

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): MN-509 - Duluth/Saint Louis County CoC

CoC Lead Agency Name: St. Louis County Public Health & Human Services

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: St. Louis County Committee to End Homelessness(CEH)

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 64%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

Currently this advisory group operates as an open and democratic process. However, St Louis County is in the process of transitioning our advisory committee to a more formal committee consisting of appointed positions from the Duluth City council and St. Louis County board of commissioners for the 2012 application process. Newly appointed advisory committee members will begin their positions in November of 2011.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Until now, members were recruited through public notice. New in 2012, advisory committee members will be appointed positions. There will be a continued commitment for an established mix of representatives from various sectors of our community; i.e., private, public, formerly homeless & non-profit agencies and organizations. This newly structured advisory committee will do the following: 1. Set agendas for CoC meetings. 2. Monitor existing projects. 3. Project review and selection. 4. HMIS implementation. This group will be responsible for assuring that CoC activities are in alignment with the 10 Year Plan to end homelessness, as well as local needs and gaps and state & federal programming for housing/homelessness.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):

Since 1996, St. Louis County(SLC) has compiled an associated application for CoC Homeless Assistance Program funding. The county currently administers HUD ESGP, CDBG, and HOME funding with systems in place for oversight and monitoring. SLC would not have capacity to expand to full CoC administration unless there were administrative funds that would allow us to hire 1-2 additional full-time staff. However, we do believe that local oversight would allow for a more cost effective, efficient process giving the CoC expanded ability to monitor and control the overall process/system response and adjust programming to address changing needs and priorities and to meet performance goals and outcomes.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care	This subcommittee is responsible for the coordination of all activities related to the Continuum of Care. They are continually scanning community need as it pertains to the HUD SuperNOFA funds. This group reviews and ranks renewal projects through a yearly ranking process and makes a recommendation to the CEH advisory committee. It also coordinates the PIT counts and assists new projects develop new projects for spare pro-rata and bonus funds through the yearly competition. Each year, this group provides input that is used to complete the Exhibit 1, as well as reporting to the Ten Year Planning committee.	Monthly or more
Committee to End Homelessness	The role of the CEH is the advisory committee for the HUD SuperNOFA and state prevention & homeless assistance funding programs. This group meets monthly to monitor Annual Progress Reports through presentations and yearly HUD goals. The group makes final decisions for designation of funds for HUD and state funds based on recommendations from community groups such as the Affordable Housing & Rural Housing Coalitions and the Implementation team of the 10 year planning committee	Monthly or more
Implementation Team	The role of the Implementation team is to monitor the progress and implementation of Heading Home St. Louis County's implementation, to address barriers, and make mid-course corrections. It is also charged with efforts pertaining to oversight of fundraising, evaluation, and services. The Heading Home Plan is the guide for addressing homelessness in St. Louis County and is fully integrated with funding activities rather than standing alone. This group of community members stays apprised to SuperNOFA and state prevention funds yearly processes.	Monthly or more

Rural Housing Coalition - Rural St. Louis County(Virginia)	The role of the Rural Housing Coalition, is a forum for community providers to discuss available funds, barriers, changing trends, gaps ,and policy agendas around the entire spectrum of homeless needs in Northern St. Louis County and report them to teh CEH and Ten Year planning committes. This group participates in HUD Sheltered and Unsheltered survey, and makes recommendations for funding priorities. Additionally, members identify relevant trends observed in agencies on a monthly basis. This group also ranks SuperNOFA renewals and new projects and makes a recommendation to the Committee to End Homelessness. It also includes outreach to landlords to increase their participation in public programs preventing homelessness.	Monthly or more
Affordable Housing Coaliton - Urban St. Louis County(City of Duluth)	The role of the Affordable Housing Coalition is a forum for community providers to discuss avaialable funds, barriers, changing trends, gaps, and policy agendas around the entire spectrum of housing needs in Southern St. Louis County. This group participates in the HUD Sheltered and Unsheltered PIT survey, and makes recommendations for funding priorities. Additionally, members identify relevant trends observed in agencies on a monthly basis. This group also ranks SuperNOFA renewals and new projects and makes a recommendation to the Committee to End Homelessness. It also includes outreach to landlords to increase their participation in public programs preventing homelessness.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Minnesota Department of Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Minnesota Housing Finance Agency	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Ineragency Council on Homelessness	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
St. Louis County CDBG Advisory Committee	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Louis County Commissioners	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
St. Louis County Planning Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Louis County Public Health and Human Servic...	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Youth, Serio...
St. Louis County Veterans Service	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
Duluth HRA	Public Sector	Publi c ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Hibbing HRA	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months, C...	NONE
St. Louis County HRA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Virginia HRA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
College of Saint Scholastica	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
ISD #709 Head Start	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
ISD #709 Homeless Liaison	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
ISD #2142 Homeless Liaison	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth, Serio...

Duluth Police Department	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
St. Louis County Sheriff Dept (including jails)	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Minnesota Assistance Council for Veterans	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veteran s
Center for Alcohol/Drug Treatment	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Abuse
Human Development Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Range Mental Health Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Serio...
American Indian Community Housing Organization	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
Arrowhead Economic Opportunity Agency	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth, Serio...
Damiano Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Duluth Community Action	Private Sector	Non-pro..	None	NONE
Habitat for Humanity	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Life House, Inc	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Range Transitional Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Safe Haven Shelter for Battered Women	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
SOAR Career Solutions	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Wilder Research Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
YWCA of Duluth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Churches United in Ministry	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...

