the system. Wilder and Bowman routinely deal with sensitive data and abide by strict data privacy practices. Wilder and Bowman will only access identifying information for business-related reasons, including administering the database, conducting research, and preparing reports (only aggregate information will be included in reports).
- Minnesota’s HMIS is not a government database. Federal agencies, including HUD, do NOT have direct or routine access to the HMIS. State government employees do not have direct access to the system, but in some cases do see client-level information about persons served under the grant programs that they monitor.

Security Plan

According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have security plans that: ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security, and; ensure compliance by end users.

The security plan for Minnesota’s HMIS includes the documents and protections outlined in the privacy plan. In addition, the security plan includes security and backup technology provided by the system’s vendor, currently including:

- End-user authentication via username and complex password, including temporarily inactivating licenses with more than 3 consecutive failed logins.
- Automatic logout after a specified period of inactivity on the system (currently 15 minutes).
- Secured Socket-Layer certification of data sent over the internet.
- Database-level encryption.
- Firewall protection against attempted system hacks.

In addition the availability of the system and data contained therein is provided the system vendor via redundant servers and nightly off-site system back up, as specified in the Disaster Recovery Plan.

Finally, administrative staff for Minnesota's HMIS run security reports on an at least monthly basis, to help ensure that end-users are properly following data privacy and sharing procedures. Failure to comply with procedures may result in denial of access to Minnesota's HMIS, as outlined in the Policies and Procedures manual.

Agency Responsibilities

Agencies are responsible for the actions of their users. Among the steps Agency will take to maintain data privacy and security are:

- **Access.** Agencies will permit access to Minnesota's HMIS or client-level information obtained from it only to paid employees or supervised volunteers who need access to Minnesota's HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Volunteers should only be designated as system users as a last resort, and are subject to the same training and legal requirements as all other system users.
- **Computers.** Agencies will allow access to Minnesota's HMIS only from computers which are (a) physically present on Agency's premises; (b) owned by the Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota's HMIS. The latter (c) shall apply only in extra-ordinary circumstances, when it is not feasible to meet conditions (a) or (b). Agency shall maintain written statements of any approvals of computers not owned by or located in the agency. Additionally, agencies should protect computers used to access Minnesota's HMIS with commercially available virus protection software.
- **Usernames and passwords.** Usernames and passwords shall not be stored or displayed in any publicly accessible location. Usernames and passwords may only be used by the person to whom they are assigned; licenses may not be shared under any circumstance.

- **Change in Employee status.** Any employee that is terminated or quits should have their user name and password immediately removed by contacting Wilder Research (651-280-2780; HMIS@wilder.org).
- **Training.** Agency will only allow their staff to access Minnesota’s HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder Research. Licenses granted to approved staff must not be shared; each staff who accesses HMIS must have a unique username and password.

Data Quality Plan

Wilder Research, in preparing to develop a data quality and monitoring plan, reviewed HUD guidelines as well as existing data quality plans from other HMIS implementations around the country. All these include at least the following 5 elements; Timeliness, Completeness, Accuracy, Monitoring, and Incentives/Enforcement. The data quality plan has also been reviewed and approved by the HMIS Governing Group.

Timeliness

- Purpose: is to ensure data is accessible for agency, community level, and federal reporting and to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data.
- Current Standard (may vary by program type):
 - Emergency Shelter (ES): within 10 days of service start date
 - Transitional Housing (TH): within 2 weeks of program entry
 - Permanent Supportive Housing (PSH): within 2 weeks of program entry
 - Services Only: within 10 days of program entry
 - FHPAP/Prevention/Rapid Rehousing only: within 10 days of program entry
 - ALL PROGRAMS: All data must be entered and updated as required by funders. Data for each quarter must be entered, complete, and current by the 15th of the month following each quarter. (*April 15 for Q1; July 15 for Q2; October 15 for Q3; and January 15 for Q4*).
 - Included data elements that will be monitored are:
 - Universal data elements (HUD and MN required)
 - Entry/Exits
 - Services
 - Funder-required updates to assessment information (disabilities, income, non-cash benefits, residence, etc.) will continue to be required on the already established funder-required schedule.

Completeness

- Purpose is to ensure that MN and each CoC can accurately describe the clients and services provided to clients who are accessing services. A complete record also is important for reporting for the use of data in any community level reporting as well as for HUD required processes such as NOFA and AHAR which can affect funding for the CoC and its providers.
- Current Standard:
 - All clients receiving homeless, prevention, and outreach services have a record in HMIS
 - Goal of less than 5% of clients are anonymous
 - Exception for providers who must enter all clients anonymous such as domestic violence and legal services providers
 - Exception for outreach clients. Up to 10% of outreach clients may be entered anonymously.
 - Client choice in signing the consent form takes precedent and staff should not pressure clients into agreeing to have their information identifiable if the client does not wish to do so. However, high percentages of anonymous clients may indicate staff or agency understanding of the consent form process may need review and/or clarification.
 - All data entered into HMIS is complete (based on funder requirements)
 - Universal Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field.
 - Exception for SS#. This may have up to 2% missing, and 8% don’t know, or refused.
 - Exception for providers who must enter all clients anonymously. All SS# will be listed as Refused. All other elements will be completed with up to 5% “don’t know or refused”.
 - Exception for Date of birth. Less than 1% of client records shall be missing date of birth. If client declines to give his/her DOB, an approximate DOB will be entered.
 - Program Specific Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field
 - Bed Utilization rates: Emergency Shelters, Transitional Housing, and Permanent Supportive Housing programs and CoC Coordinators will review utilization rates quarterly using data in HMIS.
 - Wilder HMIS staff will send quarterly utilization reports to CoC Coordinators to review and pass on to programs. This process can help determine whether or not data is being completely entered. Low utilization or utilization over 100% can be a sign that data is not being entered or exited correctly. It can also indicate changes in programs, such as bed counts, that must be accurately counted.

Accuracy/Consistency

- Purpose: To ensure that data in HMIS is collected and entered in a common and consistent manner. To ensure that client information is truthful and accurate.

- *This section will likely roll out at a later time than the Timeliness and Completeness standards as we take additional time to plan and design the elements with a variety of groups including HMIS staff, funders, CoC Coordinators, agencies, and users.*

Data Quality Process/Monitoring

- Purpose: To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.
- Current Standard:
 - Agencies and CoC Coordinators provide timely updates to CoC HMIS staff regarding any changes to programs.
 - Notify Wilder HMIS staff of program changes within 30 days of changes (new beds, closed program, etc.) by email hmis@wilder.org.
 - At the start of each quarter, HMIS will send a reminder email to CoC Coordinators about upcoming DQ report deadline.
 - CoC Coordinators will forward reminder email to their program providers/agencies.
 - HMIS will run quarterly data quality reports and bed utilization rate reports and will provide these reports to the CoC Coordinator/Funder/Grantee to review.
 - HMIS will send reports to the above parties on the 22nd of the month, or next business day thereafter, following the end of each quarter. (January, April, July, October)
 - CoC Coordinators/Funders/Grantees will review the reports and request that program providers make any necessary changes to their data.
 - Program providers will review their data and make necessary corrections to meet the above data standards within two weeks.
 - Program providers/agencies can run program specific or agency wide reports to review their data and make corrections (See Data Quality Monitoring Plan Report Instructions for more details on running data quality reports.)
 - HMIS staff will assist providers in correcting data and updating program information as needed.

Incentives/Enforcement

- After the two week data correction deadline for the quarter, HMIS staff will run another set of data quality reports and submit them to the CoC Coordinators/Funders/Grantees. Wilder HMIS staff will provide a list of agencies that have not improved their data and/or still exceed the data quality error goals.
- HMIS staff will also provide a list of agencies that have not improved their data since the previous quarter, or who have had multiple quarters with insufficient progress.
- Wilder staff will supply twice a year progress charts (See Progress Chart below).
- Programs which are identified as having continued data quality issues will undergo the following process: (process still under review and subject to change)

- Program does not improve data quality over two consecutive quarters
 - CoC /funder/grantee contact agency
 - Wilder HMIS staff offers walkthrough support
- Program does not improve data quality over three consecutive quarters
 - CoC/Funder/Grantee contacts agency
 - Wilder HMIS staff identifies which users require additional training
 - License suspension until follow-up is possible
- Program does not improve data quality five quarters out of eight
 - CoC Coordinator/Funder/Grantee determine appropriate action
 - Lost points on CoC competition or similar consequence
 - Increased monitoring
 - Additional interventions as determined by CoC Coordinator/Funder/Grantee, Wilder Staff, and Agency Staff.
- Incentives to be determined

Progress Charts

- These charts will be provided semi-annually and may include the following information:

Name of Project and SPID	Project has no errors	Improved data during correction period	Missing data exceeds goal – including # of anonymous clients	Missing data but does not exceed goal	Number of quarters in the past two years without improvement
Sample project 1 (2479)		Yes	No	Yes	1
Sample project 2 (3549)		No	Yes	Yes	3
Sample project 3 (1157)	✓	N/A	No	No	0
Sample project 4 (621)		No	No	Yes	2

Oversight of Minnesota’s HMIS

Composition of HMIS Governing Group

The Governing Group currently is a 26 member body, made up of the following:

- 13 representatives appointed by Continuum of Care regions in Minnesota.
- 1 representative of the Minnesota Coalition for the Homeless
- 1 representative of the Metro-wide Engagement on Shelter and Housing (MESH)
- 2 representatives from the state’s Inter-Agency Task Force on Homelessness

- 1 representative from each of the following groups: youth, veterans, domestic violence, AIDS/HIV, homeless or formerly homeless (5 members total) Representative from first four groups (youth, veterans, domestic violence, and AIDS/HIV) may be a service-provider with expertise on the population, or a client member of the population. These members are nominated and elected by current members.
- 2 additional at large representatives, nominated and elected by current members.
- 2 representatives with expertise in the field of technology.³

Representatives shall be appointed for two year cycles.

Additional provisions

- A chairperson (or co-chairs or “officers”) will be elected from the membership serve as the main point of contact between the oversight body and project staff, and to set meeting agendas.
- Decisions will be made by consensus when possible, by majority vote when necessary. Proxy voting is allowed and encouraged if members are unable to attend meetings, but a quorum is not required for group meetings or decisions.
- Project staff will staff meetings and will not serve as voting members.
- Subcommittees shall be appointed as needed.

