

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 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while 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 this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to 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 CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MN-502 - Rochester/Southeast Minnesota CoC

1A-2. Collaborative Applicant Name: Three Rivers Community Action, Inc.

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	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	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
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	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Legal Services Organizations	Yes	Yes	Yes
Community Action Agencies	Yes	Yes	Yes
Agencies that serve military veterans	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness 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.

The CoC intentionally seeks knowledge and expertise on housing and homelessness from a broad range of persons/organizations. Over 40 organizations/interests actively participate in CoC committees and workgroups. The CoC regularly reviews participation to identify and reach out to underrepresented groups. Persons who have experienced homelessness are offered stipends, transportation, etc. to address barriers to participation. 2 examples of CoC organizations: 1) MAC-V, the state's primary veteran services organization, helps guide CoC strategies to prevent & end homelessness for veterans. MAC-V leads the SSVF Planning Workgroup, chairs the Coordinated Intake & Assessment Committee, and sits on the Executive Committee. 2) Women's Shelter brings DV expertise to CoC planning. Their participation in the Coordinated Intake & Assessment Committee and the Project Planning, Performance & Rating Committee helps to ensure CoC strategies are trauma-informed & meeting the needs of DV households.

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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Lutheran Social Services	Yes	Yes	Yes
Rochester Public Schools	No	Yes	Yes
Red Wing Youth Outreach	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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Women's Shelter Inc.	Yes	No
Bluff Country Family Resources	Yes	No
Committee Against Domestic Abuse	Yes	No
HOPE Coalition	Yes	No
Women's Resource Center of Winona	No	No
Hope Center	No	No

1B-2. 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 new projects in 2016. (limit 1000 characters)

The CoC conducts discussions throughout the year at monthly meetings to identify needs and potential solutions/applicants. The CoC formally requests project proposals annually via postings on the CoC website and email listserv, which recipients are encouraged to share broadly. The request for projects identifies potential funds available for new projects, eligibility requirements, CoC priorities, scoring criteria, and sources of technical assistance such as one-on-one guidance, early application review, and applicant lab time. When the NOFA is released, details on timelines and specific application requirements are also posted and sent via listserv. Two new project applications (one new applicant) were received by the application deadline, reviewed for meeting threshold requirements, and scored using an objective tool (for all applicants) that addresses policy priorities, capacity/experience, and commitment to CoC standards. Once scored, projects above the funding line are accepted.

1B-3. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with 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)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC has regular participation and involvement with the four Con Plan jurisdictions and the one ESG recipient in its geographic area. For state Con Plan jurisdictions and ESG recipient, the CoC meets monthly with State, HUD, and CoC staff for 2 hours. Staff from Con Plan jurisdictions attend CoC board, committees, and local Heading Home plan meetings to define priorities and brainstorm shared solutions. The CoC provides input during the development of the Con Plan through written comments and presentations at public meetings to share PIT count data, information on emerging needs and existing resources, and CoC priorities. There is regular phone and email contact between CoC and Con Plan jurisdiction staff (1+ hour weekly) on projects of interest and in-person attendance at CoC meetings (average 1 hour/month). Individual CoC members also meet with local Con Plan jurisdictions at least 2 hours per month when new projects are under development.

1C-2b. Based on the response 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 works with the one ESG recipient in the region (the State) in plan development, funding decisions, performance standards, and outcome evaluation. The CoC provides input to the ESG recipient thru PIT count data, information on emerging needs & existing resources, and CoC priorities. CoC members who do not have conflict of interest participate in scoring and ranking recommendations for ESG applications. State ESG performance standards were developed with Rochester/Southeast MN CoC and other CoC representatives from around the state to reflect the goals of the ESG program: to keep people sheltered, to re-house homeless persons, and to ensure persons are stably housed. The ESG recipient also forwards the required semi-annual and annual ESG performance report to the CoC Coordinator for review. When necessary, the ESG recipient forward monitoring letters to the CoC to work together to address subrecipient performance issues.

