

## 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-511 - Southwest Minnesota CoC

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

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

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

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

**Instructions:**

For guidance on completing this 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	No	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)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	No	No
Affordable Housing Developer(s)	Yes	No	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Not Applicable	No	Not Applicable
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	No	No
Other homeless subpopulation advocates	Yes	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran Service Organizations	Yes	No	No
Department of Corrections	Yes	No	No
Legal Services	Yes	No	No

**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.**

As the list above shows, a full range of stakeholders contribute opinions to our CoC. Three sub-regional planning groups, also filled with a variety of stakeholders, meet bimonthly or monthly and their input is shared at CoC meetings. All county human and family services in the region are represented through the Mental Health Governing Group subcommittee. Members are invited to contribute opinions via online surveys, open meetings, phone calls and emails on topics such as HMIS, coordinated entry, and policies and procedures. Here are two examples of efforts to solicit and consider the full range of opinions:

1. In addition to DV agency participation in CoC meetings, the CoC coordinator has met with individually with the executive director of DV agencies in the CoC to gather their input on homelessness and coordinated entry.
2. The CoC provides funds to cover transportation, time and child care fees to homeless or formerly homeless person to participate in CoC meetings.

**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 Youth Programs	No	Yes	Yes
Western Community Action	No	Yes	Yes

**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.
Safe Avenues	No	No
Women's Rural Advocacy Program	No	No
Southwest Crisis 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)**

Invitations for new CoC members are advertised in the four largest newspapers in our 18-counties informing the region that the CoC serves as the local entry point for HUD homeless program funding. Also, at the start of each year, invitations are sent all law enforcement, substance abuse service organizations, hospitals, city and county law makers and other stakeholders, informing them of funds available via the CoC. The CoC also sends an email about the annual HUD funding opportunity when it is published. This email goes out to dozens of public and private agencies that are currently not CoC grantees and is sent in both English and Spanish. When scored for ranking, renewal projects are not weighted to score higher than new applications; new projects can be ranked ahead of renewals. So the CoC is completely open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. The CoC is very open to proposals from new applicants.

**1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Annually

## 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	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
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 is within the geographic jurisdiction of the state of Minnesota's Consolidated Plan. Specifically, the state's Department of Human Services is responsible for the ESG and homeless portion of the Consolidated Plan. The Department of Human Services hosts a monthly meeting of all Minnesota Continuum of Care Coordinators. In attendance are staff from various state administered homelessness programs as well as HUD Community Planning and Development staff. Issues relevant to CoC coordination, such as accessing HUD funding, the allocation of program resources, statewide coordinated entry, performance measurement and HMIS are addressed at these meetings. Furthermore, a state staffer from the Minnesota Housing Finance Agency attends monthly meetings and is on the Governing Board of the SW MN Continuum of Care. On May 11, 2016, the SW MN CoC Coordinator attended and shared ideas at a Greater Minnesota Consolidated Plan Input Session in New Ulm.

**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)**

In Minnesota, the following policies exist:  
"To ensure strong ESG and CoC Coordination as required under the HEARTH Act, the Minnesota Department of Human Services will:  
1. Send ESG HMIS Reports to CoC Coordinators semi-annually.  
2. Send ESG Monitoring Reports/Concerns to CoC coordinators when appropriate/necessary.  
3. Attend monthly CoC Coordinators Meetings, and individual CoC meetings as budgets permit.  
4. Be involved in shared State/CoC HMIS Governance through DHS representation on HMIS Governing bodies and relevant sub-committees overseeing the administration and operation of HMIS.  
5. Send ESG Competitive applications to the CoC's for scoring and ranking.  
CoC input is incorporated into the performance and outcomes of ESG projects and activities assisted with ESG funds via the DHS Consolidated Request for Proposals. CoC reviewers/coordinators participate in a one-on-one meeting regarding applications in their region.