The Salvation Army	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of Duluth	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of Northeast Minnesota	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Legal Aid Services of NE Minnesota - Duluth	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Legal Aid Services of NE Minnesota - Virginia	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Minnesota Coalition for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Center City Housing	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Corporation for Supportive Housing	Private Sector	Funder...	None	NONE
Local Investment Support Corporation	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	NONE
Neighborhood Housing Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Minnesota Power	Private Sector	Businesses	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Essentia Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Formerly Homeless Male age 47	Individual	Homeless	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Formerly Homeless Female age 40	Individual	Homeless	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Bois Forte Band of Minnesota Chippewa Tribe	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Community Activist Portia Johnson	Private Sector	Other	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Fond du Lace Band of Minnesota Chippewa Tribe	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
City of Duluth American Indian Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Duluth Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE

City of Duluth Community Development Committee	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Duluth Human Rights Commission	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Duluth Workforce Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Duluth Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Luke's Health care	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Minnesota Department of Human Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Services provided, if applicable

Name of organization or individual: Minnesota Housing Finance Agency

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Minnesota Ineragency Council on Homelessness

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: St. Louis County CDBG Advisory Committee

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: St. Louis County Commissioners

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Louis County Planning Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Louis County Public Health and Human Services Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Mental health, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Louis County Veterans Service

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Duluth HRA

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hibbing HRA

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: St. Louis County HRA

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Virginia HRA

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: College of Saint Scholastica

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: ISD #709 Head Start

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: ISD #709 Homeless Liaison

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Transportation
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: ISD #2142 Homeless Liaison

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Transportation
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Duluth Police Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Louis County Sheriff Dept (including jails)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Minnesota Assistance Council for Veterans

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Mental health, Transportation, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Center for Alcohol/Drug Treatment

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Human Development Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Mental health, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Range Mental Health Center

Type of Membership: (public, private, or individual) Private Sector

Type of Organization: (Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization: (select all that apply) Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: (No more than two subpopulations) Youth, Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: American Indian Community Housing Organization

Type of Membership: (public, private, or individual) Private Sector

Type of Organization: (Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization: (select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: (No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arrowhead Economic Opportunity Agency

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Youth, Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Damiano Center

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization:
(select all that apply)** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Soup Kitchen/Food Pantry, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Duluth Community Action

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Habitat for Humanity

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** NONE

Does the organization provide direct services to homeless people? No

**Services provided to homeless persons and families:
(select all that apply)** Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Life House, Inc

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization:
(select all that apply)** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Range Transitional Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Transportation, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Safe Haven Shelter for Battered Women

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization:
(select all that apply)** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: SOAR Career Solutions

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Life Skills, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wilder Research Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: YWCA of Duluth

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Child Care, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Churches United in Ministry

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Prescription Assistance, Employment, Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Faith-based organizations

**Role(s) of the organization:
(select all that apply)** Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Duluth

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Northeast Minnesota

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Legal Aid Services of NE Minnesota - Duluth

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Legal Aid Services of NE Minnesota - Virginia

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Minnesota Coalition for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Center City Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:
(select all that apply)** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Counseling/Advocacy, Case Management, Life Skills, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Corporation for Supportive Housing

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Funder advocacy group

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Local Investment Support Corporation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings
(select all that apply) during past 12 months, Committee/Sub-
committee/Work Group, Attend Consolidated
Plan focus groups/public forums during past 12
months

Subpopulation(s) represented by the NONE
organization:
(No more than two subpopulations)

Does the organization provide direct services No
to homeless people?

Services provided to homeless persons and Not Applicable
families:
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Neighborhood Housing Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership"
selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Minnesota Power

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Essentia Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Formerly Homeless Male age 47

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Formerly Homeless Female age 40

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Bois Forte Band of Minnesota Chippewa Tribe

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Activist Portia Johnson

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend
(select all that apply) Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Fond du Lacey Band of Minnesota Chippewa Tribe

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Healthcare, Mental health, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: City of Duluth American Indian Commission

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: City of Duluth Community Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Duluth Community Development Committee

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: City of Duluth Human Rights Commission

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings
(select all that apply) during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Duluth Workforce Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Duluth Community Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Luke's Health care

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare
(select all that apply)

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: f. Announcements at Other Meetings, e. Announcements at CoC Meetings, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
(select all that apply)

Rating and Performance Assessment Measure(s): g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
(select all that apply)

Voting/Decision-Making Method(s): a. Unbiased Panel/Review Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
(select all that apply)

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The DV shelter operated by the American Indian Community Housing Organization has 10 Total Beds as listed in the 2011 HIC - not 12 as listed in the 2010 beds. The youth shelter operated by Lutheran Social Service has 12 Total Beds for youth - not 4 as listed in the 2010 HIC.

HPRP Beds: No

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The number of TH beds was increased in 2011 due to the Life House changing their offered programming due to changes in their HUD contracts. This provider uses leasing dollars to provide TH in 8 units. Range Mental Health Center was also able to increase the number of TH beds offered to youth by 1 bed.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Due to changes in state funding for the Hearth Connection Long Term Homeless Vouchers there has been a reduction in 10 beds offered through this program. Another change in the HIC was in Range Transitional Housing's chronic homeless program. The 2011 HIC inaccurately reports 12 year round beds. This number should be 13. In 2010 RTH utilized 14 year round beds because one of their participants had a child move in with them. Another change in the number of year round beds at the Perpich Apartments was inaccurately reported as 18 when the total number should be 22. The YWCA PH project reported an increase in beds in 2011. Their program serves young mothers. In 2011 they served 7 pregnant mothers and one mother and one child.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply) HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, Training, HMIS

Must specify other:

St Louis County used the MN Department of Human Services bi-annual Shelter and Transitional Housing count data from January 26,2011 and compared the chart with the most recent housing inventory chart. The chart was then distributed at the Affordable & Rural housing coalitions to identify any changes over the past year. The final HIC was compiled and updated in HDX.

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, Local studies or non-HMIS data sources, Other, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

We utilized population and subpopulation data collected through our sheltered point in time count.

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Duluth/St. Louis County CoC began by calculating a base line unmet need using HUD's default formula. In addition, the housing inventory chart and population/ sub-population data was collected through sheltered and unsheltered counts. Subpopulation data was used to determine percent of households who are eligible for permanent supportive housing. Discussion among CoC stakeholders was used to determine the extent of need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Statewide
- Select the CoC(s) covered by the HMIS: (select all that apply)** MN-509 - Duluth/Saint Louis County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** No
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** ServicePoint
- What is the name of the HMIS software company?** Bowman Systems
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 02/01/2004
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Inadequate staffing, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers, Inadequate resources
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**
- If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

The CoC realizes the need for further HMIS planning, and hopes to better address HMIS funding and participation barriers in the near future. Discussions are currently taking place. Currently many organizations and funding sources are facing cut-backs in Minnesota, making it an extremely difficult time to secure additional resources. The CoC does not have long-term plans for providing incentives for non-mandated providers by emphasizing the importance of their participation to obtaining HUD homeless assistance dollars for our region. Minnesota's HMIS administrators have also offered some free user licenses to agencies willing to enter data voluntarily. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by the United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Amherst H. Wilder Foundation
Street Address 1 451 Lexington Parkway North
Street Address 2
City Saint Paul
State Minnesota
Zip Code 55104
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify
Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not applicable.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	5%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	9%
* Name	0%	0%