Governing Group roles and responsibilities

Budget and Financing

- Periodically reviews HMIS system budget
- Sets goals for user-based fees
- Assists with fundraising

System Policies

- Data element oversight (resolving the manner in which specific elements are collected when there is disagreement among users; approval of any questionable or controversial data elements)

³ Originally the Governing Group was a 25-member body. On August 28, 2006 the Governing Group passed a motion to include an additional technology representative.

- Development of standardized reports (resolving disagreements between regions, providers, etc. concerning standardized reporting)
- Approval of necessary forms
- Approval of agency participation
- Deciding on the appropriate system rights for participating agencies and staff
- Penalizing agencies that do not comply with system policies
- Hearing client grievances, and recommending appropriate remedy
- Approval of data requested by non-participants (e.g., academic researchers)
- Approval of requested narrative reports (special or first-time requests)

Current membership, including contact information, is available at www.hmismn.org.

Expectations for HMIS System Administrator

Providing an HMIS

As system administrator for Minnesota's HMIS, Wilder Research provides all of the necessary equipment, staff, and technology to operate and maintain the central site. This may be done directly or through contracts with outside vendors. Bowman Systems currently provides software (ServicePoint) and application service provider (ASP) services, including hosting and maintaining central servers, for Minnesota's HMIS.

In addition, system administrator will work with Continuum of Care Coordinators, participating agencies, end-users, vendors, and other HMIS stakeholders to ensure compliance with HMIS-related rules and standards enacted by the U.S. Department of Housing and Urban Development.⁴

⁴ HUD periodically updates data standards for HMIS, these standards currently include "Homeless Management Information System (HMIS) Data Standards: Revised Standards" Published in March 2010.

HMIS Governing Group

Wilder Research utilizes the HMIS Governing Group to provide general oversight and guidance to the project.

Training

Wilder Research provides ongoing training on the system, either directly or through agreements with others. Each user of the system is required to complete basic user training in order to begin using the system. Wilder Research may deliver on-site training in the event that an agency has a large number of staff to train, but generally will not deliver one to one training on-site without an additional contract for this service.

Right to Deny Access

Wilder Research retains the right, subject to the HMIS Governing Group's review, to suspend or revoke the access of any agency or individual to the system for consistent or egregious violation of Minnesota HMIS policies.

Availability of Project Staff

Wilder Research staff are available during normal business hours to respond to service requests from either the Agency Director or identified site contact person.

Notice of Planned Interruption in Service

Whenever possible, Wilder Research will notify participating agencies of planned interruptions to service at least 3 business days prior to the interruption.

HMIS Policy Considerations

Individual access and corrections to personal information maintained in HMIS

Agencies will respond to all data requests submitted by individual program participants served by that particular agency. Any requests received by an agency that the agency is unable to fulfill will be forwarded to Wilder Research.

Requests for inspection or copies of personal data or private information or by individual program participants shall be accommodated with no service charges or fees. Agency or Wilder may deny access to information that is legally protected due to current or pending legal activity. An agency or

program may deny inspection or copies of personal information if the individual program participant has requested the same data or information more than two times in a calendar year (unless substantive change have been made to the record – program participants may request another copy upon substantive change to their records).

Program participants may request amendments or corrections to their record. Any such requests shall be honored unless program staff have a justifiable reason for not making the change, including that the requested change would misrepresent client characteristics, service dates, or the like. Requests for changes that are not honored may be recorded under client case notes in the HMIS. Requests for multiple alterations in any calendar year may be denied due to administrative burden or harassment by the individual program participant (unless substantive change have been made to the record – program participants may request additional alterations following substantive changes to their records).

Any denial of a request for inspection or alterations by programs/agencies may be taken by the individual program participant to the Minnesota Coalition for the Homeless who shall bring the matter (in a confidential manner) before the HMIS Governing Group.

Grievance procedures for individual program participants

Users must permit clients to file a written complaint regarding the use or treatment of their information within Minnesota HMIS (an example grievance form is provided in the appendix). Clients may file a written complaint with either the Agency/program or with the Wilder Research. Clients may not be retaliated against for filing a complaint. Clients unsatisfied with agency- or administrator-level grievances are free to file a grievance to the HMIS Governing Group (mail to: Minnesota Coalition for the Homeless, in care of “HMIS Grievance,” 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404).

A written response must be prepared by either the party receiving the grievance (Agency/program, Wilder Research), or the Governing Group.

Clients also may choose to pursue complaints through the legal system.

All agencies are encouraged to complete Data Privacy and Protection training

The HMIS Governing Group encourages all participating agencies or programs to routinely train their personnel on best practices in data privacy and protection. Data privacy is emphasized in HMIS training sessions, but more general training on this topic is encouraged.

Ensuring Data Accuracy

Agencies are responsible for the accuracy of the data they enter into the HMIS. Agencies are strongly encouraged to run reports on a monthly or weekly basis to check data and consult with Wilder Research to correct any problems.

Wilder Research shall regularly check data quality in Minnesota's HMIS. Agencies, or particular end-users, that make repeated errors may be required to attend more training, or may be barred from using HMIS if they are unwilling to improve data entry practices.

If Wilder Research or a funding entity that requires HMIS participation determines that an agency has committed fraudulent activity in the submission or alteration of data, the violation shall be brought before the HMIS Governing Group who shall determine a response after the agency or program has had an opportunity to respond to the allegation or information. The HMIS Governing Group has the authority to take ameliorating action or expel an offending agency from Minnesota's HMIS.

Third party access to data

No request for private, personal information about an individual program participant from a third party or entity shall be honored unless the request is legally binding and complies with the policy for research uses of HMIS data (see appendix).

All requests for system-wide aggregate data or information shall be forwarded to Wilder Research. Wilder Research may charge a reasonable recovery fee.

Appendix

Glossary

Goals of HMIS In Minnesota

*Sample HMIS grievance procedure form **

*User policy, responsibility statement & code of ethics **

*Client data privacy notice and consent form **

*Client release of information form **

*Policy for Research uses of HMIS data**

** For the most recent version of forms, see: <http://www.hmismn.org/>*

Glossary

AHAR – Annual Homeless Assessment Report. A national report produced by HUD that uses HMIS data.

CoC – Continuum of Care. Geographically designated groups that annually file a joint application to HUD for homeless funding. CoCs also work together to develop plans, policies, and initiatives related to homelessness.

DHS – Minnesota Department of Human Services.

End User – Any person in an agency in possession of a valid user license who directly accesses the HMIS.

HIPAA – Health Insurance Portability and Accountability Act. A federal law that applies to the data practices of agencies that provide medical and medically-related services.

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

MHFA – Minnesota Housing Finance Agency, also referred to as Minnesota Housing.

McKinney-Vento Act – Federal law that allows for funding for HMIS and Housing and Supportive Service programs which serve individuals who are homeless

ServicePoint – The software behind Minnesota's HMIS. An internet-based client information management system developed by Bowman Systems, LLC.

Goals of HMIS in Minnesota

In the Spring of 2002 Minnesota Housing Finance Agency convened an open meeting on HMIS that included an in-depth brainstorming session on what the state wants out of our HMIS. The following summary was later adopted by the HMIS Implementation Group as the vision for Minnesota's HMIS.

Overall vision and goal

Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness.

Goals from the perspective of those experiencing homelessness:

Minnesota's Homeless Management Information System will:

- Help us find and access shelter and housing—quickly and accurately
- Help us identify other services for which we are eligible
- Protect the privacy of our personal data, and strip away personally-identifying information as soon as possible
- Improve the accessibility to housing and services for those who do not speak English and those who have disabilities
- Get the job done with the minimum number of questions
- Eliminate the need for us to repeatedly give the same information to service providers
- Enhance the effectiveness of our working relationships with case workers and others who may be accessing the system
- Include protections against using the system's data to deny service, or to abuse civil rights
- Provide us with a printout of our personal data upon request
- Gather data that demonstrates our needs to others—hopefully resulting in improved housing and services
- **In sum, improve access to shelter, housing, and services**

Goals from the service provider perspective:

Minnesota's Homeless Management Information System will:

- Be user friendly, and include adequate training and available help for users
- Easily provide accurate agency-level data, including client demographics, needs, and trends over time
- Cost little
- Be useful for us even if we do not have computers or much technical capacity
- Cover our reporting requirements
- Protect our clients' confidentiality—and us from liability
- **In sum, provide an affordable, user-friendly tool to accurately track client service usage.**

Goals from the continuum of care perspective:

Minnesota's Homeless Management Information System will:

- Provide accurate regional data on demands, migration, capacity, and gaps
- Easily summarize data for the continuum of care
- Include as many providers as possible
- Be affordable and adequately staffed
- **In sum, strengthen continuum of care planning by providing improved data on demands, migration, capacity, and gaps.**

Goals from the state agency perspective:

Minnesota's Homeless Management Information System will

- Interface with (or replace) state data systems
- Produce state and federal reports
- Improve service delivery to clients
- Provide improved, standardized, and timely statewide data for planning
- Provide a good return on the investment
- Help identify gaps in mainstream resources and the barriers that those experiencing homelessness face when trying to access these goals
- **In sum, help coordinate statewide data collection to improve public policy.**

Minnesota's HMIS: grievance procedure form

If you believe that you have not received the assistance you desire concerning your personal or private data held in Minnesota's HMIS, please send a written complaint to:

1. Your Agency
2. Wilder Research
c/o HMIS Administrator , Attention: Grievance
451 Lexington Parkway North
St. Paul, MN 55104

This Agency and Wilder Research are prohibited from retaliating against you for filing a complaint. Your information and complaint will be kept confidential! This Agency and Wilder are required by law to maintain the privacy of your protected personal information and to provide you with a grievance procedure.

If you believe your grievance has not been sufficiently resolved by either your agency or the Wilder Research you may make a complaint to:

3. Minnesota Coalition for the Homeless 612-870-7073
Attention: HMIS Grievance
2233 University Avenue West, Suite 434 St. Paul, MN 55114.

The Coalition will bring your complaint to Minnesota's HMIS advisory group, which will attempt a voluntary resolution of the complaint.

Please note that the Minnesota Coalition for the Homeless is available to help if you would like assistance filling out this form. Also note that the Coalition does *not* directly provide legal services.

GRIEVANCE FORM

NAME: _____ DATE: _____

ADDRESS: _____ Phone Number: _____

Complaint:

User Policy, responsibility statement, & code of ethics

Minnesota's HMIS User Policy, Responsibility Statement & Code of Ethics

For: _____ from: _____
User (print name) (print Agency Name)

USER POLICY

Partner Agencies who use Minnesota's HMIS and each User within any Partner Agency is bound by various restrictions regarding the Client information.