**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)**

Three agencies address the needs of DV victims in SW Minnesota: Safe Avenues, Southwest Crisis Center, and Women’s Rural Advocacy Programs. Representative from all three participate in CoC meetings and receive CoC emails. These agencies provide 24-hour crisis intervention, one site-based shelter, safe housing in hotels, safety planning, support groups, transportation assistance, court advocacy and assistance, support for adult victims and sexual assault, and for child witnesses and victims.. DV victims report directly to DV agencies as part of the CoC’s coordinated entry. DV client data are not entered into HMIS. All work closely with courts and law-enforcement to ensure client security and clients are the primary decision makers in there service and housing plans. Clients choose from among existing ESG, CoC and other resources regarding emergency placements (shelter, hotel voucher, existing housing with restraining order) and their ongoing services and long-term re-housing.

**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
Worthington HRA	5.00%	Yes-HCV
Kandiyohi County HRA	14.00%	No
Montevideo HRA	17.00%	No
Hutchinson HRA	32.00%	No
Litchfield 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)**

A number of other low-income housing opportunities in the CoC exist for persons experiencing homelessness. All four community action agencies in the CoC have State of Minnesota Transitional Housing Grants that provide a total of 47 year round beds. Lutheran social services serve homeless youth with six

beds of state-funded transitional housing beds. A religious group offers 12 beds of transitional housing for single men. While these two religious groups do not require homelessness for eligibility, many enter from homelessness, or from leaving incarceration where there would be homeless if not for this resource. Another offers six months of transitional housing for homeless single women. A scattered-site, State of Minnesota Long-Term Homeless Voucher program provides 23 beds in seven units. Four tax-credit affordable housing developments offer a total of 29 beds of permanent supportive housing for long-term homeless in 16 units. Rural Development subsidized units are also accessed.

**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)**

N/A.

## **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)**

The CoC's entire geographic region has nine agencies acting as entry-points for coordinated entry: four community action agencies, three domestic violence agencies, the Salvation Army, and Lutheran Social Services Youth Programs (which provides street outreach, emergency shelter, TH and PH). Combined, the entire 18-Counties and 12,000 square miles are covered. The entry points are the places that those in housing crisis would already go prior to the creation of the Coordinated Entry system. County social workers, law enforcement, affordable housing providers, mental health agencies, and schools all know which entry points to use. In addition to electronic means, newspaper articles and signage have helped the community to know of the system and know where to direct people in need. A grant has been written to provide funds to develop better coordinated advertising (brochures, posters, billboards, and website).

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<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"/>
Street Outreach Team(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"/>
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"/>
Salvation Army	<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?	12
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
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?	10
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	90.91%

### 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.

<b>Performance outcomes from APR reports/HMIS:</b>	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
<b>Monitoring criteria:</b>	
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 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 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 reviewed and ranked projects based on: percent of beds dedicated to the chronically homeless, percent of potential units for households with children., Since grantees serving chronically homeless have a harder time having these clients employed at program exit, and given the goal of ending chronic homelessness, these grantees are given points simply for serving the chronically homeless.

When matching clients with housing opportunities, the CoC uses the Vulnerability Index – Service Prioritization Decision Assistance Tool, which considers:

low or no income; current or past substance abuse; criminal records-with exception of restrictions imposed by federal, state or local law or ordinance; chronic homelessness in the CoC Program-funded projects; having been or currently a victim of domestic violence; and significant health, behavioral health challenges or disability which require a significant level of support in order to maintain permanent housing.

**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)**

On July 6, the CoC’s email list (76 people) got an email in English and Spanish with: a link to the 2016 NOFA; an invitation to contact the CoC coordinator about the NOFA; and a request to forward the email to recipient’s networks. An email was sent on 7/6/15 to the same group with the July 7 CoC meeting agenda which included NOFA overview, Timeline and eSnaps as topics. In July, the 2016 Ranking Form was posted on the CoC website and the CoC’s

Policies and Procedures, which describe review, ranking and selection are always on the website (note that the screen shot was not taken until August 30). For our August 11 meeting, and agenda which included: Renewal Apps, Reallocation, Bonus, Ranking, and Appeals.