How frequently does the CoC review the quality of program level data? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders often follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during normal business hours. Wilder also uses data quality tools provided by HUD to support AHAR data quality such as Bed Utilization Tool to improve data quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

- Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Quarterly
Point-in-time count of sheltered persons:	At least Semi-annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Quarterly
Integration of HMIS data with data from mainstream resources:	Never

2F. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	Never
* Secure location for equipment	Never
* Locking screen savers	Never
* Virus protection with auto update	Never
* Individual or network firewalls	Never
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	Never
* Validation of off-site storage of HMIS data	Never

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 11/01/2010

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	Never
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

In 2009, 492 sheltered& unsheltered persons were counted in St. Louis County's Sheltered PIT count; 524 were counted in 2010, and 493 were counted in 2011. These numbers have remained fairly consistent over the past 3 years; therefore we believe that our counting methods are fairly accurate. Each year our overall count is inclusive of more community providers and members outside the CoC provider networks. Not only are service providers surveying homeless participants, but local community members have heightened awareness about homelessness through efforts such as media interviews, newspaper articles, and informational homeless information posters and ER service pocket guides located in local downtown businesses. St. Louis County residents contact the CoC coordinator and other outreach staff daily as they notice households residing in local wooded areas behind their residence, or cars parked on dead-end streets with blankets on the windows. This increased awareness has been helpful to count those who would not be counted due to their nontraditional locations.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

The St Louis County CoC coordinator followed up with all homeless service providers that did not report data in HMIS for the Point in Time count. If surveys were not received from an agency by the pre-set time line, follow up phone calls were made to gather data and compile it into a spreadsheet.

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

There were 3 main sources utilized for the Sheltered Point in Time count for St. Louis County 1. The MN Department of Human Services (DHS) Office of Economic Opportunity's bi-annual shelter and transitional count conducted on January 26th. 2. HMIS data compared to the DHS count on that date. 3. Non-HMIS participating agencies/organizations data. To collect non-HMIS providers data, the CoC coordinator contacted sheltered locations as well as clarified discrepancies in HMIS vs. DHS counts. The process for the sheltered count included: Announcements at all stakeholder meetings informing the community of the date and time-line for the Sheltered Point in time count. The survey tool was distributed at that time with community dialogue regarding additional questions that could be added for local planning purposes. There were training and support opportunities offered prior to the count upon request. Surveys included de-duplication methods such as first and last initial, interview location, and mother's maiden name. A pre-determined date was set for all surveys to be sent to the CoC coordinator. At that time, all survey data was entered into a spreadsheet. In order to include broader community participation, an on-line Survey Monkey tool was available for rural locations on the day of the January 26th. We did receive 15 completed surveys with this on-line option in 2010. It is our hope to expand these efforts to more rural portions of greater St. Louis County.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input checked="" type="checkbox"/>

If Other, specify:

The MN Department of Human Services(DHS) Office of Economic Opportunity conducted their bi-annual shelter and transitional count on January 26, 2011. Both Emergency and Transitional housing providers who provided information for this count, also reported on subpopulation information for sheltered persons.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

All homeless programs throughout St Louis County's CoC were provided with Point in time count surveys as described in 2I. Primarily, data on our sheltered population is collected through HMIS, interviews with homeless persons on that day, and case management records. Once all data has been submitted to the CoC, it is compiled into a spreadsheet and totaled. Chronic homelessness is verified a few ways, both by identified status and homeless type, length of homelessness, and number of episodes. If a disabling condition is identified, follow up questions are asked to determine the nature of the disability.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons:
(select all that apply)**

Instructions:	<input type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

All point in time count surveys include first and last initial, location of the interview, date of birth, and mothers maiden name.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

St. Louis County has a high rate of participation in our sheltered PIT count by emergency and transitional housing providers. The 2 emergency shelters in St. Louis County have been in existence 1982 and have been gathering & reporting population demographics, and subpopulation information to the State of MN since that time. The MN Department of Human Services bi-annual sheltered survey has been in existence for 20+ years, and is continually working to improve its accuracy. Also, follow up phone calls to sheltered providers has proved to be an effective method for clarifying sheltered population and subpopulation information if needed. Sub-population information remains a mandatory field for both HMIS data quality reports and for St Louis County's CoC raking and projects overall standing. Accuracy and de-duplication methods continue to be a high priority using the following methods: First, there are only 2 emergency shelters in St Louis County, 1 ER shelter is located in the City of Duluth and 1 ER shelter is located in Rural St. Louis County, with 64 miles between them. In addition, St Louis County holds meetings prior to the count including survey area teams, and conduct post-planning meetings in order to further de-duplicate with first and last initials, location of the interview, date of birth, and mothers maiden name. Because St Louis County has such a large geographic area, spanning 7,092 miles, it is quite unlikely that a sheltered household would be counted more than one time on January 26th.

2L. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

St. Louis County's CoC uses a simple 2 sided PIT survey tool to conduct our annual unsheltered homeless count in January. Local outreach staff work alongside volunteers in teams to survey unsheltered homeless in as many known public locations as possible on that day. It is fairly simple to survey unsheltered homeless in the known public locations such as abandoned buildings, houses, camp sites, and those living in cars, in the more populated portions of our community. However, where our unsheltered counting methods get more challenging is the non-populated large wooded areas, which make up over 60% of St. Louis County overall geography. Additionally, in rural areas of St Louis County our unsheltered homeless squat in abandoned fish houses, trailers, and deer hunting shacks in the cold months. Therefore, it is critical to have broader community participation for the unsheltered portion of our PIT count for areas outside the populated portions of St. Louis County. In past years, our CoC has worked toward partnerships with local hunting & bird watching associations, rural library and forestry jurisdictions to assure representation from a rural unsheltered perspective. New in 2011, a work group will meet in November around our unsheltered count, to update our contact lists with outdoor associations, and law enforcement to assure that we are not missing unsheltered homeless in wooded areas.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