1C-3. Describe 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 facilitates training and planning with victim service providers (VSPs) and homeless service providers (HSPs) to ensure survivors have choices,

security, & support to obtain safe housing/services, no matter where they present. VSPs are active on CoC committees to design Coordinated Entry practices. Survivors presenting at VSPs with OJP, HHS, RHY, or State funds are prioritized for housing at VSPs. Survivors may also choose to be on the Coordinated Entry list for prioritization with HSPs. In those cases, VSPs make referrals to the priority list with an agency code instead of PII and connect directly to HSPs selected by the survivor when housing is available. Survivors presenting to HSPs with CoC, ESG, or other funds are screened for homeless prevention/diversion and referred to the available HSP/VSP they choose. All shelters are expected to address safety planning. CoC training on trauma-informed practices assists HSPs to address safety planning & other resources with survivors.

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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
South Central Multi County HRA	0.00%	No
Olmsted County HRA	2.20%	No
Mankato EDA	8.90%	Yes-Public Housing
HRA of Winona, MN	8.80%	No
Rice County HRA	0.00%	No

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

1C-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)

Several State programs provide subsidized/low-income housing opportunities for people experiencing homelessness. Under Minnesota's Long Term Homeless initiative, there are 162 units & 71 rental assistance vouchers for homeless households in the region, & new opportunities are being developed via changes in the State Group Residential Housing (GRH) program. Using GRH, Counties now provide income supports for housing to homeless persons with disabilities in scattered-site permanent housing. State-funded Bridges provides rental assistance for up to 64 homeless persons with serious mental illness (often homeless). Federal programs also provide supports. Twenty

VASH vouchers assist homeless veterans and their families, and PHA homeless priorities provided affordable housing for 40+ homeless households. New in 2016, USDA Rural Development (RD) allowed designation of PSH units during preservation of RD properties, resulting in a CoC-approved proposal for 14 new PSH units with rental subsidy.

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.

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"/>
Other:(limit 1000 characters)	
	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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 system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure 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) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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)

Access points for singles, families, unaccompanied youth, veterans, and DV survivors include street outreach, victim services, youth/veteran programs, shelters, and health centers. Access is advertised on many agency websites and via flyers and outreach workers/law enforcement in locations frequented by homeless persons. Households at access points or encountered by outreach are screened for prevention/diversion. If not an option, they are assessed for coordinated entry or shelter referral. Trained assessors use a common tool (VI-SPDAT) to measure acuity and indicate appropriate intervention, then place households on a waitlist prioritized by VI-SPDAT score and date. When openings occur, the household with greatest need by intervention type is offered the spot. Priority lists in three regional hubs are created via a Google form. List managers facilitate referrals (as allowed by ROI) via password-protected spreadsheet, referral conference, or direct referral by victim services.

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 there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<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"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<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"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Action Agencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	23
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
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 2016 CoC Program Competition?	21
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" 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 considers the needs and vulnerabilities of participants by prioritizing projects that practice low barrier and Housing First principles. On the CoC's project evaluation tool, projects designating beds for chronically homeless households and serving chronically homeless households (whether or not beds are designated) receive points for reducing barriers. Projects also receive points for providing evidence from participant selection plans and termination/appeals policies that ensure that participants are not 1) denied entry because of low/no income, current or past substance abuse, criminal history, or fleeing domestic violence, or 2) terminated for failure to participate in or make process on a service plan, loss of income or failure to improve income, being a victim of domestic violence, or any other activity not covered in a lease agreement typically found in the project's geographic area.

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. Evidence of the public posting must be attached. (limit 750 characters)

Intent to apply was requested from new and renewal applicants via CoC listserv and by announcement at CoC meetings from February 2016 through July 22, 2016. Project selection and ranking policies/procedures were discussed by the CoC at its March 2016 meeting and finalized by the CoC Governing Board on July 12, 2016. The final proposed policies and criteria were sent via email to the CoC listserv and publicly posted for comment on the CoC website July 15-21. No comments/changes were received. The criteria, timeline, procedures, and data sources for review were presented and formally approved at the July 21 CoC meeting and posted on the CoC website and distributed to pre-applicants via email on July 25.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 09/08/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 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 that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/23/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

The CoC monitors performance of CoC Program grantees through the Data & Technical Assistance Committee and the Project Planning, Performance, and Rating Committee. The D&TA Committee reviews APRs when completed by grantees and HMIS data quality quarterly, then provides guidance to improve outcomes. The PPP&R Committee uses a monitoring tool annually, which includes criteria and methods of measurement, to assess utilization rates, housing stability outcomes, participant eligibility, destination at exit, increasing participant income, and connecting participants to mainstream benefits. The tool also assesses financial management practices (eLOCCS draws and recaptured funds), participation in Coordinated Entry and CoC planning, elimination of barriers for participants to access and remain in housing, and commitment to serving the most vulnerable households. Underperformance findings are shared with the Executive Committee and may lead to TA and/or recommendations for reallocation.