**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).** 09/10/2016

**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.)** 08/18/2016

**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's project ranking form (attached) monitor and site visit evaluation form evaluate and rank grants based on:

Utilization rates; increasing housing stability; Participant eligibility; Destination upon program exit; Increasing participant income; and 7. Connecting program participants to mainstream benefits. The ranking form also considers timely APR submission and gives points based on monthly eLOCCs submissions (ten points for monthly, five points for quarterly, and zero points for less than quarterly).

Recipients have their APRs reviewed annually by the CoC's Project Performance and Review Committee (PPRC) prior to the APRs being submitted to HUD. Performance concerns are addressed with grantees. Every two years, recipients have a site monitoring visit from the CoC's PPRC. This visit includes a facility tour, or unit tour for scattered-site programs, a file review, anonymous client satisfaction surveys, review of performance and the offer of technical assistance.

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

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

**Intructions:**

For guidance on completing this form, please reference the FY 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.** p. 1 - 4 of attached MOU

**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** Servicepoint

**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	\$35,500
ESG	\$122
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$35,622</b>

### 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
<b>Other Federal - Total Amount</b>	<b>\$1,342</b>

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

Funding Source	Funding

City	\$0
County	\$0
State	\$18,554
<b>State and Local - Total Amount</b>	<b>\$18,554</b>

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

Funding Source	Funding
Individual	\$0
Organization	\$9,364
<b>Private - Total Amount</b>	<b>\$9,364</b>

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

Funding Source	Funding
Participation Fees	\$22,003
<b>Other - Total Amount</b>	<b>\$22,003</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$86,885</b>
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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	64	12	52	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	53	0	53	100.00%
Rapid Re-Housing (RRH) beds	66	0	66	100.00%
Permanent Supportive Housing (PSH) beds	182	0	182	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**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)**

N/A.

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

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

## 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	0%	2%
3.2 Social Security Number	1%	6%
3.3 Date of birth	0%	0%
3.4 Race	2%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	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	1%	0%
3.16 Client Location	5%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	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?**

12

**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 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)**

All federal partner programs that are active in the SW MN CoC are using HMIS. The VA's SSVF grantee currently enters information into HMIS.

## 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)** 05/01/2016

## 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)**

Working again with the MN Office to Prevent and End Homelessness, the SW MN CoC relied primarily on HMIS data in completing our sheltered PIT count. All of our transitional housing programs, both state and federal, use HMIS.

Nearly all of our Emergency Shelter Programs use HMIS. For these, the CoC ensured that data was up to date for the night of the PIT count. For our DV shelter providers, and any other providers who occasionally provide hotel vouchers, a standardized state-wide survey was provided with a web-link to upload the data. These non HMIS-using agencies were contacted in advance of the count to make sure we had the best contact information in order to find out information about clients experiencing homelessness served on the night of the PIT count. The Minnesota Department of Human Services helped in this effort statewide. This methodology, using HMIS supplemented with a census, was used as it yielded the best data in the most efficient way.

**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)**

There were were not changes in methodology from 2015 to 2016.

**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)**

N/A.

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

**Instructions:**

For guidance on completing this form, please reference the FY 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 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)**

We made changes to our PIT count implementation from 2014 to 2015. These changes made the process more streamlined and HMIS-based. Given the successes of these changes, we again used the implementation procedures in 2016 that we used in 2015.

## 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):** 05/01/2016

## 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 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 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)**

Because the CoC covers 18 rural counties and over 12,000 square miles (with an average of 23 people per square mile) and no fixed homeless camps are known to exist, a public places count was not conducted. However, law enforcement was contacted in advance of the count and asked to inform the CoC of any known unsheltered persons. None were reported. A service-based count was used. Trained staff conducted interviews for one week following Jan. 28, 2016. Food shelves, shelters, community action programs, school homeless liaisons, sheriffs and community meal sites conducted interviews regarding people's status on the night of Jan. 28, 2016. All interviewers were provided with a standardized state-wide survey and a web-link to upload the data Interview. Data were de-duplicated using unique identifiers and uploaded and analyzed.