It is a **Client's** decision about which information, if any, is entered into Minnesota's HMIS and whether that information is to be shared and with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether Wilder may use information for research purposes. The appropriate **Minnesota's HMIS Client Informed Consent and Release of Information Authorization** shall be signed by Client before any Client information is designated for sharing with any Partner Agencies, or, in the case of HIPAA covered entities, authorized for research use. User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER RESPONSIBILITY

A User ID and Password give a user access to the Minnesota HMIS system. **User must initial each item below** to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota's HMIS.

_____	My User ID and Password are for my use only and must not be shared with anyone (except the Minnesota's HMIS system administrator (Wilder) and Agency's HMIS administrator or executive director). I must take all reasonable means to keep my Password physically secure.
_____	I understand that the only individuals who can view information in Minnesota's HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
_____	I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
_____	If I am logged into Minnesota's HMIS and must leave the work area where the computer is located, I must log-off before leaving the work area.
_____	A computer that has Minnesota's HMIS open and running shall never be left unattended.
_____	Any hard copies of personally identifiable (client-level) information printed from Minnesota's HMIS must be kept in a secure file, and destroyed when no longer needed.
_____	If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota's HMIS (Wilder Research at 651-647-4600).

USER CODE OF ETHICS

- A. Users must be prepared to answer client questions regarding Minnesota's HMIS.
- B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- C. Users must allow client to change his or her information sharing preferences at the client's request.
- D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.
- E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- F. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.
- G. Users will not alter or override information entered by another Agency.
- H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 1295 Bandana Blvd, No., Suite 210, St. Paul, MN 55108). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may *not* be retaliated against for filing complaints.

I understand and agree to comply with all the statements listed above.

User signature _____ Date _____

Preferred ServicePoint Login (username): _____

Contact Information

Work phone: _____ e-mail address: _____

Witness signature (MHP or WRC) _____ Date _____

WRC/MHP

User's access level (circle): Case Worker Agency Admin Other: _____
(if multiple "providers" in agency)

User's home provider: _____

Other providers this user may enter data as: _____

Client Data Privacy Notice and Consent Form, and Release of Information Form (with instructions to agency)

Instructions

PLEASE READ BEFORE USING CONSENT FORMS

****THIS PAGE NOT MEANT FOR DISTRIBUTION TO CLIENTS****

These forms were developed based on federal rules governing Homeless Management Information Systems (Federal Register, Vol. 69, No. 146, July 30, 2004), and additional guidance from Minnesota's HMIS Governing Group.

How to use the HMIS consent forms and notices

- 1. Minnesota's HMIS: Data Privacy Notice & Consent Form** should be given to all adult clients or single unaccompanied youth. Parents can give consent for their children. Clients who do not sign the form should be entered only using ServicePoint's "Enter as Anonymous" feature. Drop-in shelters, street outreach programs, and telephone-only services may substitute a brief verbal notice and consent for use of this form.
- 2. Minnesota's HMIS: Release of Information** is *only* for agencies that would like to provide their clients with the option of sharing data with other service-providing agencies that use Minnesota's HMIS. **This page is not necessary for DV agencies, Youth agencies, HIV/AIDS agencies, HIPAA-covered agencies, and others that do not intend to share data.** If using the form, please be sure to include a list of up to ten agencies with whom you would like to share data in the space provided, and communicate these "closed exemption" agencies to Wilder Research (hmis@wilder.org). Note that we are not allowing a share with all ServicePoint agencies option.
- 3. Minnesota's HMIS: Posted Data Privacy Notice** is not intended for distribution to clients. Please post this sign in an area viewable by clients.

Note that throughout the forms the phrase "this agency" can be replaced with the actual name of your agency. This document can be further modified and/or incorporated into an agency's existing data privacy forms and notices, but modifications should only be made in consultation with legal counsel.

Also note that **these forms apply only to data maintained in Minnesota's HMIS**. They are NOT meant to serve as an agency's complete privacy policy or sole consent forms. The following situations, for example, require some additional privacy-related provisions for your clients:

- Agencies covered by Minnesota's Government Data Practices Act**, need to provide clients with a Tennessee warning that lists the specific governmental agencies that fund the programs and, therefore, may view client data (e.g., Minnesota Department of Human Services, Minnesota Housing Finance Agency, U.S. Department of Housing and Urban Development). Consult your funder and see the Minnesota Department of Administration's Information Policy Analysis Division (<http://www.ipad.state.mn.us/>) for further information.
- HIPAA covered agencies:** The federal government's "Health Insurance Portability and Accountability Act" (for more info, see <http://www.hhs.gov/ocr/hipaa/>) supersedes federal HMIS regulations. By law, these agencies are not required to provide clients with "Minnesota's HMIS: Data Privacy Notice & Consent Form," but they are encouraged to do so, since the form provides information about the system. In addition, **HIPAA covered agencies need to provide clients with an opportunity to opt-out of including their data in research.** A check-box such as the following should be added somewhere to either the HMIS Notice & Consent forms, or the agency's forms:

Consent for research uses of information in Minnesota's HMIS. Please check (✓) one:

- Yes, include in research. I understand that information about me that is in Minnesota's HMIS may be used by Wilder Research to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, social security number or other information that would identify me personally will **never** appear on a research report.
- No, do not include in research. I do not want my information used for research purposes.

- HUD-Funded agencies** need to explicitly list HUD as having rights to view client data entered into Minnesota's HMIS. Please replace the second bullet under "who can see information entered into HMIS?" (currently "Auditors or others who have legal rights

to review the work of this agency”) with, “Auditors or others who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development.”

Minnesota's HMIS: Data Privacy Notice & Consent Form

What is Minnesota's HMIS?

HMIS stands for Homeless Management Information System. It is a computer system used by this agency and other agencies that provide services.

Why is information collected in Minnesota's HMIS?

- To help us keep track of how many people we serve and the types of people we serve – both as an agency and as a network of service providers.
- To help us understand the types of services people need and plan for services to meet these needs.

Who can see information entered into Minnesota's HMIS?

- People who work in this agency who need to see your information to help provide services to you or your family, or for billing or funding purposes.
- Auditors or others who have legal rights to review the work of this agency.
- Some employees of Wilder Research (in St. Paul). Wilder maintains Minnesota's HMIS and may see your information as a part of managing the system.
- People using HMIS data to do research. This includes employees of Wilder Research and other people who sign agreements with Wilder or this agency. Your name, social security number, or other information that would identify you will **never** appear on research reports.
- If you or members of your family are in need of protective services because of abuse, neglect, or domestic violence, this agency may be required to file a report with a governmental agency.
- Others, as the law requires. That would include officials with a subpoena, warrant, or court order.
- Your information also may be released if needed to protect the health or safety of others or yourself.

We need your written permission to release your data for other uses.

Know Your Rights:

- **Tell the intake worker if you do not want your name, social security number, or exact date of birth entered in HMIS.** This agency will **not** refuse to help you because you tell us you do not want information that identifies you entered into HMIS.
- You have the right to a copy of the information about you that is kept in Minnesota's HMIS for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe that this agency or Minnesota's HMIS violated your privacy rights. You can ask a staff person for a complaint and appeals form or write to Minnesota Coalition for the Homeless, HMIS Grievance, 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404.

Signed consent

For: _____
Print complete name (First, Middle, Last) Birth date

By signing this you are giving us your permission to enter your personal information into Minnesota's HMIS. You do not have to sign this form to receive services from this agency.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

Signature of witness

Date

Minnesota's HMIS: Release of Information

For: _____
Print complete name (First, Middle, Last) Birth date

With your permission this agency can share information that it enters into HMIS with other agencies. Sharing allows other service providers to look up information about you in Minnesota's HMIS if you go to them for help. Sharing this information may help the other agencies serve you better.

Please check (✓) a box:

- DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers. *(Data security = Closed)*
- SHARE:** This agency may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other members of my family who are being served with me at this time. *(Data security = Closed with exceptions)*

If you checked SHARE, please check (✓) the agencies that you would like to share with:

<input type="checkbox"/> Share with all agencies listed below	
<input type="checkbox"/> <Agencies should use this space to>	<input type="checkbox"/> [Please communicate this list to]
<input type="checkbox"/> <fill in names of up to 10 other programs>	<input type="checkbox"/> [Wilder: <u>hmis@wilder.org</u>.]
<input type="checkbox"/> <that use ServicePoint, and are most>	<input type="checkbox"/> [subject line: potential exceptions list]
<input type="checkbox"/> <likely to have some of the same clients>	<input type="checkbox"/> [see <u>www.hmismn.org/agencies/</u>]
<input type="checkbox"/> <or receive referrals from this agency>	<input type="checkbox"/> [for a current list of HMIS agencies]

If you checked SHARE, please check (✓) if we should let these agencies see information about...

<input type="radio"/> Services you receive	<input type="radio"/> Educational background
<input type="radio"/> Your income and income sources	<input type="radio"/> Employment status
<input type="radio"/> If you are homeless or not	<input type="radio"/> Military history
<input type="radio"/> Reasons for seeking services	<input type="radio"/> Other: _____
<input type="radio"/> Living situation and housing history	<input type="radio"/> Other: _____

When you sign this form it shows that you understand:

- We will **not** deny you help if you do not want your personal information shared.
- If you want us to share your data, this consent will expire in 1 year.
- If you want us to share your data, you may change your mind and cancel this consent at any time.
- Even if you check "do not share" your information in HMIS may still be seen by the people listed on Minnesota's HMIS Data Privacy Notice, and any others listed on this agency's privacy statements.

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of agency witness Date

Minnesota's HMIS: Posted Data Privacy Notice

We collect personal information about the people we serve in a computer system used by many social service agencies called Minnesota's HMIS (Homeless Management Information System).

Personal information that we collect is important to run our programs and to help us improve services. Also, we are required to collect some personal information by law or by organizations that give us money to operate this program. We only collect information that we consider to be appropriate.

You do not have to give us information. However, if you do not give us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

You have a right to review the personal information that we have about you and ask us to correct any mistakes you may find. You have a right to file a complaint with this agency or others if you feel that your data privacy rights have been violated.

Please ask our staff if you have any questions, or if you would like a grievance form or a complete copy of our privacy policy.