1G-2. Did the Collaborative Applicant include Yes
accurately completed and appropriately
signed form HUD-2991(s) for all project
applications submitted on the CoC Priority
Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA. GC p.7, MOU pp.1-6

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 Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software Service Point

used by the CoC (e.g., ABC Software)?

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

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	\$30,278
ESG	\$122
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$30,400

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$1,065
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$277
Other Federal	\$0
Other Federal - Total Amount	\$1,342

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$17,107
State and Local - Total Amount	\$17,107

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$9,364
Private - Total Amount	\$9,364

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$22,003
Other - Total Amount	\$22,003

2B-2.6 Total Budget for Operating Year	\$80,216
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	210	75	120	88.89%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	241	39	195	96.53%
Rapid Re-Housing (RRH) beds	84	4	80	100.00%
Permanent Supportive Housing (PSH) beds	422	0	412	97.63%
Other Permanent Housing (OPH) beds	188	0	154	81.91%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

Other Permanent Housing includes 34 beds from the Bridges program funded through the State’s Department of Human Services. Bridges provides rental assistance vouchers to people with very low income and a serious mental illness while they wait for a Housing Choice Voucher or other permanent rental assistance. These beds are not dedicated for homeless persons and should not have been included on the inventory. To increase coverage in 2017 from 81% to 100%, the entry will be corrected for the next Housing Inventory Chart

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input checked="" 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? Quarterly

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	4%	2%
3.2 Social Security Number	4%	14%
3.3 Date of birth	7%	0%
3.4 Race	9%	0%
3.5 Ethnicity	8%	0%
3.6 Gender	7%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	12%	0%
3.16 Client Location	5%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	7%	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"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

4

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 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)

None. There are no PATH or VA-GPD grantees in the region.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/28/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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) 04/29/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 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 complete census count followed HUD standards & used HMIS as the primary data source, with interviews of sheltered persons at non-HMIS sites to complete the dataset. The count was organized in conjunction with a statewide

shelter count led by the MN Department of Human Services and Office to Prevent & End Homelessness. Count sites were identified and confirmed by the CoC, then provided with written and video training. HMIS sites were instructed to review and correct data, and the HMIS Lead generated a report for ES & TH providers. Non-HMIS sites were instructed on who to count and how to collect and report non-duplicate data. Data from HMIS & non-HMIS sites was reviewed by the CoC, statewide count lead, & HMIS Lead. The CoC contacted sites with missing/incorrect data to ensure accuracy and completeness. HMIS and statewide shelter survey data were chosen to maximize use of reliable, existing data sources and to provide a common dataset for CoC, ESG, and State program decision-making.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)

No changes in methodology were made in 2016. Significant changes were made in 2015 with the implementation of a statewide count approach, and the CoC elected to utilize the same techniques in 2016 to assess effectiveness before making adjustments.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	<input checked="" type="checkbox"/>
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 2015 to 2016 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 methods). (limit 1000 characters)

In 2016 additional homeless youth funding (RHY and State) to youth providers created new programs with more street outreach workers and new potential access points for youth identified in the service-based count. Increased outreach throughout 2015, in partnership with VA, SSVF-grantees, Minnesota Department of Veterans Affairs (MDVA) and other outreach providers, may also have an impact on the 2016 count of homeless veterans.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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): 01/28/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, 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): 04/29/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

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

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

A known location and street outreach count (identified by homeless persons and outreach staff) was conducted incorporating HUD standards, and in conjunction with a statewide count facilitated by the MN Office to Prevent & End Homelessness. A statewide survey tool was the primary data source. Known sites for outreach and service-based counts were verified. Sites and outreach leads received the survey form, written instructions, and training before the count to ensure accuracy and safety. Outreach staff conducted surveys on the count night or the morning afterward. Service sites conducted surveys regarding the count night up to 4 days afterward. Surveys used identifying information to de-duplicate data. The CoC reviewed data and conferred with surveyors to ensure data quality and accuracy. A combined service-based & outreach count strategy was selected to achieve the greatest accuracy in a large geography and provide a common dataset for CoC, ESG, and State program decision-making.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)