**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)**

Methodology of our unsheltered PIT-count remained the same from 2015 to 2016.

**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)**

N/A.

## 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 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)**

Implementation of our unsheltered PIT-count remained the same from 2015 to 2016.

## 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	124	123	-1
Emergency Shelter Total	62	64	2
Safe Haven Total	0	0	0
Transitional Housing Total	48	53	5
Total Sheltered Count	110	117	7
Total Unsheltered Count	14	6	-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	644
Emergency Shelter Total	466
Safe Haven Total	0
Transitional Housing Total	203

### 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 process the CoC uses to identify specific risk factors within its community for becoming homeless for the first time; information gathering with hospitals, foster care, mental health and corrections to identify who is being discharged to homelessness and why, having Minnesota's Family Homeless Prevention and Assistance Program (FHPAP) providers on the CoC's governing board. (Over \$400000 is available every two years via FHPAP grants) and reporting on causes of housing crises. We prevent individuals from becoming homeless the first time by housing both prevention and assistance resources within the same coordinated entry points, using a common diversion and prevention assessment at coordinated entry access points. CoC meeting participants include law enforcement, school homeless liaisons, workforce centers DV programs, mental health programs, substance abuse programs in addition to housing resource programs, all collaborating to prevent homelessness whenever possible.

**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)**

As this is our first year analyzing length of time homeless data, we cannot yet describe how the length of time individuals and families remain homeless has been reduced in the CoC. We can state that this CoC has the lowest average length of time homeless of all ten Minnesota CoCs. The CoC will continue to reduce the length-of-time individuals and families remain homeless by using Housing First for all supportive housing which helps to minimize barriers and delays to accessing PSH, having all PSH beds in the CoC prioritized for chronic homeless, using a common assessment tool which asks about length of time homeless and quickly matches clients to housing based on need; effectively using of ESG, RRH and Minnesota Family Homelessness Prevention and Assistance funds throughout all 18 counties of the CoC. The CoC has changed HMIS system administrators three months ago and has already been able to track length of time homeless much more effectively.

**\* 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	438
Of the persons in the Universe above, how many of those exited to permanent destinations?	328
<b>% Successful Exits</b>	<b>74.89%</b>

**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	191
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?	173
<b>% Successful Retentions/Exits</b>	<b>90.58%</b>

**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)**

Our CoC see under 6% of clients return to homelessness from ES, TH, and PSH, after a two-year period. This is the lowest of any CoC in Minnesota. This percentage will continue to decline as coordinated entry continues to match clients with the most appropriate housing solutions.

The strategies that have been implemented to identify individuals and families who return to homelessness include: an improved HMIS system administrator, data analysis from the CoC's \$200,000 per year Family Homelessness Prevention and Assistance Program, and sharing of anecdotal information gathering from all ES, TH, RRH and PSH programs

Having switched HMIS system administrators to a more experienced agency three months ago, our CoC has already seen a much better ability to track returns to homelessness data which will better inform our work and increase our efficacy. We are now able to track both region-wide and program-specific returns to homelessness.

**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)**

All CoC-funded grantees continue to consult with clients upon entry regarding income and help them to form a plan to access income. Case managers assist clients in applying for any potential cash benefits, such as MN General Assistance or MFIP (MN's TANF equivalent) or in accessing disability insurance, pension, child support, health insurance, or alimony. Staff trained in SSI/SSDI Outreach, Access and Recovery (SOAR) help clients apply for social security benefits. Those not-trained refer these clients to the CoC agencies that can assist with Social Security applications. All SOAR training opportunities are available online. Veterans are referred to Veteran Service Officers and the Assistance Council for Veterans re: veteran pensions. MN Work Force Center staff attend CoC meetings and each year provide a one-hour presentation to the CoC about best practices in helping clients achieve employment. 43% of clients increased job income and 32% increased income from non-employment income.