As explained in 2L, outreach workers use known locations as well as broader community participation and non-shelter services.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Because St Louis County has such a large geographic area spanning over 7,092 miles, it is quite unlikely that an unsheltered household would be counted more than one time on January 26th between the urban and rural portions of our community. However, in the more populated areas of SLC, mainly the City of Duluth and the Iron Range, each work to develop a coordinated plan one month prior to conducting the count. Accuracy and de-duplication methods continue to be a high priority using the following methods: First, prior count, the CoC coordinator met with outreach workers and homeless providers in both areas to divide communities into sections, assigning each section to a Survey Team based on agency location. Additionally, post planning meetings are held in order to further de-duplicate participants with first and last initials, location of the interview, date of birth, and mothers maiden name. This provides a forum to discuss surveys that may appear to similar in order to further de-duplicate. For more rural areas that are not covered in the two above stated populated areas, Survey monkey, which is an on-line survey tool, was also utilized for agencies/organizations that were comfortable entering data for their client base. In 2011, the number of agencies and organizations that participated in the unsheltered point in time count increased due to expanded educational opportunities by SLC in order to include more rural homeless in this annual unsheltered PIT count.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

All entry points of emergency, transitional and permanent housing providers are actively involved and participating in the development of a coordinated housing response in conjunction with our 10 year planning efforts. Plans include a coordinated prevention focused outreach protocol, increased resources for temporary rental opportunities, and increasing permanent housing resources. The affordable housing coalition (AHC), in Duluth has prioritized the need for permanent supportive housing specifically for high barrier households with dependent children by supporting the development of a 44 unit project which is projected to open in 2012. Unsheltered households with dependent children have been identified as a population that fits this housing model. Additionally, state family homeless prevention (FHPAP), and new Emergency Solution Grant (ESG) funds will be targeted to this unsheltered population in order to reduce the number of unsheltered households with children. In addition, the City of Duluth has set aside 20 units of HOME dollars to provide tenant based rental assistance for this population, along with an additional 29 Housing Choice Vouchers from the Public Housing Authority, which include unsheltered households with dependent children.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Due to St. Louis County's large geographic area, with over 60% wooded area, engaging unsheltered homeless continues to be a challenge outside of the 2 main populated areas. Locating rural unsheltered homeless can take an extensive amount of time as persons many times reside in abandoned fish houses, trailers, and deer camps located deep in the woods during winter months. Our main outreach efforts to engage with persons are unsheltered take place in our populated areas are through calls from police, the libraries, local townships, and businesses, or tips from local community members. Outreach staff are highly trained in best practices to engage and develop relationships and rapport with those homeless sleeping on the streets or places not meant for habitation. Outreach teams include, HDC, CHUM, and AEOA. These projects continually work with and find housing solutions for unsheltered homeless. Specifically for our youth, Life House and LSS in Duluth have outreach workers who travel around the community 24/7 in marked jackets engaging and developing relationships with youth on the streets. Project Homeless Connect and Youth Connect are used to engage unsheltered individuals, families, and youth in our communities. CHUM outreach in Duluth has developed a collaborative effort with local law enforcement, in order to intervene in situations involving individuals in mental health crisis, who without this intervention would be sent to jail.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 146
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 160
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 170
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 180

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

In the spring of 2011, the Minnesota Assistance Council for Veterans opened the Duluth Vets Place. This project added four beds for chronically homeless veterans. In January 2012, the American Indian Community Housing Organization will be opening the Gimaajii Mino Bimaadiziyaan project. This project will provide eight beds for the chronically homeless. Center City Housing Corporation was awarded funding in 2011 for Memorial Park Apartments. This project will provide an additional two chronic homeless beds. A total of 14 additional chronic beds will be added during the next 12 months. MACV, AICHO, and CCHC will be responsible to insure that these chronic beds are ready for occupancy in the next 12 months.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

The CoC and 10 Year Plan to End Homelessness are in the pre-development stage for three projects. The Hibbing PHA is in the process of acquiring St. Leo's school with the plans of converting this building into housing units for families and singles. Approximately 4 of these units will be set aside for chronically homeless singles and families. CCHC is in the pre-construction phase of a new project that will lead to the development of a 44 unit complex-8 units will be set aside for the chronically homeless. Firehouse #1 Limited Partnership has secured Section 42 tax credits to assist with the development of 30 units. 4 units of these units will be set aside to house chronically homeless families. The Hibbing PHA, CCHC, and Firehouse #1, LP, and SLCPHHS are responsible to monitor and report on these projects to insure timely development and alignment with 10 year plan and Consolidated Plans.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 93

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 94

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 95

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The 10 year plan has identified the need to increase program participant knowledge of housing issues as one of the main tasks to maintain our percentage of the length of stay in PH. Legal Aid currently partners with community providers to train program participants, housing case managers, and advocates regarding tenant rights and responsibilities. The focus of this training is to educate the community and increase an overall awareness of skills to maintain housing. Over the past 12 months 35 professionals around the continuum were trained on this issue. This education will also be provided to St. Louis County PHHS staff during the 4th quarter of 2011. It is expected that an additional 25 professionals and 50 landlords will receive this training in 2011-12. Homeless prevention efforts will also continue to focus on skill building in relation to maintaining housing. Legal Aid, SLC PHHS, AHC, and RHC will be responsible to insure the further education continues during the next 12 months.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The CoC's long term goals include continuing and expanding landlord and tenant training education and tenant rights/responsibilities in order to help formerly homeless households maintain their housing. A recent community needs and gaps analysis has identified the high barrier population as not been successful in current PH programs. 10 year planning committees will be formed to look at Evidence Based practice models to stabilize this population in alternative PH solutions to maximize their stability. In current PH projects, continued community building and peer support are used to increase stability. Local discussions have already begun in our community regarding potential re-allocation of some CoC transitional housing renewals starting in 2012. The new Heading Home SLC Leadership Council will be responsible for the oversight of progress on these goals. In addition, mission driven developers will continue to develop housing around identified local needs and gaps.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 71

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 72

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 73

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The availability of PH units remains the main barrier for households leaving TH. The CoC will maintain its current percentage in this area by working to increase the number of PH units available in the community. Gimajii Mino Bimaadiziziyaan is a new housing development operated by the American Indian Community Housing Organization that will open in late 2011 or early 2012. This project will provide 28 units of PSH in the Duluth area. The Bois Forte Reservation will open their New Moon housing development in 2012 which will provide an additional 20 units of PH in rural St. Louis County. Shelter + Care vouchers will be used in this project to assist with affordability and to provide services. The PHA also has set aside 29 housing choice vouchers that can be accessed by households in TH. 20 HOME vouchers are also available for homeless households in TH or emergency shelter. AICHO, Bois Forte Housing, and the Duluth PHA are responsible for achieving this goal.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