No changes in methodology were implemented in 2016. Significant changes were made in 2015 with a statewide PIT count approach, and the CoC elected to utilize the same techniques in 2016 to assess effectiveness before making adjustments.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

In 2016 additional homeless youth funding (RHY and State) to CoC youth providers created new programs with more street outreach workers and new potential access points for youth identified in the service-based count. Increased outreach throughout 2015, in partnership with VA, SSVF-grantees, Minnesota Department of Veterans Affairs (MDVA) and other outreach providers, may also have an impact on the 2016 count of homeless veterans.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	451	423	-28
Emergency Shelter Total	217	210	-7
Safe Haven Total	0	0	0
Transitional Housing Total	212	199	-13
Total Sheltered Count	429	409	-20
Total Unsheltered Count	22	14	-8

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,258
Emergency Shelter Total	981
Safe Haven Total	0
Transitional Housing Total	325

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 of becoming homeless.

(limit 1000 characters)

The CoC identifies risk factors for first time homelessness by reviewing HMIS data and consulting with State and HUD funded prevention/early intervention programs. Risk factors include very low income, foster care history, health/mental health emergencies, domestic violence, and criminal/rental history. These factors and others are used by the CoC’s Coordinated Entry (CE) access points to connect households to prevention programs via a diversion/prevention screening tool or to emergency services via CE when prevention isn’t possible. Ongoing collaboration with county social workers, school homeless liaisons, & law enforcement in local Homeless Response Teams prevents criminalization for trespassing, loitering, negligent care, etc. by utilizing clear CE access processes for all agencies that encounter homeless persons. The CoC also secures State prevention funds to ensure that funds for effective strategies, e.g. utility assistance & short term RA, are available in the region.

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 primary tool the CoC uses to reduce time homeless is Coordinated Entry (CE). CE matches housing and services to the households that most need the available intervention – those with the greatest length of time homeless and the most barriers. The CoC uses CE data on the length of time from identification to assessment, assessment to referral, & referral to housing. Data is collected from projects with CoC, ESG, and other funding sources in HMIS. This data provides a baseline from which the CoC sets performance standards. Projects are evaluated on those standards. The CoC scores projects on use of low barrier policies to eliminate criteria/processes that extend time homeless for homeless households. The CoC also works closely with the State to increase available housing for homeless households via preservation/development of new affordable and supportive housing (LIHTC, HOME, and CDBG).

*** 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:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	194
Of the persons in the Universe above, how many of those exited to permanent destinations?	170
% Successful Exits	87.63%

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, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	345
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?	297
% Successful Retentions/Exits	86.09%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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)

Based on HMIS data, 14% of households in PSH and 12% in ES, RRH, and TH experience at least one additional episode of homelessness. To reduce reoccurrences, the CoC provides training for assessors and is creating new training for list managers and referral recipients. The CoC also analyzes outcomes by project type and VI-SPDAT score range, and confers with CE sites to ensure that Coordinated Entry (CE) policies promote successful referrals. The CoC uses CE data in HMIS, including the number of returns to homelessness by program type and household type. Reviewed quarterly, and combined with project-level outcomes on APRs, the data provides a mechanism for identifying individuals and families that return to homelessness. It also provides a baseline for the CoC to review and improve performance standards and project evaluation.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.

(limit 1000 characters)

The CoC requires all CoC Program-funded projects to screen participants for mainstream benefits & assist them to increase employment income. Currently, 94% of participants receive mainstream benefits & 23% left with increased cash income. To increase income, CoC Program-funded projects develop supported work programs, seek job-skills training from Workforce Development Centers/Adult Basic Education, screen for benefits, & connect to SOAR advocates & veteran services for benefits when applicable. The CoC supports funded projects by 1) reviewing income performance measures, 2) arranging training/TA on using services of Workforce Centers, SOAR advocates, & veteran services when appropriate, & 3) developing relationships with Workforce Centers to inform programs for homeless persons. The CoC utilizes State DHS resources to provide projects with SOAR training, payment for enrolling participants in SSI/SSDI, & operating the Disability Linkage Line to increase access to disability resources.