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

100% of CoC-funded grantees consult with clients upon program entry regarding income. Clients who are able to work are connected to employment resources. As many HUD-funded CoC programs require disability for entry, only about 46% of adults are referred to employment resources. The MN Workforce Centers and the MN Dept. of Employment and Economic Development's two resources used. They provide training, assessment, counseling, networking and computer access for clients. Once a year, a Workforce Center employee presents to the CoC and answer questions regarding resources available. One CoC Community Action agency is able to connect clients needing transportation to work with donated vehicles. The CoC Project Performance and Review Committee monitors APRs in this category and address issues with grantees not meeting targets, taking into consideration the populations that each program serves.

**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)**

N/A. All geographic areas included.

**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** No

**extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?**

**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)** 08/02/2016

**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)**

N/A.

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 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	13	5	-8
Sheltered Count of chronically homeless persons	10	5	-5
Unsheltered Count of chronically homeless persons	3	0	-3

**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)**

From the 2015 to the 2016 PIT count, there was significant decrease in both sheltered and unsheltered persons experiencing homelessness in our CoC. No unsheltered chronically homeless persons were found in our CoC on the night of the 2016 PIT count. From 2015 to 2016, three housing scattered-site units of housing for chronically homeless persons were added.

**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 homeless persons identified on the HIC.	42	46	4

**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)**

In December of 2015, three new beds for chronically homeless came online in our CoC. These came through the start of the Rental Assistance Finding a Home grant created through reallocated funds in the FY2014 CoC Competition. The grant is for three scattered-site one-bedroom units and can be used in any of our CoC's 18 counties. This allows us to use the rental assistance where it is needed most. The supportive services for the clients using this rental assistance is provided through another of our HUD CoC grants.

Also, a mistake on our 2016 HIC was discovered after submission. The Safe at Home grant has two beds for chronically homeless persons (the HIC only indicates one). So we now have 46 beds dedicated to chronically homeless persons in our CoC.

We have not moved to change chronic-prioritized beds to chronic-dedicated beds. This is because chronically homeless persons have first access to our PSH beds and because chronic homelessness is nearly eliminated in our CoC.

**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.** Att. 11 p. 9

**3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

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)**

The following strategies are implemented to meet the goal of ending chronic homelessness in our CoC:

- 1.The addition of chronic homelessness beds and prioritizing for renewal grants with beds dedicated to chronically homeless.
- 2.Adoption of the standards described in Notice CPD-14-012.
- 3.Ongoing addition of beds for those meeting the Minnesota definition of long-term homelessness. Currently there are 63 such beds in our CoC, including four recently added. (The MN long-term homelessness definition is the same as the HUD chronic homeless definition with one exception: an episode of homelessness can include being “doubled-up,” using another person’s dwelling but in a situation where you could be asked to leave at a moment’s notice. Much homelessness in our rural CoC is “doubled-up” homelessness. Given project bed turnover, and only counting five chronically homeless persons in our 2016 PIT count, we believe that chronic homelessness will be ended in our CoC by 2017.

## 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 house families more quickly, the CoC’s coordinated entry points are community action agencies where staff have access to CoC, ESG and state homelessness assistance. The CoC uses a common assessment system which emphasizes prevention, diversion and maximizing resources by using the correct “dosage” of assistance. All TH, RRH, and PSH programs use a “housing first” approach. Next, the CoC prioritizes programs that have units for families. The CoC coordinator is informed monthly of all available Public Housing and Section Eight voucher openings in the CoC. Landlords with “rent based on income” units communicate openings to the CoC coordinator. All openings are passed on to the coordinated entry system. Homeless families in our CoC currently spend, on average, 30 days in homelessness before transfer to TH, RRH, PSH or resolving homelessness on their own. This will decline as we improve our CE system, add resources, and better use resources via reallocation.

**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:	58	66	8

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

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 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:	29	25	-4
Sheltered Count of homeless households with children:	28	25	-3
Unsheltered Count of homeless households with children:	1	0	-1

**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)**

N/A.