Minnesota's HMIS Policy for Research uses of HMIS data⁵

1. **Discuss project with HMIS staff**, including identifying the way that the least amount of identifiable data can change hands. If the requestor's research/evaluation questions can be answered without transferring identified data to the requestor, step 3 is not necessary.
2. **Work plan and budget agreed to.** Data and related reporting generally cannot be provided without proper compensation for staff time and other resources.
3. **Requestor provides a written request outlining uses of data, including research questions, and procedures for protecting data** (including assurances that data will be destroyed after use, and that the data will not be re-used for purposes beyond those outlined in the request).
 - a. Wilder notifies HMIS Governing Group that a request has been received.
 - b. Requestor or Wilder informs or obtains consent from HMIS participating agencies and/or individual clients as necessary/depending on nature of project.
 - c. Requestor clears the project with outside Institutional Review Boards (IRBs) as necessary/depending on nature of project.
 - d. Requestor clears the project with Wilder's Research Review committee for approval or denial. [Note: This committee meets quarterly, but sometimes is able to address requests via a virtual meeting between planned meetings.]
 - e. Wilder notifies Governing Group of whether the project is moving ahead.
 - f. At any time throughout the process Wilder reserves the right to consult with the Governing Group (including a subcommittee thereof) for purposes of providing advice to Wilder and the requestor on any issues that may arise from the project, and to more fully inform the group. The Governing Group may pass motions regarding the project, but those motions technically are not legally binding. Any members with a conflict of interest (e.g., those requesting data themselves or working directly with the requestor) should recuse themselves from votes taken on the project in question.
4. **After the analysis findings from the project are provided to Governing Group via Wilder Research.** The format of this report depends on the nature of the project.

⁵ Developed by Wilder Research in consultation with HMIS Governing Group and its ad-hoc Policy Subcommittee. Accepted by Governing Group on July 15, 2010.

Ramsey County COC
Admissions Policies

St. Paul PHA
Metropolitan Council HRA

Neither agency offers a preference for persons who are homeless. St. Paul PHA uses project-based vouchers to support 26 projects with 517 units of permanent supportive housing, 159 HUD VASH vouchers, and 100 FUP vouchers.

The pages that follow are the preference policies for both St. Paul PHA and Metropolitan Council HRA.

**PART TWO:
APPLICANT SELECTION**

I. Overview:

- | | |
|---|---|
| A. Selecting Applicants: Applicants will be selected from the waiting list. Their place on the waiting list will be determined by two factors: | Refer to:
24 CFR
§982.204(a) |
| 1. Preference factors, and; | |
| 2. Date and time of application. | |
| B. Single Waiting List: A single waiting list will be maintained for Vouchers. | §982.204(f) |
| C. Income Limits: All applicants initially selected for Section 8 Rental Assistance must have annual income anticipated for the next twelve months that is at or below the current income limit set for Very Low Income families. This income limit is based upon 50% of the median income for the area. | §982.201(b) |
| In addition, not less than 75 percent of the families admitted to the Section 8 Program shall be targeted to families whose income does not exceed 30% of the median income for the area (Extremely Low Income). | §982.201(b)(2) |
| HUD may authorize Section 8 Rent Assistance for specific uses. Under these circumstances, assistance could be provided to families with low incomes, with annual income between 51-80% of median income for the area. Refer to Part One, Table 1-1 for current income limits. | |
| D. Special Allocations: When HUD awards Section 8 funds for a specific category of applicants, the PHA will assist these households in accordance with HUD’s special instructions. | §982.203
§982.204(e) |

II. Definitions of Preferences and Related Terms

Local preferences are used in selecting applicants for Section 8 Assistance. The St. Paul PHA has established five local preferences. These local preferences are as follows:

- | | |
|---|----------|
| 1. Residency Preference: This preference is given to applicants whose head of household or spouse: | §982.207 |
| a. Lives in Saint Paul; | |

- b. Works in or has been notified that they have been hired to work in Saint Paul; or
 - c. Attends school or has been accepted to attend school in Saint Paul.
2. **Veteran's or Service Person Preference:** This preference is given to an applicant who is a Veteran or member of the Armed Services or a dependent family member of a Veteran or a Service Person.
- a. **"Veteran"** means any person honorably discharged from the Armed Forces of the United States after serving for 181 consecutive days or more, or who served under the direction of the Armed Forces and clandestine forces of the United States.
 - b. A **"Service Person"** is part of an applicant's family and is in the military forces of the United States at the time of application for housing. "Military forces" means the Army, Navy, Air Force, Marine Corps, Coast Guard and the commissioned corps of the U.S. Public Health Service.
3. **Extremely Low Income Preference:** This preference is given to an applicant whose total household income is at or below 30% of the area median income for their family size.
4. **Preservation Preference:** This preference is given to current residents of a building approved by HUD for preservation or replacement vouchers.
5. **Project-Based Voucher (PBV) or Project-Based Assistance (PBA) Supportive Housing Preference:** This preference is given to applicants who have been approved to participate in a PHA PBV or PBA supportive housing program.
6. **Special Programs Preference:** This preference is given to applicants who have been approved to participate in a program for which the PHA has received a special allocation of vouchers; for example, Family Unification Program (FUP), Veterans Administration – Supportive Housing (VASH), etc.

SAINT PAUL PHA

SECTION 8 UTILIZATION - MONTH ENDING 09-31-2015

HOUSING CHOICE VOUCHERS	UNIT UTILIZATION
	99.5%

DATA ENTRY CELLS ARE YELLOW

Budget Utilization		HARD TO HOUSE-DEPENDENTS	HARD TO HOUSE-DISABLED
ff	Prior Month		
ss	FY to Date		
tt	CY to Date	25	34

Line	TOTAL AUTHORIZED	4421	(Excl. 117 Disability Vouchers but incl. 159 VASH Vouchers and 100 FUP)
a	TOTAL UNDER HAP (LEASED UP; UTILIZED)	4397	
b	TOTAL NOT UNDER HAP: UNDER or (OVER) UTILIZED	24	
c			

	0BR	1BR	2BR	3BR	4BR	5BR	6BR	Other*	Totals	
d	VOUCHERS UNDER HAP	30	1847	1129	1124	343	100	21	3	4397

**Other* units are newly leased as of the first of the month but no subsidy has been paid yet so they are not reflected in counts by unit size.

NEW VOUCHERS ISSUED THIS MONTH	
ISSUED TO WAITING LIST	0
ISSUED TO NEW PBV MOVERS	0
ISSUED TO NEW "FUP" REFERRALS	2
OTHER NEW ISSUES	3
ALL NEW ISSUES	5

(Preservation, PH Trnsfr, vash.)

SHOPPERS AT MONTH END	
Shoppers with Vouchers Issued in Previous Months from WAITING LIST, FUP, VASH Referrals, etc.	29
MOVERS - CURRENT MONTH	95
MOVERS - PREVIOUS MONTHS	113
SHOPPERS	237
ALL SHOPPERS AND NEW ISSUES	242

Including Shoppers Porting Out 74

FUP - Family Unification	
ISSUED THIS MONTH	2
SHOPPING	4
LEASED THIS MONTH	0
CANCELED THIS MONTH	0
TOTAL UNDER LEASE	72

LEASE-UPS THIS MONTH	
TENANTS LEASED UP (going under HAP) DUE TO NEW ISSUES TO WAITING LIST	7
OTHER TENANTS LEASED UP	14
TOTAL LEASED UP	21

VASH - Homeless Veterans	
ISSUED THIS MONTH	3
SHOPPING	21
LEASED THIS MONTH	2
CANCELED THIS MONTH	0
TOTAL UNDER LEASE	119

VOUCHERS CANCELED AT END OF THIS MONTH (Still) Counted as Utilized Vouchers this Month (Excluding DV)	
CANCELED VOUCHERS: FROM WAITING LIST	0
CANCELED VOUCHERS: HCV MOVER-PARTICIPANTS	38
SPECIAL PROGRAM VOUCHERS CANCELED	9
ALL CANCELED (as of End Of Month)	45

Including Port-Outs Absorbed by Another Agency 3

SHOPPING SUCCESS RATES								
	MAR	APR	MAY	JUN	JUL	AUG	TOTAL	
v	NEWMOVER VOUCHERS UNDER HAP	117	73	45	88	72	58	433
w	NEWMOVER VOUCHERS CANCELED	37	35	23	16	16	10	137
x	SUCCESS RATE (e/f)	76%	68%	66%	81%	82%	85%	76%

* See above

SEC 8 PORTABILITY							
y	PORTS IN PHA ADMINISTERS (Including Mover-Shoppers)						121
z	PORTS OUT PHA IS BILLED FOR						462
z1	PORTS IN ABSORBED BY PHA THIS MONTH						0
z2	PORTS OUT ABSORBED BY ANOTHER PHA THIS MONTH						3

SPECIAL ALLOCATIONS Included in HCV Data Above				
Program Name	Auth'd	Under HAP	%	
aa	VASH - Homeless Veterans	159	119	75%
bb	Family Unification Program (FUP)	100	72	72%

*WTW funding elimated; vouchers reverting to regular

SPECIAL ALLOCATIONS Reported Separately				
	Auth'd	Under HAP	%	
cc	Mainstream / Disability Vouchers	117	112	96%
dd	Shelter + Care	12	11	92%

Mod Rehab SRO's (0BR)				
	Auth'd	Under HAP	%	
ee	Mary Hall (75 authorized)	75	75	100%
ff	Booth Brown House Foyer (6 auth'd)	6	6	100%

PAYMENT STANDARDS	
0BR	\$651
1BR	\$800
2BR	\$970
3BR	\$1,305
4BR	\$1,530
5BR	\$1,760
6BR	\$1,990
10/2014)	

***10/1/14 For new movers
***1/15/16 For annuals

PBV - Project-Based Vouchers			
	Projects	Units	
gg	PBV's Approved by Board (regular)**	26	517
	All PBV Projects/Units Approved by HUD	26	485
	Current PBV Projects Under HAP Contracts***	22	477
	Current All Projects Leasing/ Units Under Lease***	22	465
	Supportive Housing Approved by Board (Incl Above)	18	328
	Supportive Housing Under HAP Contract (Incl Above)	17	289

**Active Projects only (3 were denied/canceled)

***Two projects that were developed and approved in phases (Crestview and Families First) were consolidated on renewal, reducing the number of current approved "projects" from 26 to 23. See PBV Project Summary for more details.

HOUSING CHOICE VOUCHER ADMINISTRATIVE PLAN

Metropolitan Council Housing and Redevelopment Authority

Approved by Metropolitan Council: October 14, 2015

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C, Order of Selection, and in accordance with HUD requirement for the program.