Increasing the availability of PSH units will remain a long term goal for the CoC. 3 projects are currently in the pre-construction phase. The Hillside Apartments will consist of 44 units of PSH for homeless families in the Duluth area. The HOME program and CDBG Public Service entitlement money will assist in funding this project. The Hibbing PHA will be developing the St. Leos project - 27 units of PH for individuals, families, and veterans. Fire Station #1 is a development in Duluth which has secured Section 42 tax credits and will add an additional 30 units of PH in which 4 units will be set aside for homeless families. The community has prioritized the need for additional HOME vouchers to increase the number of affordable units in the community. The CoC has begun discussions regarding the HEARTH and possible conversion of TH units to PH for specific sub-populations and/or locations. CCHC, Hibbing PHA, Duluth PHA, SLCPHHS are responsible for this work.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 28

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 26

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 27

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CoC will continue to work with area employment programs to maintain the percentage of homeless/formerly homeless individuals that obtain employment. This will be difficult due to the economy & local job market in SLC. All participants that are not disabled and able to work are referred to the Duluth At Work Collaborative which includes programs such as HDCs Employment Connection, CHUMs employment program, SOAR Career Solutions, and MN Work Force Centers. Pre-employment skill development is a main focus through these programs. Participants identify bench marks and set employment goals. Each of the CoCs projects will work to increase the number of households employed by 1 over the next year which would yield a minimum total increase of 33 additional employed homeless/formerly homeless individuals during 2011-12. The CoC lead agency St Louis County PHHS will be responsible for this work.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

The homeless participants that are served by the CoC have a wide range of employment abilities, interests, and skills. Each program participant requires individual assessment of their employment goals. The CoC's goal to expand on the collaboration with employment agencies and work force centers which will include identifying program participants that would qualify under the federal Work Opportunity Tax Credit and refer these participants to for-profit business throughout the county. An education initiative will also be developed that will educate the community regarding the employability of homeless individuals. Individual project performance will be evaluated on an ongoing basis with the expectation that each program increases their percentage of persons employed each year. The CoC's lead agency, St Louis County PHHS, will be responsible for the coordination of this work.

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 92

In 12 months, what will be the total number of homeless households with children? 91

In 5 years, what will be the total number of homeless households with children? 89

In 10 years, what will be the total number of homeless households with children? 87

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

The CoC plans on continuing the decrease of homeless households with children by continuing to work with providers of the Family Homelessness Prevention and Assistance Program in St. Louis County. This state funded program anticipates working with 61 homeless or doubled up families and 293 families in need of homeless prevention services within the next 2 years. These services will work to either rapidly re-house or to prevent family homelessness throughout the continuum. 20 HOME tenant based rental vouchers and 29 set aside PHA housing choice vouchers will be available for homeless households, many of which have children. St Louis County PHHS, Duluth PHA, and Virginia PHA will all be responsible for this work.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

The CoC will continue to decrease the number of homeless households with children by collaborating with homeless prevention programs and supporting the development of affordable permanent housing opportunities. 2 housing developments within the continuum are in the pre-construction phase of development. The Hibbing PHA is the lead in developing the St. Leos project (a 27 unit project mostly of family units). Center City Housing is the lead agency working to develop the Duluth Hillside Apartments. This development will consist of 44, 1-3 bedroom units. The project will use a Housing First/Harm Reduction Model to house families with children who are experiencing high housing barriers. Services will be available onsite for both developments and units will be set aside for households experiencing chronic homelessness. St Louis County PHHS, Hibbing PHA, and CCHC will be responsible for coordinating these projects and to ensure these projects remain in alignment with the continuum's goals

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

All agencies working with youth aging out of foster care coordinate very closely to assure access to all resources and safety nets that are available. Currently, the Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. This is currently being practiced within the continuum in St. Louis County. Family Unification Vouchers are also being explored as an additional housing resource to utilize for youth in our community. Over the next year our 10 year planning efforts will develop uniform discharge planning protocol for youth, including those leaving foster care. Steps will include: determining existing mandates, analyzing current local practice, identifying gaps, researching best/evidence-based practices, protocol development, and establishing an implementation plan. Members will include stakeholders in youth services such as youth/drop-in providers, county foster care, juvenile corrections, childrens mental health, and other agencies that provide services to youth. This work is in alignment with our current adult discharge protocol.

Health Care:

Our local protocol that was developed in St. Louis County initially includes the following steps: standard assessment, linkage to a Discharge Case Coordinator for those at-risk of homelessness, development of transition plan, in-reach services, pre-release benefits, authorization, intense support immediately following discharge, and 9 months of post-release support. It also includes Fast Track procedures for clients with very short institutional stays. Discharge may be to any non-shelter housing option including permanent supportive housing, market rate, board & lodge, or with relatives. Agencies will seek the most permanent setting prior to release and maintain contact to prevent homeless episodes.

Though this protocol does not initially include hospitals and clinics, there is active involvement as our community providers move forward with monthly planning meetings. In the next year, the discharge collaborative will continue to move toward the development of seamless community integration. Those partners include SOAR career solutions, CHUM shelter, NERCC, and St. Louis County adult mental health to name a few. This collaborative is in alignment with our 10 Year Plan to end homelessness. Though many hospitals have local agency contacts when an individual is nearing discharge, it is our hope to develop a written protocol for all institutions within the next 12 months.

Mental Health:

St. Louis County jail and Public Health & Human Services adult mental health unit work very closely with the discharge collaborative to assure individuals with serious and persistent mental illness have their needs met post discharge. All systems involved with an individual receiving mental health services are actively involved in this collaborative by accepting referrals from the jail coordinator who provides need in-reach, pre-release benefits, and post release support. They are frequently in touch with area providers regarding available vouchers and housing support to insure successful placement of their clients. Though not all mental health facilities are present in the collaborative, many times individuals in these facilities are in contact with collaborative members for access to housing resources. Next steps include development of a resource tool and web page for collaborative members and the community to utilize for successful discharge. This also includes those leaving from Intensive Residential Treatment facilities (IRTS), and state hospitals to have access to collaborative resources upon discharge.