**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"/>
"Sex Trafficking in Rural Minnesota." January 28, 2016 in Willmar MN (Kandiyohi County MN in MN-511 CoC)	<input type="checkbox"/>

N/A:	<input type="checkbox"/>
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**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, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	15	5	-10

**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)**

In our CoC, the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS-contributing program who were in an unsheltered situation prior to entry in FY 2014 (5) is lower than in FY 2013 (15). While this shows that fewer youth are entering from unsheltered situations, the following should be considered: in the last two years, homeless counts showed 21 homeless youth in 2015 and 23 in 2016. All homeless youth

in our CoC are being quickly matched with shelter and housing. There is not a preference to serve sheltered youth over unsheltered youth. All youth are served. It just happened that more were living unsheltered prior to entry in 2013 than in 2014. The number of unsheltered homeless youth can vary with climate in Minnesota. 2013 was a warmer year than 2014 which may have contributed to more youth staying outside when homeless in 2014. In 2016, we have more resources than ever to end homelessness for homeless youth in SW MN.

**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):	\$268,710.00	\$268,710.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$170,000.00	\$170,000.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$98,710.00	\$98,710.00	\$0.00

**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:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	7
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	8

**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 SW MN CoC collaborates with the McKinney Vento School Homeless Liaisons and the Minnesota Department of Education in a few ways. First, there is Liaison participation in the monthly CoC meetings. Second, since 2012, school homeless liaisons have participated in two McKinney-Vento Education of Homeless Children and Youth Act trainings. One was held within the CoC in 2012 and the second in 2014 in St. Paul for all Minnesota school homeless liaisons. Secondly, a roster of the CoC's school homeless liaisons is maintained on the CoC website as a resource for service providers. These liaisons receive regular emails from the CoC, assist with the PIT count, and receive annual county-by-county reports regarding regional homelessness. Finally, our CoC has strong representation from LSS Youth Programs, a regional youth housing and service provider. The LLS representative is a member of our CoC's Governing Board. The CoC is strongly connected to local

and state education liaisons.

**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 SW MN CoC Policies and Procedures states that, "Homeless Assistance Providers will ensure that all children served are enrolled in school and connected to appropriate resources within the community." CoC members and regional service providers, and school homeless liaisons, are all made aware of the rights of those under 18 vis-à-vis the McKinney-Vento Education of Homeless Children and Youth Act through online and in-person training. They are able to provide guidance to homeless families regarding their educational rights while experiencing homelessness. School children continue to be bused to their school even when homelessness has forced them to relocate. The CoC works closely with youth and educational partners to identify participants who are eligible for CoC and ESG programs. The CoC's second largest homeless assistance providers and an ESG provider recently hired a youth advocate to work specifically with young people experiencing homelessness or precariously housed. This agency will merge with the largest homeless assistance / ESG provider in the CoC on October 1, 2016. In the largest city in the CoC, Lutheran Social Services Youth Programs has a CoC grant and is actively seeking youth eligible for CoC or ESG programs. This agency acts as the Coordinated Entry Intake Point for CoC Youth Experiencing Homelessness. Furthermore, a county social worker working with foster youth sits on the CoC's Homeless and Hunger Task Force Subcommittee. In summary, housing service providers, school homeless liaisons, and homeless individuals and families are educated about their rights under the McKinney-Vento Education of Homeless Children and Youth Act and it is CoC policy that all ensure child Head Start and school enrollment and connection to appropriate educational resources.

**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)**

Neither the CoC nor 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.

## 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:	2	6	4
Sheltered count of homeless veterans:	0	3	3
Unsheltered count of homeless veterans:	2	3	1

**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)**

The total number of veterans experiencing homelessness went from two to six from the 2015 to 2016 PIR count. This increase also occurred during a time of intensified outreach and identification of Veterans in partnership with VA, SSVF-grantees, the 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 3 Veterans in Southwest Minnesota, representing 150% of the Veterans counted in January 2015. There is one homeless veteran for ever 3,300 housed

veterans in our CoC, less than one-tenth of one percent.