PHA Policy

The PHA administers the following types of targeted funding:

Non-Elderly Disabled (NED) Vouchers

- This program enables families having a person with disabilities to lease affordable private housing of their choice and also may assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

- NED vouchers will be issued to qualified applicants on the PHA's Housing Choice Voucher waiting list according to the selection procedures outlined in Chapter 4.
- Regulations covering this program are found in 24 CFR Part 982.

Family Unification Program (FUP)

- This program assists families for whom the lack of adequate housing is a primary factor in the separation, or the threat of imminent separation, of children from their families, and or to assist youths 18-21 years of age who left foster care at age 16 or older and are in need of affordable and adequate housing,
- Families applying for FUP must be referred by a PCWA.
- Families verified as eligible will be placed on the waiting list according to date and time of application.
- Regulations covering this voucher program are found in 24 CFR Part 982
- The PHA will take reasonable steps to affirmatively further fair housing in regards to FUP vouchers. Reasonable steps will include:
 - To the extent practicable, identifying and ensuring certification of FUP eligible families and youth that may be on the PHA's waiting list and ensuring that the family or youth maintain their original position on the waiting list after certification.
 - Appropriately placing all FUP eligible families and youth referred from the PCWA on the HCV waiting list in order of first come, first served.
 - Informing applicants on how to file a fair housing complaint including the provision of the toll free number for the Housing Discrimination Hotline: 1-800-669-9777.
 - The PHA will also comply with the affirmatively furthering fair housing requirements of 24 CFR Section 903.7(o) (reference Chapter 2, Exhibit 2-2: ADDENDUM: SPECIFIC STEPS TO AFFIRMATIVELY FURHTER FAIR HOUSING

Veterans Affairs Support Housing (VASH) Program

This program combines HUD Housing Choice Voucher program rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). HUD VASH vouchers are administered in accordance with the HCV tenant-based rental assistance regulations 24 CFR part 982 and the regulations specific to the VASH program including but not limited to the following:

- VASH serves homeless veterans who have an identified need for case management
- VASH participants must agree to receive and cooperate with intensive case management services provided by the VA.
- Assistance must be terminated for non-cooperation with the case management requirements.
- The VA will refer VASH-eligible families to the PHA and provide housing search assistance.

- Income and citizenship eligibility will be determined according to Housing Choice Voucher program rules.
- Admission will be prohibited for any member of the household that is subject to a lifetime sex offender registration. All other screening criteria will be waived.

Other targeted funding, if awarded new funding

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use 24CFR [982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The HRA has adopted the following category of preferences:

- Insufficient Funding (2 points)
 - Preference will be given to any family that has been terminated from the HCV program due to insufficient program funding.
- Residency Preference (1 point)
 - The PHA will offer a preference for 95% of waiting list placements to families who reside, work or have been hired to work or got to school full-time in the PHA's service area. Full-time student is defined as a person who is carrying a subject load that is considered full time by an educational institution with a degree or certificate program.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30% of the area median income, whichever

number is higher To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

- The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

- Families will be selected from the waiting list according to their assigned date and time of application.
- Families that qualify for a specified category of program funding (targeted funding) or local preference may be selected from the waiting list ahead of higher placed families that do not qualify for the targeted funding or a preference. However, within any targeted funding category or eligible preference category, applicants will be selected according to the assigned date and time their application is received.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family.

PHA Policy

The PHA will electronically notify the family when it is selected from the waiting list. If the family does not attend the first scheduled interview they will be provided a second and final opportunity to attend. The notice will inform the family of the following:

- Interview appointment requirement.
- Who is required to attend the interview

**MEMORANDUM OF UNDERSTANDING for
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) LEAD AGENCY**

between
Ramsey County Minnesota Continuum of Care (CoC)
and
Amherst H. Wilder Foundation (Wilder)

1. Purpose

This Memorandum of Understanding is intended to signify agreement between the Ramsey County Continuum of Care and Amherst H. Wilder Foundation in its role as the lead HMIS Agency as to the roles and responsibilities of each party.

The Ramsey County CoC has established a HMIS to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons at risk of homelessness who receive assistance. Ten CoCs in Minnesota (MN) jointly agree to operate a statewide HMIS and to provide HMIS oversight through an HMIS Governing Group.

HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced are used for planning, education and reporting to funders.

PLEASE NOTE:

There are several significant HMIS planning efforts taking place as this MOU is being drafted. Recommendations arising from these initiatives are likely to lead to significant changes to the system that enable and support greater CoC compliance with HEARTH Act requirements and expectations. As the HMIS is modified to provide greater CoC administrative access for purposes of monitoring and reporting on provider and system-level performance, the roles and responsibilities described herein shall be revised accordingly.

2. Designations

- a. HMIS Software - The CoC designates the Bowman Systems' ServicePoint (SP) as the primary technical solution for Minnesota's HMIS.
- b. HMIS Lead - The CoC designates Wilder Research, a division of the Amherst H. Wilder Foundation, as the official statewide MN HMIS lead for the CoC's geographic area.

3. Responsibilities of CoC

- a. Designating a single information system as the official HMIS software for the geographic area.
- b. Designating a HMIS Lead to operate the system.
- c. Providing for governance of the HMIS Lead, including:

- i. The requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (hereinafter referred to as "CHO") requiring the CHO to comply with federal regulations regarding HMIS
 - ii. Holding CHOs responsible for failure to comply with regulations, including imposing sanctions; and
 - iii. The participation fee, if any, charged by the HMIS;
- d. Maintaining documentation of compliance with federal regulations and with the MOU; and
- e. Reviewing, revising, and approving the HMIS policies, privacy and security plan, and data quality plan for the HMIS as required by federal regulation.
- f. Develop and implement a plan for monitoring the HMIS to ensure that:
 - i. CHO consistently participate in HMIS;
 - ii. HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - iii. The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing CHO
- b. Oversee and monitor HMIS data collection and production of the following reports:
 - i. Sheltered point-in-time count;
 - ii. Housing Inventory Chart;
 - iii. Annual Homeless Assessment Report (AHAR); and
 - iv. Annual Performance Reports (APRs).

4. Responsibilities of the HMIS Lead:

- a. Facilitating, monitoring, and reporting to CoC the participation of all agencies submitting data to HMIS and ensuring compliance with federal HMIS requirements;
- b. Implementation of and compliance with written HMIS policies and procedures as approved by the statewide governance committee and in accordance with § 580.31 for all CHOs;
- c. Executing a written HMIS Participation Agreement with each CHO as they start participating, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan and privacy policy with which the CHO must abide, sanctions for violating the HMIS Participation Agreement, and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement;
- d. Serving as the applicant to the US Department of Housing and Urban Development (HUD) for CoC grant funds to be used for HMIS activities for the CoC's geographic area, as directed by the CoC in consultation with the statewide Governance committee, and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;
- e. Monitoring data quality and taking necessary actions to maintain input of high-quality data from all CHOs;
- f. The HMIS Lead must implement a security plan, an updated data quality plan, and a privacy policy to the CoC on a timeline agreed on by the CoC, HMIS Governing Group and HMIS Lead after the effective date of the HUD final rule establishing the requirements of these plans. The HMIS Lead, in conjunction with the HMIS Governing Group and CoC, must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the CoC and CHO.

5. Duties of the HMIS Lead

- a. CoC HMIS Policies and Procedures - The HMIS Lead must adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the CoC. These policies and procedures will be developed with the HMIS Governing Group.
- b. Unduplicated Count - The HMIS Lead must, at least once annually, or upon request from HUD, submit to the CoC an unduplicated count of clients served and an analysis of unduplicated counts, when requested by HUD.
- c. Reporting - The HMIS Lead shall submit reports to HUD as required by HUD.
- d. Privacy - The HMIS Lead must implement a privacy policy which is developed by HMIS Governing Group.
- e. HMIS Standards - The HMIS Lead, in contracting an HMIS vendor, must require the HMIS vendor and the software to comply with HMIS standards issued by HUD as part of its contract.
- f. Participation Fee - The HMIS Lead may charge a participation fee for CHOs. The participation/user fee shall be reviewed and approved annually by the CoC and HMIS Governing Group.

6. Responsibilities of the HMIS Governing Group

- a. Developing HMIS policies and procedures. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Lead may not establish local standards for any CHO that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in b. Privacy
- b. Developing a data privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.
- c. Overseeing and monitoring HMIS funding management and performance.
- d. Providing directions and guidelines on HMIS practices.



Wilder Foundation Staff



CoC Staff

The Governing Board may, at its discretion and at any time, set up any standing and ad hoc work groups it deems necessary to carry out the needs of Heading Home Ramsey.

F. Heading Home Ramsey Policies and Priorities for Administering Assistance

F1. Focus on serving individuals and families with the longest histories of homelessness

Heading Home Ramsey shall prioritize for investment, permanent supportive housing projects dedicated to serving households that meet the definition of chronic homelessness, and, of the chronically homeless, Heading Home Ramsey shall prioritize those households with the longest histories of homelessness.

Heading Home Ramsey shall prioritize for investment, permanent supportive housing projects that have beds that are not specifically funded or otherwise dedicated to serve chronically homeless households but for which a priority has been given to serve chronically homeless households.

Heading Home Ramsey shall prioritize for investment, permanent supportive housing projects that adopt a housing first, entry-tolerant approach to housing people with long histories of homelessness.

F2. Focus on increasing the use of rapid rehousing to reduce the number of homeless families with dependent children

F3. Focus on ending veteran homelessness

F4. Focus on transitional housing and projects providing education and training as a primary strategy for reducing youth homelessness.

F5. Order of Priority in CoC Program-funded Permanent Supportive Housing

F5 a. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

(1) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of family who has either been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or who has had at least 4 episodes of homeless in the past three years that add up cumulatively to at least 12 months and who meets the definition below for most severe service needs.

A person with the most severe service needs is defined as an individual for whom at least one of the following is true:

1. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
2. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

(2) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of family who has either been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or who has had at least 4 episodes in the past 3 years that add up cumulatively to at least 12 months and the CoC is unable to identify someone who qualifies for the first priority.

(3) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of family who has had at least 4 episodes in the past 3 years that add up cumulatively to at less than 12 months and who meets the definition of having the most severe service needs, defined in priority one.

(d) Fourth Priority—All Other Chronically Homeless Individuals and Families

The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and does not qualify as having the most severe service needs.