Corrections:

In 2009-2010 a Discharge Planning Pilot was undertaken to study alternative approaches to discharge planning in corrections. During this time, the County funded a full-time Discharge Planning Coordinator and expanded the role of the Collaborative. Unfortunately, in 2010 the funding for that position was lost but work was undertaken to build upon the best practices and learning that had taken place during the pilot. County Commissioners hired an outside entity to conduct an evaluation of the pilot itself as well as the current discharge pre-release planning system with St. Louis County jail. Three community meetings were held that included organizations involved in discharge planning at the Duluth and Range Jails. Following release of the report to the Board, a presentation was made to the Criminal Justice Committee and the Ten-Year Plan Committee covering initial lessons learned in working to reduce recidivism through these pilot efforts. Next steps will include developing a resource tool and web page for collaborative members and the community to utilize for successful discharge from all institutions in St. Louis County. In addition, a statewide discharge coordinator has been actively engaged with all State of MN Coordinators to assure statewide transition fairs have local housing/homeless resources specific to the area where the inmate is discharging to.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Preserve and expand the supply of affordable housing through new construction, rehabilitation and home ownership opportunities (specifically identifies shelter, permanent housing, supportive housing, transitional housing and supportive services for the homeless).

Expand economic opportunity through increased employment opportunities and an increased tax base (includes employment skills training).

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

St. Louis County (SLC), and the City of Duluth have a long history of coordinating homeless response activities with organizations that serve the homeless throughout SLC. When HPRP funds were allocated, prevention and rapid re-housing activities were coordinated with existing activities being carried out through the FHPAP prevention and ESG programs. Realizing that the demand for HPRP would far exceed the demand for resources, the CoC developed well crafted assessment coordination plans and policies to best match the funds with the appropriate populations. HPRP funded service providers played a large role in this collaboration in order to expand the number of homeless persons each agency could assist. More specifically, a common intake assessment form and process were used under the HPRP program and used throughout the county. In preparation for the HEARTH Act, our community will be expanding the use of this assessment tool to be used for CoC, ESG, FHPAP prevention funds, as well as CDBG block grant homeless funds. City and county planning staff meet on a regular basis for ongoing coordination of efforts under their Con Plans, the 10-year Plan, and to coordinate activities with CoC planning and FHPAP state program activities. This collaborative effort between St. Louis County and the City of Duluth was highlighted by the local HUD Mpls field office at an all grantee meeting in June of 2011 that focused on "Shifting to a Collaborative Funding Model".

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

St. Louis County's CoC coordinated with various HUD managed American Reinvestment and Recovery Act programs listed below:

1. Under the Neighborhood Stabilization Program (NSP), the City of Duluth participates in the CoC process by creating more affordable housing units to very low-income households. The City of Duluth is providing NSP funding to the Northern Communities Land Trust (NCLT) to acquire, rehab, and resale vacant households at or below 50% of the area median income.
2. FEMA dollars are used in St. Louis County through the following homeless programs: Emergency Assistance for individuals and families in St. Louis County, food for the soup kitchen and food shelves, shelter bed nights (in coordination and supplemental to state homeless prevention dollars).
3. VASH funds are not directly received in St. Louis County at this time. However, Minnesota Assistance Council for Veterans (MAC V), can access the vouchers through the VA medical center in Minneapolis, and sends clients there when possible. In the future, SLC may have VASH dollars through MAC V's efforts statewide.
4. CDBG funds are used for various programming needs for homeless individuals, families, and youth in St. Louis County, including food served at soup kitchens, shelter staff, hotel/motel costs/transitional and permanent supportive housing services, job training and placement services for homeless and very low-income persons, as well as mortgage foreclosure prevention. CDBG dollars are also used for service programs to supplement gaps and emergency heating assistance to prevent shut-off. ESG funds are used for the operation of our shelters and transitional housing facilities as well as water and gas shut off prevention activities. In addition it pays for support staff in our shelters. All agencies/organizations that receive any of the above funds coordinate on many levels to assure that these dollars are used most efficiently and effectively to meet the needs of our homeless populations. Further, representatives from the agencies and organizations that receive the above stated funds through HUD programs sit on St. Louis County's planning committees for the 10 year plan to end homelessness, and also have a city or county coordinator attending various community planning meetings to most efficiently and effectively plan and use CDBG, ESGP, and FEMA funds.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

All family shelters, transitional, and permanent supportive housing programs that serve families ensure that all children are enrolled in school and have transportation to their school of origin. Many providers have after school programming to help children complete their homework and connect to community resources. The Minnesota Department of Education has the following requirements for all public schools in Minnesota. The requirements include designating a district homeless liaison. The MN Department of Education also provides resources and technical assistance to all school districts on how to serve homeless students. Though there are no formal policies in place, St. Louis County school districts homeless liaisons strategically collaborate with, and have developed close working relationships with, local shelters and transitional housing providers.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

Heading Home St. Louis County's CoC is in year four of our ending homeless planning efforts. Homeless school liaisons have been actively involved in implementing various aspects of our plan and Continuum of Care pertaining to educational needs of families and children in our community. It has been a priority for our homeless liaisons to assess family need at the many entry points in our homeless response system, to determine if children are eligible for any services/programs/funds including shelters and transitional programs throughout the community. Posters are displayed at a variety of agencies and strategically in locations where homeless families or youth may frequent. Business cards and program information are distributed to staff. Additionally, the homeless liaisons have been in support of community wide efforts with agencies that promote family supports such as the Back to School Fair in August as well as annual Project and Youth connect events. Communication between the service providers and the liaison begins immediately with joint release of information forms, along with a comprehensive screening that takes place at the point of entry. Through our county-wide planning efforts, connections have been made with other liaisons in smaller rural regions of our community in order to collaborate and share best practices for assisting families with children.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

With the expanded definition of the HEARTH Act for eligible families and children, our awareness of making intentional connections with funds and programs that are appropriate for this population has increased markedly. St. Louis County has been very innovative through efforts that prioritize stability for families and children. In conjunction with the ARRA HPRP stimulus funds, homeless families and children are connected whenever possible to their school of origin. Additionally, the agencies will continue to contact our district program whenever a family or youth is at a shelter or transitional program to best determine the educational needs of the students. Educational needs can include; school of origin options, transportation, expedited records, academic concerns, appropriate school clothing, immunizations, fees for activities and parent participation and support. Center City Housing for example, is working with the school district, along with other funders in our community, to provide wrap around care for families in transitional housing. Likewise the Youth Foyer project provides permanent supportive housing for youth with services to assist youth in stabilizing and connecting with and becoming a productive member of, the community, which includes educational institutions. The newly developed vision of our community to work more collaboratively across the spectrum will continue to grow in the years to come.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