**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)**

CoC partners participate in the Homeless Veteran Registry, a state-operated by-name list of Veterans experiencing homelessness. Veterans join the Registry through a homeless service provider or by calling a toll-free hotline (888-LinkVet). Registry case review meetings occur every other week to create housing plans for every Veteran on the Registry. Involved partners include CoC-funded programs, VA (representing HUD-VASH, GPD, CRRC, and other resources), county and local government staff, the Minnesota Department of Veterans Affairs, and others. As part of the case review process, Veterans not connected with resources they may be eligible to receive -- e.g., HUD-VASH, various state and federal Veteran benefits, or homeless-specific programs or services including accessing CoC-funded vacancies through coordinated entry - are connected with those programs and services. Several partners, including SSVF grantees, VA, and MDVA, also operate dedicated Veteran outreach programs.

**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:	1	3	200.00%
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.** Yes

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)**

Southwest Minnesota presently has few Veterans experiencing homelessness. Strong coordination of resources and linking Veterans from their initial point of contact to Veteran-specific resources (including VA-funded resources like SSVF) have been helpful strategies. Given veterans preference into Public Housing and Section 8 Vouchers is another. On October 13, 2016, the CoC will have a meeting to specifically address HUD's Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness. We will review the criteria and benchmarks and form a timeline and plan for ending veteran homeless before the end of 2016. County Veteran Service Officers, Veteran's Administration officials, the Minnesota Action Council for Veterans, and the MN Department of Veterans (MDVA) affairs will participate. The federal Veterans Squares database and the MDVA Veteran Registry will continue to be used to identify and house homeless veterans.

## 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):	13
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).	12
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	92%

**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)**

All counties in the CoC are being served by a collaborative grant through a partnership with the MN Department of Health / MNSure. Staff from Western Community Action (WCA), Prairie Five Community Action (P5CA), and Heartland Community Action Agency (HCAA) are trained as system navigators and certified to provide application and enrollment assistance to program participants through our state's healthcare exchange called MNSure. WCA, P5CA, and HCAA also act as primary entry points for the CoC's Coordinated Entry System. Thus, all clients entering these agencies for help for

homelessness are also directly connected to health insurance enrollment assistance. Through these efforts, 4,353 total individuals were successfully enrolled in a health insurance plan between July 1, 2015 and June 30, 2016, many of them participants in HUD CoC programs.

**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):	12
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:	12
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):	12
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:	12
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; margin: 0 auto; display: flex; align-items: center; justify-content: center;">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:	11	18	7

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

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

(limit 1000 characters)

N/A.

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

**4B-7a. If "Yes", 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)**

N/A.

**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)**

N/A.

**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

## 4C. Attachments

**Instructions:**

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Communication to ...	08/30/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	MN-511 2016 Publi...	09/10/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	See page 6 and 24	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	MN-511 Ranking Re...	09/09/2016
05. CoCs Process for Reallocating	Yes	See pages 6 and 7	09/12/2016
06. CoC's Governance Charter	Yes	See pages 1 - 6	09/12/2016
07. HMIS Policy and Procedures Manual	Yes	2016 MN-511 HMIS P&P	09/08/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	MN-511 2016 PHA A...	09/08/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	MN-511 HMIS CoC MOU	08/31/2016
11. CoC Written Standards for Order of Priority	No	See p. 9	09/12/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	MN-511 SYS PM sub...	08/30/2016
14. Other	No		
15. Other	No		

## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/11/2016
<b>1B. CoC Engagement</b>	09/07/2016
<b>1C. Coordination</b>	09/12/2016
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	09/13/2016