F5 b. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

(1) First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

(2) Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

(3) Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

(4) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

October 31, 2015

Jonathan Lindquist, Catholic Charities

Dear Jonathan,

This note is to officially inform you that the voluntary reallocation of your Mary Hall Supportive Housing Program with its 32 transitional housing beds through a grant amount of \$262,208, has been ratified by the CoC 2015 Ranking Committee. That money has been reallocated to the new Mary Hall Permanent Housing program dedicated for persons experiencing chronic homelessness.

If you have any questions about this, please do not hesitate to ask.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Anderson", written over a light blue horizontal line.

Jim Anderson
Ramsey County Community Human Services Department
160 E. Kellogg Blvd. #9500
Saint Paul, MN 55101
(651) 266-4116
jim.anderson@co.ramsey.mn.us

October 31, 2015

Ms. Barbara McCormick, PPL
Ms. Sarah Koschinski, PPL
Mr. Al Hester, St. Paul Public Housing Agency

Hello,

This note is to officially inform you that the voluntary reallocation of \$26,603 from the PHA/PPL grant for Fort Road Flats has been ratified by the St. Paul / Ramsey County CoC Ranking Committee. The grant recommendation for this program is now at \$95,000. The reallocated fund is being recommended to provide an increase to the Ramsey County CoC contribution to the statewide HMIS system.

Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Anderson", is positioned above the contact information.

Ramsey County Community Human Services Department
160 E. Kellogg Blvd. #9500
Saint Paul, MN 55101
(651) 266-4116
jim.anderson@co.ramsey.mn.us

October 31, 2015

Kelby Grovender, Hearth Connection

Dear Kelby,

This note is sent to officially inform you that your request for voluntary reallocation of the Ramsey Hearth Connection Expansion program, with the amount of \$122,042, has been ratified by the Ranking Committee. This money is being used to support the development of Coordinated Entry for single adults in Ramsey County.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Anderson", written in a cursive style.

Jim Anderson
Ramsey County Community Human Services Department
160 E. Kellogg Blvd. #9500
Saint Paul, MN 55101
(651) 266-4116
jim.anderson@co.ramsey.mn.us

Minnesota HMIS System Administrator Policies & Procedures

APPROVED BY THE HMIS 2.0 DATA STRUCTURE & SHARING WORKGROUP

HMIS SYSTEM ADMINISTRATOR POLICIES & PROCEDURES

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HMIS SYSTEM ADMIN POLICIES & PROCEDURES

Purpose Statement

The purpose of this document is to clearly define the obligations and responsibilities of all parties as related to the formation and ongoing duties of the Local System Administrator (LSA) role, for Minnesota’s Homeless Management Information System (MN-HMIS). Note that policies regarding other aspects of the system are present in other documents, as detailed below.

Guiding Principles

Minnesota HMIS System Administrator Policies & Procedures were created based on the following guiding principles:

- Data Security/Privacy is protected.
- System Administrator policies will provide a platform for consistency across the state while allowing for local priorities and varying geographic needs, particularly unique differences between rural and urban Continuums.
- Tribal sovereignty is honored and accommodated.
- Administrative actions and decisions should be conducted through the lens of how the action will benefit clients.
- Service-providing agencies need to be informed and consulted when their data will be used in a manner that identifies their agency.
- Continuum of Care regions will be able to use data to inform and enhance local planning and reporting needs.
- Data will be used to guide and inform state, regional and local partners in efforts to end homelessness.
- Minnesota’s HMIS will be a collaborative partnership with different levels actively working together to share information, develop policies, and meet system goals.
- Be respectful and inclusive of all partners. We are all working towards the same goal—to end homelessness.

Key Terms and Acronyms

Term	Acronym (if used)	Brief Definition
Agency Administrator		Each agency that uses HMIS will have a lead administrator for their agency. This person will have administrative capabilities for their agency’s tree and will be responsible for communicating with SSA, LSA, and agency end users.
Annual Support Plan		An annual plan that will be developed by LSAs in each CoC region to identify system administration responsibilities between the SSA and LSA.
Annual Communication Plan		An annual plan that will be developed by LSAs to identify contact information and communication schedules and responsibilities between Agency Administrators, SSA and LSA.
Continuum of Care	CoC	Planning body charged by HUD with guiding the local response to homelessness.
Evaluation Plan		A plan that will be developed by CoCs to evaluate agency and system performance that is approved by the CoC Governing Board.
Funder		Any entity that requires agencies to enter data into HMIS. State agencies that fund homeless programs in HMIS are included as “funder”.
Homeless Management Information System	HMIS	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery

		systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public monies related to homelessness.
HMIS Advisory Task Force	HMIS-ATF	The governing body that sets HMIS policy and procedure, oversees grants and budgets, and plans for system use and changes.
HMIS Lead Agency		The entity for the Statewide HMIS that helps set policy and manage contracts, including with the Statewide System Admin for administration of the System.
Housing Inventory Chart	HIC	Annual count of all homeless programs and their units and beds.
Local System Administrator	LSA	The entity responsible for the regional administration of HMIS within each CoC region.
Minnesota’s Homeless Management Information System	MN-HMIS	Minnesota’s statewide HMIS.
Participating Agency		Any organization (employees, volunteers, and contractors) that records, uses or processes Protected Personal Information in HMIS
Point in Time Count	PIT	An annual count during the last week in January that is required for all CoCs. Every other year, that count also includes an “unsheltered” or street count.
Sharing		Sharing, as used in this document, refers to the sharing of data between agencies. It does not refer to basic entry into the HMIS or CoC or funder access to client level information for administration or reporting. Sharing data requires a signed client Release of Information.
Statewide System Administrator	SSA	The entity responsible for state-wide administration of MN-HMIS (currently Wilder Research).
Tribal Specific Information		This refers to data that identifies the specific tribal membership of a household. This includes data that is reported in CoCs where only one Tribe resides.
User		Any person that has access and license to participate in HMIS. This includes endusers, agency administrator, local system administrator, and state system administrator.
User Group		A workgroup of end users that will meet to consult and advise SSA and LSA regarding the administration of HMIS.

Key Agreements, Certifications, Licenses and Disclaimers

MN-HMIS utilizes the following documents and processes to ensure clients, agencies, end users, and administrators understand their rights and responsibilities for participating in the data system. Documents and processes are still in development in many cases and further documents around data sharing and governance will be added as they are developed. Only currently existing documents are listed. Other agreements, certifications, licenses, disclaimers not named in these policies may be created and used if approved by the HMIS Advisory Task Force and/or CoC.

Document	Acronym (if used)	Brief Definition
Informed Consent		The document used to gain permission from clients to collect their information and to indicate what parties will be able to see and use their data for administrative purposes.
Joint Governance Charter		Each CoC is an independent entity that participates in MN-HMIS. As such, there is a signed Joint Governance Charter that designates the use of the Minnesota’s State System Administrator and identifies the Statewide Lead Agency. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS information system.
LSA Agency Agreement	LSA-AA	The Agreement signed by each Agency, LSA, and Continuum of Care Lead Agency that governs data use and system administration within the region.
HMIS Policies and Procedures		Refreshed annually and set the minimum standards for the all participants of MN-HMIS.

Release of Information	ROI	The document used to gain permission from clients to share data within the HMIS for the purposes of service coordination. Allows for the sharing between agencies.
State-wide Agency Agreement	SSA-AA	The Agreement between all participating agencies and the SSA (Wilder) that specifies the rights and responsibilities of SSA and participating agencies.
User Policy & Code of Ethics Statement		The participating agencies are required to have all User Agreements and Training Certifications on file as well as agency related Agency Agreements and documentation. The SSA keeps a file with Agency Agreements and documentation for each agency in a secure environment.

Privacy Statement

MN-HMIS is committed to make Minnesota’s HMIS safe for all types of programs, the clients whose information is recorded, and to maximize the opportunities to improve services through automation. **Toward that end:**

- Sharing is a planned activity guided by the client through MN-HMIS Release of Information.
- The MN-HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of providers may participate in MN-HMIS.
- All those issued user access to the system (including system administrators) must successfully complete privacy training and sign a User Policy, Responsibility and Code of Ethics Statement, and agencies must sign an Agency Agreement. Taken together, these documents obligate participants to core privacy procedures.
- MN-HMIS will have separate policies on privacy and data sharing (as of 11/20/14, under development). All parties are obligated to adhere to the policies on privacy and data sharing.
- Existing contracts and agreements name the responsibility of all users of HMIS to follow data privacy principles. The SSA will have primary responsibility to monitor and audit data privacy in HMIS. LSAs will have secondary responsibility and will notify the SSA with any issues they identify. Further detail may be articulated in the Annual Support Plan between the LSA and SSA.

System Administration Policies

1. Local System Administrator Responsibilities

The Local System Administrator (LSA) is responsible for ensuring that all aspects of their regional HMIS project are appropriately maintained. Many LSA’s may not have the capacity to perform all responsibilities assigned to the LSA (outlined below). In addition, there are complex agencies that provide services in multiple CoC regions or the entire state—which could create confusion regarding which LSA they go to for system support, etc. For this reason, the SSA will work with LSAs to develop an Annual Support Plan to delineate responsibilities.

The SSA will provide structure and instructions for the LSA to use to manage their local system. LSAs will follow these processes, provide feedback where needed, and work collaboratively with the SSA and other LSAs to make sure we have consistent processes, improvements are made, and new ideas are shared so we are moving the processes towards their most ideal operations.

LSAs will decide each year which aspects of the following options they will perform locally. An Annual Support Plan will be created between the LSA and SSA to ensure that all tasks not performed locally will be assumed by the SSA. An Annual Communication Plan will also exist between the LSA, SSA, CoCs and agency administrators.

The Local System Administration responsibilities include the following:

❖ Obtain/Maintain LSA Training and Certification for LSA staff

- Demonstrate complete competence in Statewide required training in privacy, security and system operation (provider page, workflows and reports).
- Comply with Minnesota Statewide Privacy Protocols as specified in the Agency Agreements and the User Agreement Code of Ethics.