Veterans in St. Louis County are fortunate to reside in a community with multiple opportunities to access programs/services. County Veteran Service Officers, (CVSOs) and non-profits such as Minnesota Assistance Council for Veterans, (MACV), Beyond the Yellow Ribbon, Vets Center, and Twin Ports Out Patient Clinic partner and collaborate to serve the needs of homeless veterans. MACV provides comprehensive program/supportive services to homeless veterans in 4 primary focus areas: ER assistance, housing, employment and civil legal concerns. Coordination includes MI/CD treatment, crisis intervention during acute emotional and/or physical distress, educational services, family support, transportation, money mgmt. training and/or counseling, re-establishment of socialization skills, training to increase basic living skills and/ preparation for obtaining and retaining permanent housing. In 2011, MACV opened Duluth Veterans Place that provides 5 units of TH housing and 11 units of PSH for homeless, disabled, and low income veterans in a community based setting. In addition, MACV also acquired a home that provides 5 units (1 PH, 4 TH) of housing within its Structured Independent Living Program. MACV has begun a VETLAW program statewide that will address Veterans legal issues. MACV and St. Louis County are active members of the Affordable Housing Coalition and the local 10 year plan. They also are actively involved on the State Interagency Council on Homelessness.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

To address the youth homelessness issue, the CoC has added 9 TH beds to the housing inventory that are set aside for homeless youth. Life House has added 8 beds and RMHC has added 1 bed. Youth agencies throughout the county are collaborating with local school districts to identify and provide service to youth. In 2009 AEOA developed the Youth Foyer in Virginia. All youth serving agencies are collaborating with AEOA to provide services to the youth residing there. Life House has held a Project Youth Connect for the past two years. This event served 90 youth in January 2011 and was held in accordance with the annual HUD PIT Count. Lutheran Social Service is in partnership with St Louis County Public Health and Human Services to provide ILS development services to youth discharged from foster care to prevent homelessness among this population. This programming is in accordance with the federal Chafee Act of 1999 and the Healthy Transitions and Homeless Prevention programs. 137 youth have received this service this year. The county agency has been entering assessment information into the NYTD since October 2010. The state funded Family Homelessness Prevention and Assistance Program in St Louis County plans to work with 44 homeless/doubled up youth and 75 youth in need of homeless prevention services. These services will concentrate on building skills that will increase the ability of each participant to maintain housing and to rapidly re-house those who are not housed.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	160	Beds	146	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	79	%	93	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	66	%	70	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	28	%
Decrease the number of homeless households with children.	91	Households	84	H o u s e h o l d s

Did the CoC submit an Exhibit 1 application in FY2010? Yes

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

1: The CoC was unable to meet the goal set for increasing Permanent Housing beds for the chronically homeless. We did create 2 new beds at Memorial Park apartments for the chronically homeless, and 4 new beds at MAC V's Veterans housing. The reason that they were not on the HIC is because they were not full on January 26, 2011. AICHO's Gimajii permanent housing, which will increase house 8 chronic households was unable to open due construction delays and difficulties completing the requirements for the Historic Tax Credit program. This project is scheduled to begin housing households in January of 2012. At that time, all 14 beds that we have proposed will be available.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	105	93
2010	87	146
2011	79	146

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

0

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The St. Louis County CoC anticipated adding 14 new chronic beds to the current available permanent housing units. These 14 beds were funded by HUD through the SuperNOFA process. Due to the delay in the HUD award announcement these beds were not made available prior to January 31, 2011. These 14 beds will be made available prior to January 31, 2012. The 3 projects that will produce these beds are: Center City Housing Memorial Park = 2 Chronic Beds; AICHO Gimaajii Mino Bimassdiziyaan = 8 Chronic Beds; and MACV Duluth Veterans Place = 4 Chronic Beds. 6 of the 14 beds are filled to date. The overall number of available chronic beds remained the same as the previous year.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: $c+d, divided by a+b, multiplied by 100.$ the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	83
b. Number of participants who did not leave the project(s)	263
c. Number of participants who exited after staying 6 months or longer	76
d. Number of participants who did not exit after staying 6 months or longer	247
e. Number of participants who did not exit and were enrolled for less than 6 months	27
TOTAL PH (%)	93

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	263
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	184
TOTAL TH (%)	70

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 645

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	172	27	%
SSDI	69	11	%
Social Security	23	4	%
General Public Assistance	171	27	%
TANF	109	17	%
SCHIP	2	0	%
Veterans Benefits	19	3	%
Employment Income	182	28	%
Unemployment Benefits	22	3	%
Veterans Health Care	16	2	%
Medicaid	288	45	%
Food Stamps	375	58	%
Other (Please specify below)	139	22	%
Child Support, Minnesota Supplemental Assistance, Tribal Payments			
No Financial Resources	80	12	%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The Committee to End Homelessness (CEH) is the advisory board for the St. Louis County's Continuum of Care. This group met monthly on the following dates: 10/ 11/25/10, 12/16/10, 1/27/11, 2/24/11, 3/24/11, 4/28/11, 5/26/11, 6/23/11, 7/28/11, 8/25/11, 9/22/11, 10/24/11. The CEH is charged with evaluating program performance through presentations, which gives a snapshot of how the projects are performing using their most recent APR. Performance measures have been developed which measure each of the five HUD objectives and the outcomes of each CoC project. Outcome plans are then developed with projects that are having difficulty meeting performance standards.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

Due to the large geographic area in St Louis County, there are 2 planning committees that meet monthly to improve participation in mainstream programming. One is located in the City of Duluth (Affordable Housing Coalition), and the other meets in Virginia representing the Iron Range(Rural Housing Coalition). These 2 active coalitions meet monthly to discuss changes in mainstream programs, program funds, and access/barriers to mainstream programs specific to their rural & urban areas. Meeting dates for both committees over the last 12 months were: 10/19/10, 10/26/10, 11/16/10, 11/23/10, 12/21/10, 12/28/10, 01/11/11, 01/18/11, 02/8/11, 02/15/11, 03/8/11, 03/15/11, 04/12/11, 04/19/11, 05/10/11, 05/17/11, 06/14/11, 06/21/11, 07/12/11, 07/19/11, 08/09/11, 08/16/11, 09/6/11, 09/20/11, 10/11/11, 10/18/11