<b>1D. CoC Discharge Planning</b>	08/11/2016
<b>1E. Coordinated Assessment</b>	09/12/2016
<b>1F. Project Review</b>	09/12/2016
<b>1G. Addressing Project Capacity</b>	09/09/2016
<b>2A. HMIS Implementation</b>	08/31/2016
<b>2B. HMIS Funding Sources</b>	09/10/2016
<b>2C. HMIS Beds</b>	08/31/2016
<b>2D. HMIS Data Quality</b>	08/31/2016
<b>2E. Sheltered PIT</b>	08/31/2016
<b>2F. Sheltered Data - Methods</b>	08/31/2016
<b>2G. Sheltered Data - Quality</b>	08/31/2016
<b>2H. Unsheltered PIT</b>	08/31/2016
<b>2I. Unsheltered Data - Methods</b>	08/31/2016
<b>2J. Unsheltered Data - Quality</b>	08/31/2016
<b>3A. System Performance</b>	09/12/2016
<b>3B. Objective 1</b>	08/30/2016
<b>3B. Objective 2</b>	09/12/2016
<b>3B. Objective 3</b>	09/12/2016
<b>4A. Benefits</b>	08/26/2016
<b>4B. Additional Policies</b>	08/26/2016
<b>4C. Attachments</b>	09/12/2016
<b>Submission Summary</b>	No Input Required

## Minnesota Homeless Management Information System

### Memorandum of Understanding for Lead Agency and System Administrator Duties

#### A. Goals and Objectives

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

#### B. Background

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

#### C. Purpose of HMIS

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

#### D. Duration

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

#### E. Designations

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

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

#### F. Specific Responsibilities of the Parties

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

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

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

3. Regional System Administrators:
  - a. Metro: Provide a minimum of 4 metro/suburban-metro SA positions.
  - b. Greater Minnesota: Provide a minimum of 3 greater Minnesota SA with regional office locations.
- c. Responsibilities of HMIS Governance:
  - i. Develop HMIS policies and procedures. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Governance may not establish local standards for any CHO that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in b. Privacy;
  - ii. Develop a data privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance;
  - iii. Oversee and monitor HMIS funds, functionality and performance;
  - iv. Provide directions and guidance on HMIS practices; and
  - v. Set and jointly approve with HMIS Lead an annual HMIS Work Plan, priorities, budget, and policies.

**G. Deliverables and timeframes**

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

I.

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

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

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

**J. Performance and Evaluation of Services**

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

**K. Payment Standards**

Payment standards and dates are covered under individual funder contracts.

**L. Period of Agreement and Modification/Termination**

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

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

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

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

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

The Institute for Community Alliance  
BY  Date 6-1-16  
NAME David Eberbach, Executive Director

# Performance Measurement Module (Sys PM)

## Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		461		30			19	
1.2 Persons in ES, SH, and TH		617		72			38	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

## Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	44	0	0%	0	0%	4	9%	4	9%
Exit was from TH	90	3	3%	1	1%	4	4%	8	9%
Exit was from SH	0	0		0		0		0	
Exit was from PH	70	3	4%	0	0%	1	1%	4	6%
TOTAL Returns to Homelessness	204	6	3%	1	0%	9	4%	16	8%

# Performance Measurement Module (Sys PM)

## Measure 3: Number of Homeless Persons

### Metric 3.1 – Change in PIT Counts

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

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	180	124	-56
Emergency Shelter Total	52	62	10
Safe Haven Total	0	0	0
Transitional Housing Total	128	48	-80
Total Sheltered Count	180	110	-70
Unsheltered Count	0	14	14

### Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		644	
Emergency Shelter Total		466	
Safe Haven Total		0	
Transitional Housing Total		203	

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

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		43	
Number of adults with increased earned income		3	
Percentage of adults who increased earned income		7%	

## Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		43	
Number of adults with increased non-employment cash income		5	
Percentage of adults who increased non-employment cash income		12%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		43	
Number of adults with increased total income		7	
Percentage of adults who increased total income		16%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		42	
Number of adults who exited with increased earned income		4	
Percentage of adults who increased earned income		10%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		42	
Number of adults who exited with increased non-employment cash income		5	
Percentage of adults who increased non-employment cash income		12%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		42	
Number of adults who exited with increased total income		9	
Percentage of adults who increased total income		21%	

## Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		556	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		58	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		498	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		684	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		113	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		571	

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

This Measure is not applicable to CoCs in 2016.

## Performance Measurement Module (Sys PM)

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

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

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

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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		438	
Of the persons above, those who exited to permanent housing destinations		328	
% Successful exits		75%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		191	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		173	
% Successful exits/retention		91%	