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 works with Workforce Development Centers (WDCs), Adult Basic Education (ABE), Homeless Veterans Reintegration Program (HVRP), & the Minnesota Family Investment Program (TANF) Diversionary Work Program to increase participant income. ABE helps adults finish high school-level courses & develop English skills for basic employment. WDCs help disconnected youth & adults gain job skills & employment with job coaching, resume creation, employer recruitment, scholarships for job training programs, and job fairs targeting homeless veterans, youth, & low-income households. The TANF Diversionary Work Program helps parents find jobs quickly so they can increase income and avoid going on MFIP. Most families who apply for cash assistance are first enrolled in this program. All CoC Program-funded projects aim to increase employment income whenever possible and access these services. 100% of CoC Program-funded projects report regularly connecting participants with these employment services.

3A-7. 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)

No areas were categorically excluded from the CoC's unsheltered PIT count. Street outreach teams, including veteran and youth outreach workers, consulted with law enforcement, homeless assistance providers, and homeless persons who recently sought service to identify key locations to canvass for the unsheltered count. The remaining geography was covered by a service-based count. Unsheltered persons identified by outreach workers were offered intake to Coordinated Entry (CE) and the state veterans' registry when applicable to be prioritized for housing opportunities and referred to emergency shelter if housing was not immediately available. Locations of persons who refused participation were counted via observation and identified for follow-up by outreach staff.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

No.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/04/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

Not applicable. Data was submitted before the August 15, 2016 deadline.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	74	35	-39
Sheltered Count of chronically homeless persons	69	28	-41
Unsheltered Count of chronically homeless persons	5	7	2

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015. (limit 1000 characters)

The CoC saw an overall 49% decline in chronically homeless (CH) persons in 2016 compared to 2015. The sheltered count fell by 36 (from 64), and the unsheltered count increased by 2 (from 5 to 7). The CoC believes that the overall number likely decreased due to continual improvement in Coordinated Entry implementation, prioritization of CH in most CoC Program-funded PSH, and the new (more restrictive) definition of chronic homelessness employed for the count. The slight increase in unsheltered persons who self-reported meeting the chronic homeless threshold, while within the margin of error for the count, may be the result of relatively mild weather on the night of the count and expanded outreach via Project Connect events held on the morning after the count night. The CoC has adopted CPD-14-103 & CPD-16-11 and prioritizes those with the highest barriers and longest duration of homelessness for housing.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	83	255	172

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The marked increase in the number of dedicated beds for chronically homeless reported on the HIC was due to a project missing on the 2015 HIC and misreporting in 2016 by a couple PSH projects reporting all beds as dedicated instead of prioritized. (The new CoC Coordinator did not catch that mistake before the report was due.) To correct the report: In 2015, there were 113 CH beds, and in 2016 there were 116. The increase is due to the implementation of the Ruth’s House Chronic project with 3 units.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. pages 1-2

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

To end chronic homelessness, the CoC is implementing several strategies: 1) Continue development of Coordinated Entry (with the adopted CPD-14-012 & CPD-16-11 priorities) and provide additional training for participating programs. 2) Continue working with state veteran registry to quickly house veterans who meet the chronic homelessness (CH) threshold. 3) Provide new Housing First training to ensure full implementation of the model in all PSH projects. 4) Encourage PSH projects to dedicate units for CH persons and prioritize in all unit turnovers. For example, Maxfield Place increased dedicated beds (post-ranking) from 0 to 10 in 2016. 5) Support development of additional state-funded PSH units to increase the number of units available for CH persons.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 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 strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

To identify & rapidly re-house households with children, the CoC increases available RRH, prioritizes projects following Housing First/low barrier standards, & continues implementation of Coordinated Entry (CE). The CoC uses CE data, including length of time from contact to assessment to referral to housing, by household type. With quarterly data reviews, the CoC monitors system/project outcomes & identifies opportunities to maximize RRH resources. The CoC has ESG & CoC-funded RRH, and since 2015 has doubled units for families (10 to 23 units). The CoC is currently working to create 6 new CoC units for households homeless due to domestic violence. The CoC also supports state-funded RRH & prevention programs that expand RRH and short-term interventions, e.g. lease deposits & back rent to prevent or quickly end homelessness for households with children. These efforts are driven by coordination with McKinney-Vento liaisons via the CoC Youth Subcommittee & the 20 homeless response teams.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	10	23	13