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Both

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

- Social Security Income (SSI)
- Social Security Disability Income (SSDI)
- Veterans benefits
- Minnesota Family Investment Program (MFIP)
- General Assistance (GA)
- Emergency Assistance (EA)
- Medical Assistance (MA)
- Food stamps
- Developmental Disabilities
- Work Force

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

June 30, 2010, March 23, 2011, April 21, 2011, February 17, 2011

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Upon referral, all clients are initially evaluated to assess their needs, as well as any possible eligibility for mainstream benefits. From there, case managers work directly with clients, if needed, to apply for appropriate programs. Some ways in which this is accomplished include setting up and/or accompanying clients to appointments, assistance with completion of paperwork, gathering needed verifications, turning in required paperwork, and follow up appointments. Many agencies keep copies of all correspondence, as well as having clients sign a release of information in order to allow exchange of necessary information among agencies to ensure follow through with necessary appointments and paperwork. In all cases, the actions are documented in individual case files and service contracts are recorded in the Housing Management Information System (HMIS).	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Mainstream programs that this form applies include the following: Medical Assistance, Food Support, Minnesota Family Investment Program (MFIP), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Emergency Assistance (EA) and Minnesota Care.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
All programs in St. Louis County include a follow up component. This generally starts at the time of referral with a Release of Information (ROI) in order to develop and establish communication with other service providers involved with their client. Many of our providers follow up with their clients for 6 to 12 months following services to assure that they remain in permanent housing and maintain their benefits. This allows open communication and collaboration as well as assisting providers in verifying that their clients are participating with the program and to assure the necessary paperwork/information has been provided to obtain services. Case managers also follow up with clients regarding the progress toward their goals.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
HMIS St. Louis 2	2011-10-24 16:54:...	1 Year	Amherst H. Wilder...	6,000	New Project	SHP	HMIS	F4
Youth Foyer Opera...	2011-10-21 12:16:...	1 Year	Arrowhead Economi...	53,552	Renewal Project	SHP	PH	F
Transitiona l Housing	2011-10-21 10:03:...	1 Year	center city housing	143,000	Renewal Project	SHP	TH	F
Permanent Housing...	2011-10-20 16:51:...	1 Year	Range Transitiona ...	70,500	Renewal Project	SHP	PH	F
Homeless Project ...	2011-10-20 10:38:...	1 Year	HUMAN DEVELOP MENT...	74,263	Renewal Project	SHP	SSO	F
S+C Combined Gran...	2011-10-21 10:09:...	1 Year	Virginia HRA	239,280	Renewal Project	S+C	TRA	U
Homeless Adult O ...	2011-10-21 10:04:...	1 Year	Range Mental Heal...	41,312	Renewal Project	SHP	SSO	F
MACV Duluth SIL 2...	2011-10-21 11:59:...	1 Year	Minnesota Assista...	49,260	Renewal Project	SHP	PH	F
New San Marco	2011-10-21 09:31:...	1 Year	center city housing	61,733	Renewal Project	SHP	SSO	F
MACV Duluth St. L...	2011-10-21 12:13:...	1 Year	Minnesota Assista...	26,602	Renewal Project	SHP	SSO	F
Renaissan ce Trans...	2011-10-21 14:50:...	1 Year	Lutheran Social S...	47,184	Renewal Project	SHP	TH	F
S+C Hearth Connec...	2011-10-21 10:58:...	1 Year	Housing and Redev...	193,980	Renewal Project	S+C	TRA	U

Sheila's Place	2011-10-21 10:49:...	1 Year	center city housing	39,921	Renewal Project	SHP	PH	F
HMIS St. Louis (M...	2011-10-21 10:54:...	1 Year	Amherst H. Wilder...	32,510	Renewal Project	SHP	HMIS	F
Oshki Follow-Up P...	2011-10-21 16:06:...	1 Year	American Indian C...	20,483	Renewal Project	SHP	SSO	F
Permanent Housing...	2011-10-20 16:48:...	1 Year	Range Transitiona ...	133,317	Renewal Project	SHP	PH	F
Bois Forte Shelte...	2011-10-24 12:26:...	5 Years	St. Louis County	200,280	New Project	S+C	PRA	P1
Housing Services ...	2011-10-21 15:33:...	1 Year	The Salvation Army	333,577	Renewal Project	SHP	SSO	F
Homeless Youth Ou...	2011-10-21 10:02:...	1 Year	Homeless Youth Ou...	38,638	Renewal Project	SHP	TH	F
Bill's House	2011-10-21 12:45:...	1 Year	Arrowhead Economi...	51,143	Renewal Project	SHP	TH	F
Oshki Odaadiziwi n...	2011-10-21 16:14:...	1 Year	American Indian C...	39,157	Renewal Project	SHP	TH	F
Catherine Booth R...	2011-10-21 13:33:...	1 Year	The Salvation Army	121,817	Renewal Project	SHP	TH	F
Hillside Apartments	2011-10-21 14:07:...	1 Year	center city housing	78,122	New Project	SHP	PH	P2
YWCA Spirit Valley	2011-10-21 13:04:...	1 Year	Young Women's Chr...	16,275	Renewal Project	SHP	PH	F
Shelter Plus Care	2011-10-21 08:51:...	1 Year	Housing and Redev...	100,512	Renewal Project	S+C	TRA	U
Hibbing Transitio...	2011-10-20 17:00:...	1 Year	Range Transitiona ...	91,432	Renewal Project	SHP	TH	F
Alicia's Place/ N...	2011-10-20 10:27:...	1 Year	HUMAN DEVELOP MENT...	73,416	Renewal Project	SHP	SSO	F
WAC	2011-10-21 17:18:...	1 Year	Life House, Inc.	19,011	Renewal Project	SHP	TH	F
Permanent Housing...	2011-10-20 16:55:...	1 Year	Range Transitiona ...	236,828	Renewal Project	SHP	PH	F

Perpich Aparatmen ...	2011-10- 21 10:07:...	1 Year	Virginia HRA	102,960	Renewal Project	S+C	TRA	U
Gimaajii Mino Bim...	2011-10- 24 14:35:...	1 Year	American Indian C...	35,022	New Project	SHP	PH	F3

Budget Summary

FPRN	\$1,855,953
Permanent Housing Bonus	\$278,402
SPC Renewal	\$636,732
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2011 Certificate ...	10/24/2011

Attachment Details

Document Description: 2011 Certificate of Consistency with Consolidated Plans