❖ Communication and Coordination

A primary responsibility of the LSA is to facilitate and maintain communication with all stakeholders of HMIS in their region including funders, SSA, agency admin, CoC, etc. The LSA will be responsible for creating an Annual Communication Plan between the LSA, SSA, CoCs and agency administrators which will include actions needed to perform duties such as the following:

- Attend all MN-HMIS System Administrator meetings/trainings.
- Facilitate local meetings that regularly review local HMIS policy and outcome/evaluation.
- Facilitate Continuum of Care HMIS Agency Administrator meetings.
- Inform SSA of system issues for coordination and resolution.
- Inform the community about HMIS.
- Represent/Cover HMIS at the Continuum of Care meetings.
- Collect contact and program information from Agency Administrators and communicate to State System Administrator

❖ System Training

The SSA provides the foundation of HMIS trainings. The LSA will enhance and supplement¹ trainings for Agency Administrator and end users (initial and refresher) on topics that may include:

- ServicePoint workflows and data entry processes.
- Privacy and Confidentiality materials.
- Advanced Reporting Tool (ART), etc.
- System Administrator Orientation
 - Provider Page Set-Up Training
 - Reports Training
 - Data Quality
 - Progress Reporting
 - Outcome Reporting

❖ System Support, Maintenance, and Customer Service

The LSA will ensure, in cooperation with the SSA, that on-going support is provided to all agencies using HMIS in their region. Responsibilities may include:

- Provide online, in-person, and by-phone technical support.
- Track all requests for technical assistance to determine adequacy and timeline of response.
- Regularly review log of requests for technical assistance to ensure consistent, effective and efficient service delivery.
- Review/Provide regular updates to Agency Administrators and end-users (as appropriate) regarding system changes and enhancements. Include information about SSA-provided training opportunities.
- Assign licenses to Agency Administrators and/or users.

¹Trainings may be facilitated and provided directly by LSA staff and/or may utilize trainings (recorded or otherwise) by the SSA or other parties.

- Communicate complex questions and possibly system problems to the SSA.

❖ Ensure System Compliance

The LSA will work closely with the SSA and CoC coordinators to ensure that their region maintains high performance and adherence to State and Local data system rules and expectations. Responsibilities may include:

- Complete and submit:
 - Annual Homeless Assessment Report
 - Annual Performance Report
 - Housing Inventory Chart
 - Point in Time
 - Funding Round CoC application HMIS related information.
- Work with provider Agency Administrator to maintain data quality, correct errors and assist with technical support when updates need to be made.
 - Monitor all provider pages to ensure that the pages are set up consistent with MN-HMIS and HUD data standards.
 - System audits of agency compliance of data privacy, security and oversight standards.
 - Provide with regular data quality report card for all participating agencies/programs.
- Read and understand the HUD Data Standards that underpin the rules of the HMIS.
 - Ensure that participating agencies comply with HMIS requirements via HMIS monitoring.
- Assist CoC in maintaining and increasing bed coverage (high participation of homeless programs in HMIS).
- Support the CoC's continuous quality improvement efforts.

2. State System Administrator Responsibilities

The State System Administrator (SSA) will provide state-wide system development and support to ensure that the system is fully understood and appropriately utilized by all parties. SSA responsibilities will include:

- Monitor and enhance the performance of MN-HMIS.
- Create and provide a menu of trainings and reports accessible to LSA, Agency Administrator, and end users across the state. This should include both written and recorded trainings and directions.
- Audit LSA and data sharing functions to ensure appropriate use of private data.
- Provide help desk functions to all users of HMIS.
- Host regular webinar or call-in user group meetings.
- Provide guidance and a state-wide framework for system administration to LSA and Agency Administrator
- Perform all updates and changes to the system as required by funders and the HMIS Lead Agency.
- Other duties identified in existing "Minnesota's HMIS Policies and Procedures" dated January, 2014 or later: (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>).

❖ SSA/LSA Annual Plans

The coordination between the SSA and all LSAs is vital to the function of MN-HMIS. For this reason, the SSA will hold an Annual Support Plan and an Annual Communication Plan with each LSA. Both plans must be approved by the CoC Governing Board.

Annual Support Plan—Many LSA's may not have the capacity to perform all responsibilities assigned to the LSA (outlined in pp.4-6). In addition, there are complex agencies that provide services in multiple CoC regions or the entire state—which could create confusion regarding which LSA they go to for system support, etc. For this reason, the SSA will work with LSAs to develop an Annual Support Plan to delineate responsibilities.

- The LSA will negotiate with the SSA to assume responsibilities not conducted by the LSA.

- The LSA will communicate the delineation of duties outlined in the Annual Support Plan to all agencies participating in HMIS in their region.
- The SSA will serve as the primary support/contact to all complex agencies unless otherwise identified and agreed upon by complex agencies in Annual Support Plans.

[Annual Communication Plan](#)—A Communication Plan will be developed to clarify the steps and responsibilities of the LSA, SSA, CoCs and agency administrators as it pertains to communication in administering the system. LSAs, CoCs, and SSA will work together to develop a Communication Plan for each CoC. As much as possible, communication processes will be similar among CoCs.

3. Additional System Administrator Policies

The SSA and LSA must adhere to all policies already noted in “Minnesota’s HMIS Policies and Procedures” dated January, 2014 or later: (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>).

Publication Policies

Publication of reports and dashboards may fall under a few different processes:

- Publication for the purpose of media distribution through website, newspaper articles, research reports, etc.
- Publication for the purpose of internal CoC evaluation and planning (by the CoC staff, LSAs, SSAs, and other key parties).
- Publication for the purpose of meeting Funder reporting requirements (information required by HUD including NOFA, AHAR, HIC, etc.).

State System Administrator (SSA) and Local System Administrator (LSA) will work together to confirm report use, design and interpretation. Our goal is to develop reports that can be shared across the system to meet similar needs and support CoCs in additional report development. Different rules may apply to the different uses as described above.

Data and reporting processes around data quality and HUD requirements will follow general state-wide HMIS processes as defined in “Minnesota’s HMIS Policies and Procedures”.

1. General Publication Policies

The following are policies that apply to all publications of HMIS data.

❖ LSA Use and Access to HMIS Data

The LSA will be responsible for producing public and evaluative reports for their CoC region. In this role, the LSA must adhere to the following policies:

- The LSA may not access or use regional, Tribal- or agency-specific data for the purpose of providing their agency or any partner agency a competitive advantage.
- Agencies may have assessments and data that is collected specifically for their agency’s internal evaluation or client support. In such cases, if the agency does not want this data to be viewed or used, they must communicate this to the LSA.
 - The LSA may not view or use data/assessments that are restricted by the agency.
 - The agency may not restrict data/assessments that are required by a Funder requiring use of HMIS (including continuum of care data/assessments).

- In some cases, there may be an LSA that is able to view and run reports for the entire CoC and specific counties within the CoC.
 - The LSA may not view or use data in counties to which they are not authorized by the CoC Governing Board.

❖ Confidentiality/Use of Identifiable Data

- All release of client identified data will be governed by the following documents:
 - MN-HMIS Informed Consent
 - MN-HMIS Release of Information
 - MN-HMIS Agency agreements (each agency will have agency agreements with both the SSA and LSA)
 - MN-HMIS Privacy Policies
 - Business Associate Agreements
 - Local Policies and Agreements
- SSA/LSA may not release an aggregated report from a data set that is small enough or unique enough to allow identification of an individual client’s information to be extracted from the report. Data cut by detailed client characteristics will generally be released in Regional representations.
- If it is determined that a preliminary report may not be published due to concerns or release of identifiable data, SSA/LSA will:
 - Shred or incinerate paper copies of the report.
 - Notify review partners to destroy any copies of the report.
 - Destroy or securely store all source calculations for the report.

❖ Continua of Care Obligations

- Each CoC is required to review routinely their CoC-wide Summary Data including counting, descriptive and outcomes reports for accuracy of data and report design.
- Each CoC is required to establish a local process to guide the publication of local/CoC specific information and the focus of their data use needs and processes.
 - Any such process must include representation from the agencies that enter data into the System either directly or through a formal review process.
- CoCs that wish to use the System to evaluate agency performance must develop a formal Evaluation Plan that is approved by the Continuum of Care Governing Board.
- Each CoC must establish a procedure for the purpose of creating and reviewing data quality.

❖ Data Quality and Validation Process

All HMIS participating agencies will follow the Data Quality Plan as outlined in “Minnesota’s HMIS Policies and Procedures”². The Data Quality Plan includes the following 5 elements; Timeliness, Completeness, Accuracy, Monitoring, and Incentives/Enforcement. This section expands on the Data Quality Plan as it pertains to local system administration.

Data Collection Timeliness—As noted in “Minnesota’s HMIS Policies and Procedures”, reducing the time period between data collection and data entry will increase the accuracy and completeness of client data. Current standards for timely data entry vary by program type.

² See Minnesota’s HMIS Policies and Procedures 2014 document (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>)

Local CoCs may require (through CoC Governing Board action) more timely data entry/quality standards, but cannot allow data entry/quality standards to be less timely than HMIS policies.

Data Completeness and Accuracy, Data Quality Plans—In order to create reliable reports, it is absolutely vital that system administrators ensure the accuracy of data included in the reports. SSA/LSA will work with Agency Administrators to establish data quality plans including steps needed to correct poor quality data.

- Aggregated reports will be routinely reviewed at the agency, CoC and SSA levels to identify and correct data quality issues.
- All LSA and agencies are required to establish data quality and program improvement plans.
- Each CoC must establish a procedure for the purpose of creating and reviewing data quality.
- Agencies with poor quality, as determined by SSA and LSA will be required to correct data according to the level of quality concern within 14 calendar days (or sooner if the report needs to meet a shorter timeline for funders).
- System administrators will work with the agency to develop a plan to correct data quality. Levels include:
 - Red – High priority issue including; data privacy, significant missing data or other immediate/major concern affecting data integrity or privacy.
 - Yellow – Medium priority issue involving some missing/null information or similar quality concern.
 - Green – No or minor data quality or integrity issues
- Agencies exhibiting repeated data quality deficiencies and/or unresponsiveness to corrective action plans may be removed by the LSA or SSA from MN-HMIS.

Data Completeness and Accuracy, Data Validation Review Process—Prior to publishing reports, system administrators (LSA/SSA) must provide agency administrators the opportunity to ensure that the data included in reports is accurate.