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, gender or disability when entering shelter or housing? (check all strategies that apply)

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

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	105	83	-22
Sheltered Count of homeless households with children:	103	83	-20
Unsheltered Count of homeless households with children:	2	0	-2

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Eighty-three (83) households with children were identified in the 2016 PIT count, representing a 20% (22 person) decrease compared to the 2015 count. All 83 households were in shelter (20 fewer than 2015); none were unsheltered (2 fewer than 2015). No changes in PIT methodology were made in 2016 that explain the decrease. The CoC believes this decrease is due to expansion of rapid re-housing resources described in 3B-2.2 and expanded efforts by the head of the Youth Subcommittee, Rochester Public Schools, to assist schools with less experienced McKinney-Vento liaisons to increase engagement with students and connect families to Coordinated Entry when homelessness is identified.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth 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 including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

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

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	6	11	5

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 2015 is lower than FY 2014 explain why.

(limit 1000 characters)

The number of unaccompanied homeless youth and children, and youth-headed households with children served in HMIS-contributing programs that were in unsheltered situations prior to entry increased between 2014 and 2015. This is likely due to better identification of unsheltered youth via expanded programming and outreach by Lutheran Social Services (RHY grantee), increased coordination between McKinney-Vento liaisons and homeless assistance programs in local homeless response teams, and a priority to house individuals and families (including youth) as soon as possible after assessment.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$922,016.00	\$1,001,309.00	\$79,293.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$922,016.00	\$1,001,309.00	\$79,293.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

**3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)**

The CoC collaborates with local & state education partners in many ways. To identify individuals & families experiencing homelessness, the CoC & CoC Program-funded providers provide Coordinated Entry information to local education liaisons so homeless children & families can quickly access housing/services. Local liaisons share details on school resources/processes and participate in homeless response teams. To ensure provision of homelessness & educational services, the CoC reviews projects serving households with children to verify staffing, procedures, and partnerships to provide education services. Local liaisons participate on the CoC Executive Committee, CoC Youth Subcommittee, Family Homelessness Prevention &

Assistance Program Advisory Committees, & county-level Homeless Response Teams, which informs CoC planning and facilitates cross-education of the CoC and education liaisons. The State Coordinator also attends statewide CoC meetings to identify gaps & develop partnerships.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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. (limit 2000 characters)

The CoC requires CoC Program-funded providers to sign an MOU annually to commit to CoC standards/policies, including “informing participants with children of their rights under Title VIIB of the McKinney-Vento Homeless Assistance Act, connecting with the applicable school districts’ homeless liaison(s), and advocating for those rights to be upheld.” To ensure provision of homelessness and educational services, the CoC reviews projects serving households with children to verify staffing, procedures, and partnerships to provide education services. LEAs post information for students in transition about their eligibility for services in schools, and provide training/information for community action agencies, county human services departments, and family/youth shelter programs. LEAs also do presentations at CoC committee meetings and are encouraged by the CoC to seek assistance from CoC Program-funded providers for families and youth experiencing homelessness.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

No. The CoC will work in the next program year to develop stronger and more formal relationships between the CoC/CoC Program-funded projects and programs serving infants, toddlers, and youth children.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	8	9	1
Sheltered count of homeless veterans:	5	6	1
Unsheltered count of homeless veterans:	3	3	0

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

An increase of one Veteran, while representing a 12.5% relative increase, occurred during a time of intensified outreach and identification of Veterans in partnership with VA, SSVF-grantees, Minnesota Department of Veterans Affairs (MDVA) and other outreach providers. Our effort also included a statewide Homeless Veteran Registry operated by MDVA. Veterans could join this by-name list and gain access to services and housing options through MDVA's toll-free LinkVet hotline (888-LinkVet). Community-wide efforts to identify Veterans also included referrals to the Registry from multiple point of service and coordinated entry. During the same period (Jan 2015 - Jan 2016), our collective effort housed 5 Veterans in Southeast Minnesota, representing 62.5% of the total number counted in January 2015.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

Homeless veterans are identified via StandDown events, veteran-specific outreach at known locations, or Coordinated Entry (CE). All persons experiencing homelessness are assessed using the VI-SPDAT, which requests veteran status. Once identified as a veteran, they may choose to be added to the Homeless Veteran Registry or the CE priority list or both. (CE prioritizes veteran households when acuity between two households is equivalent.) Veterans join the Registry through a homeless service provider or by calling a toll-free hotline (888-LinkVet). The Registry is designed to create housing plans for every veteran by engaging CoC-funded programs, VA, county and local governments, the MN Dept. of Veterans Affairs, and others. Veterans not connected with resources they may be eligible to receive -- e.g. HUD-VASH, state/federal veteran benefits, or homeless-specific programs or services through CE -- are connected with those programs and services.

3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	13	9	-30.77%
Unsheltered Count of homeless veterans:	0	3	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. 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 2016? (limit 1000 characters)

With an increase of just one veteran, the CoC remains committed to ending veteran homelessness. Responding to a very tight rental market in the region, the CoC builds relationships with landlords to secure housing for veterans with significant rental barriers, e.g. criminal histories. The CoC also works closely

with the Minnesota Department of Veterans Affairs to improve communication between the Veteran Registry and Coordinated Entry, to improve service coordination and identify outcomes. To prevent homelessness for veterans, the CoC engages County Veteran Service Officers to help in identifying veterans at risk of homelessness and connecting them to prevention/diversion resources.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	22
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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	22
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The CoC accesses MNsure, the state-based insurance marketplace, to assist homeless program participants to enroll in health insurance as part of standard screening for benefits. The CoC includes many partners in enrollment, including all counties, MN Dept. of Human Services and CoC Program-funded projects. The CoC works with MNsure navigators who assist clients to enroll and conduct public education/enrollment events and outreach at shelters, food shelves, Head Start, churches, Operation Backpack, hospital staff trainings, alternative schools, and public transit. In the past year, CoC Program-funded agencies

Three Rivers Community Action, Community Action Center of Northfield, and Zumbro Valley Health Center completed over 650 health insurance enrollments. Approximately 25% of persons receiving health insurance via these enrollments were children.

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

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

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	22
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 2016 competition:	22
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	22
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	22
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" 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 populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	10	32	22

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

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

Not applicable.

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

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 type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input 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. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
None requested since 10/16		

Attachment Details

Document Description: MN-502 Evidence of CoC communication with rejected applicants

Attachment Details

Document Description: MN-502 Public Posting of Consolidated Application

Attachment Details

Document Description: MN-502 CoC Rating and Review Procedure

Attachment Details

Document Description: MN-502 Public Posting of Rating Review Procedure

Attachment Details

Document Description: MN-502 Reallocation policy and priorities

Attachment Details

Document Description: MN-502 CoC Governance Charter

Attachment Details

Document Description: MN-502 HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: MN-502 PHA Administration Plan

Attachment Details

Document Description: MN-502 CoC HMIS MOU

Attachment Details

Document Description: MN-502 PSH Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: MN-502 System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/13/2016
1B. CoC Engagement	09/08/2016
1C. Coordination	09/08/2016
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	09/13/2016

1D. CoC Discharge Planning	08/13/2016
1E. Coordinated Assessment	09/09/2016
1F. Project Review	09/13/2016
1G. Addressing Project Capacity	09/08/2016
2A. HMIS Implementation	09/09/2016
2B. HMIS Funding Sources	09/12/2016
2C. HMIS Beds	09/13/2016
2D. HMIS Data Quality	09/06/2016
2E. Sheltered PIT	09/13/2016
2F. Sheltered Data - Methods	09/13/2016
2G. Sheltered Data - Quality	09/08/2016
2H. Unsheltered PIT	09/13/2016
2I. Unsheltered Data - Methods	09/08/2016
2J. Unsheltered Data - Quality	09/08/2016
3A. System Performance	09/13/2016
3B. Objective 1	09/08/2016
3B. Objective 2	09/09/2016
3B. Objective 3	09/13/2016
4A. Benefits	09/09/2016
4B. Additional Policies	09/06/2016
4C. Attachments	09/09/2016
Submission Summary	No Input Required