- System administrators may not publish reports using data sooner than 60 days from the date of which report is run unless reports are required by Funders or are published with permission from participating agencies.
- Prior to publication, system administrators are required to run reports and send to CoCs and agencies for data review.
- Data Collection and reporting of tribal specific information will only be done with the written permission of the Tribal Council or authorized representative. CoCs where only one Tribe resides will work with the Tribe to develop a reporting plan to streamline the review/approval process.
- Each CoC is required to establish a communication plan to ensure that LSAs, CoC Coordinators, and agencies understand the obligations each have to initiate and respond to data review requests on a timely basis.
- Funder-specific reports (non-CoC), may not be produced without the permission, review and approval of the identified Funder.
- Timeline/process required for data validation
 - General Reports
 - System administrators will allow at least 20 calendar days for agencies/CoCs to review their data that will be included in reports.
 - If a CoC/agency has discrepancies with data/presentation of the report, they may respond in writing to the SSA/LSA within 20 calendar days. The SSA/LSA will then have 20 calendar days to negotiate with the CoC/agency to resolve their concerns.
 - The HMIS Advisory Task Force will make final determinations with unresolved concerns.
 - Assent will be assumed for all CoCs/agencies that do not respond in writing to the LSA/SSA within 20 calendar days.
 - Funder required reports

- System administrators may require agencies/CoCs to review and correct data included in reports within a timeline that meets the funder requirements. Such required responses may be shorter than 20 days.
- If a CoC/agency has discrepancies with data/presentation of the report, they may respond in writing to the SSA/LSA within the required timeline.
- Assent will be assumed for all CoCs/agencies that do not respond in writing to the LSA/SSA within the required timeline.
- The HMIS Advisory Task Force will make final determinations with unresolved concerns.

❖ Minimum Set of Qualifiers

All reports will be published with the following minimum set of qualifiers.

- The effective date (date on which the data draw was made) and the time frame of the report.
- Number and type of programs whose data is included in the report.
- Number and basic characteristics of Regions/CoCs included in the report.
- Pre-defined nuances in the data set including clients not represented in the data set or explanation of how the data set has been narrowed to improve accuracy.
- Information from other sources (such as Labor or Census Statistics) about the population or the community to support interpretation of the data set (as needed).
- Qualifiers, assumptions, and methodologies in defining data set(s) will be reviewed routinely, and whenever there are anomalies in studies involving subsets of data.

2. Publication Policies for Public Uses

The following policies will guide the use of information released to the public for purposes of providing resource planning, needs assessment information, community education, and research.

❖ Policies Regarding Agency-Identified Information

- Data validation process (Page 7) must be followed.
- State System Administrator (SSA) and Local System Administrator (LSA) may not release agency-identified information (aggregated information for particular agencies) to the public without prior agency approval.
- As noted in the Data Validation Review Process, CoCs and/or agencies will be provided at least 20 days to determine if their data will be included in published reports.
 - Assent will be assumed for all CoCs/agencies that do not respond in writing to the LSA/SSA within 20 days.
- SSA and/or LSA may choose to publish an agency-identified report noting the agencies that have declined approval to be included in the report.
- Data Collection and reporting of tribal specific information will only be done with the written permission of the Tribal Council or authorized representative. CoCs where only one Tribe resides will work with the Tribe to develop a reporting plan to streamline the review/approval process..

❖ Release Rules by Report Type

The review process and required qualifiers for aggregated statewide and regional information will be based on the type of aggregated report and/or the purpose of the release.

Basic descriptive or demographic statistics—This type of report provides information about the characteristics of those served by agencies participating in the project, is generally utilized for resource planning, needs assessment and community education.

- The SSA will routinely publish basic descriptive reports for Minnesota’s Regions and for basic provider types.

- SSA staff will compile and routinely update pre-defined basic descriptive statistics on who is being served including sums, percentiles and correlations. Information will be provided in charts and graphs. Counting strategies, assumptions, and qualifiers will be developed in coordination with the MN-HMIS Advisory Task Force and participating CoCs. Tables, charts and qualifiers will be published as updates are complete and made accessible to the public.
- The MN-HMIS Advisory Task Force will create a Reports Committee that will work with LSAs and CoCs to determine the information that may be included in standard dashboard reports.
- A study process will be completed in all cases where the data set includes *outcome measures*.
 - Design of outcomes reports will be guided by the User Group engaged in the measurement and the Reporting Committee.
 - Outcome reports will comply with HUD requirements.
 - All outcomes reports are available for agency review on Minnesota’s ART site. Agencies are asked to report issues related to the reports as they are identified. Reports will be routinely reviewed as part of the local and state system administrator coordination processes, such as monthly meetings.
 - SSA and LSA staff may not publish to the public agency identified outcomes without prior written review by the agency.
 - SSA and LSA may publish data sets that reflect regional performance or performance from general categories of programs with support from ongoing User Groups that support the design of the report. User Groups will be composed of a representation of agencies included in the report.
 - SSA and LSA will provide key summary reports to CoC Governing Boards (or other decision making bodies as assigned by CoC Governing Board) quarterly to assure data quality for routine releases of aggregated information.

Prevalence studies—This type of report provides information about the degree or frequency of a problem or condition and is more highly dependent on coverage levels than is basic descriptive or demographic data. Coverage levels reflect the CoC’s estimate of the percent of local homeless consumers entered into the System. More specifically, CoC members review the combination of organizations reporting to the System and determine what proportion of the homeless population, including those normally seen through outreach efforts, are included on the HMIS.

- CoCs will provide coverage estimates for the homeless clients entered into the MN-HMIS.
- CoC’s will provide a “point-in-time” coverage estimate at least annually. Coverage estimates may be amended as needed should the coverage change dramatically between reporting periods. Projections to the total count will be based on coverage estimates.

External Research studies—This type of report draws causal or predictive conclusions based on the data and depends upon statistical significance testing.

- All research studies must meet generally acceptable scientific standards related to statistical significance and reliability.
- Findings must be presented to the MN-HMIS Reports Committee or designated Review Committees and participating CoCs for comment prior to publication.
- All findings must be accompanied with a discussion of the limitations of the study.
- Where the data involves access to record level data, a Data Use Agreement will be signed by the researcher specifying privacy, access, use, retention and disposal of records.
- If the release of client level information is needed outside of the current HMIS partners or to data current HMIS partners do not currently have access to, the research policies established with the Advisory Task Force must be followed.

3. Publication Policies for Internal/CoC Evaluation and Planning Uses

LSA and their CoCs may seek to publish annual performance reports. Such reports will be used for CoC performance review, system planning and system analysis and will not be published for public use unless otherwise communicated prior to the development of the report.

❖ Evaluation and Planning Reports—Not for Public Distribution³

- Evaluation and Planning reports may include agency-level performance indicators.
- CoCs that wish to run annual performance reports to evaluate agency performance must develop a formal Evaluation Plan that is approved by CoC Governing Board. This Plan may include the frequency and content of publications and how they may/may not be posted publicly.
- Annual CoC performance benchmarks reports (unique to each CoC, based upon HUD and local benchmarks) will include agency-identified information.
 - Agencies may show cause to not be included. Such agencies may be identified in the annual performance benchmarks reports as having declined permission to be included in the report.
 - CoC funded agencies do not have the option to show cause to not be included in CoC performance evaluation reports.
 - All requests for agency omission from reports due to cause will be reviewed and approved/denied by the CoC Governing Board.
 - Data Collection and reporting of tribal specific information will only be done with the written permission of the Tribal Council or authorized representative. CoCs where only one Tribe resides will work with the Tribe to develop a reporting plan to streamline the review/approval process..
- Each CoC's annual performance benchmark report may include outcomes unique to their region, but such outcomes will be drawn from common fields as defined by the MN-HMIS Advisory Task Force.
- Data validation process (Page 7) must be followed.
- Funder-specific reports (non-CoC), may not be produced without the permission, review and approval of the identified Funder.

❖ Evaluation and Planning Reports—For Public Distribution

Evaluation and Planning Reports (including dashboard reports) that the CoC/LSA wish to make public must follow the policies and permissions identified in the "Publication for Public Uses" section (pp. 10-11).

4. Publication Policies for funder reporting requirements

Periodic reports are required by HUD (NOFA, AHAR, HIC, etc). System Administrators (SSA/LSA) will also be asked periodically to run reports for other funders (State agencies, etc.). The LSA/SSA must be able to produce these reports on a timely basis in order to meet funder requirements.

- Publication approval is not needed for use of information required by HUD during the NOFA, AHAR or HIC processes.
- The NOFA publication will include evaluation and performance data that is specific to HUD-funded agencies.
- Data validation policies (pg. 9) will be followed in the creation of funder reports.

³ It should be noted that any information in the hands of the government can be accessed through a Freedom of Information Act request. While reports may be intended for internal committee discussions it remains possible that they may be accessed by the public.

5. Summary of Publication Options

Purpose of the Report	Steps Needed to Run Report	Timeline Required
<p>Publication for Public Use Created for the general public through website, newspaper articles, reports.</p>	<ul style="list-style-type: none"> Agency/Tribal specific data requires approval of the agency/Tribe and the CoC reporting committee. Must consult Agencies/CoCs with data validation. 	<ul style="list-style-type: none"> Must run report from data at least 60 days prior OR after the data validation timelines have been met. Validation provides agencies / CoCs with at least 20 days to review/correct data.
<p>Publication for Evaluation Created for the CoC staff, LSAs, SSAs, and other key parties of CoC planning.</p>	<ul style="list-style-type: none"> Tribal specific data must be approved by Tribe. Agency specific data does not require approval if not released to public. Must consult Agencies/CoCs with data validation. 	<ul style="list-style-type: none"> Must run report from data at least 60 days prior. Validation provides agencies / CoCs with at least 20 days to review/correct data.
<p>Publication for Funder Requirements Created for Funders (HUD, State, etc.) for purpose of evaluation and compliance.</p>	<ul style="list-style-type: none"> Does not require agency or CoC reporting committee approval to use data. Must consult Agencies/CoCs with data validation. 	<ul style="list-style-type: none"> Report may be run with data more recent than 60 days as long as communicated to agencies. SSA/LSA provides clear timeline for data validation that meets funder requirements (may be less than 20 days).

CoC-Specific HMIS Policies

CoCs may develop additional HMIS policies and guidelines specific to the needs of their region so long as these policies maintain sufficient consistency with this document and “Minnesota’s HMIS Policies and Procedures” document.

- Efforts must be made to maintain consistency with state-wide policies.
- CoC-specific policies will be provided in writing for approval/denial by the HMIS Advisory Task Force. HMIS Advisory Task Force determinations must be made within two months of the request. Denials will be made in cases where the HMIS Advisory Task Force determines that local policies are disparate enough with state, regional or local policies that the effect would be detrimental to the system, agencies, and/or other CoC regions.

Grievance Process

All participants of HMIS (clients, users, agencies, etc.) may file a grievance with the HMIS Advisory Task Force in any case in which they determine the policies and agreements noted in this and other HMIS documents have not been followed. A grievance form is included in Minnesota’s HMIS Policies and Procedures 2014 document (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>).

- The HMIS Advisory Task Force and the Minnesota Coalition for the Homeless will monitor all grievances and track outcomes, including response time and final resolution.