

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

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

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

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

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

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

### Instructions:

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

**1A-1. CoC Name and Number:** MN-508 - Moorhead/West Central Minnesota CoC

**1A-2. Collaborative Applicant Name:** Housing & Redevelopment Authority of Clay County

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

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

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

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	No	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veterans Program - CVSO, VA, MAC-V, SSVF	Yes	Yes	Yes
Legal Services	Yes	Yes	Yes
Faith Community	Yes	Yes	Yes

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

All of the above provide input in CoC planning at some level (95-member Task Force, 10-person Board, Committees, 1:1, etc.). The board is comprised of exec. positions, committee chairs, state and homeless rep. (w/90% attendance), including 3 ESG recipients, ES staff, Legal Services & PHA. PHA input on CE committee led to identifying need for Housing Navigator. PHA participation in needs assessment led to securing MN Highly Mobile youth pilot. Beyond membership, the CoC also strategically solicits opinions from: 1) CoC representation on state & local boards; 2) CoC hosted focus groups; 3) Stakeholder surveys; and 4) Soliciting email feedback on policies, & goals. This is useful as some providers are not able to participate at regional CoC meetings but focused input (individual meetings, surveys & a webinar on victim engagement in CES) is still shared and integrated into CoC polices and goals. Shelter, Coalition, and ER staff worked on a sub-committee to obtain medical respite beds.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Youthworks	Yes	Yes	No
Lakes & Prairies Community Action	No	Yes	Yes
Mahube-Otwa Community Action	No	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.**

**Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Lakes Crisis	Yes	No
Someplace Safe	No	No
Safe Harbor	No	No

**1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)**

The CoC conducts an open competition for both new and renewal projects each year. Both new and renewal applicants are reviewed for eligibility and ranked by identical ranking criteria, with the exception of performance (new only) and need adjustment (new projects receive an adjustment since no persons would become homeless as a result). Projects are ranked based on eligible points vs. total points to account for adjustment. Competition materials/announcements were promoted publicly on CoC website, via email, and at meetings (CoC or partner). On 7/8, anticipated bonus amount and Pre-Applications were announced. Two applications for new programs were received, but neither was from a new agency. The Ranking Committee met on August 16th to score new and renewal applications. One new project was ranked in Tier 1 and one in Tier 2.

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

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

**Instructions:**

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

**1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

MOORHEAD: The Moorhead plan runs from 2015-2019. The Coordinator met 1 hour in Nov. for input on the '16 Action Plan. The CoC provided quarterly data to the City of Moorhead regarding the Con Plan reporting/progress/data updates February, March, April, May, June and September (15 minute-1/2 meetings each via person & phone)

STATE: The State 5-year plan is currently up for review with final comments due September 15th. The draft has been sent to members for comment and members participated in: Q&A draft presentation on 8/25; CoC hosted regional input session with the State Director to Prevent & End Homelessness on 4/7; Regional Housing Dialogue led by MN Housing and DEED on 4/22; and Con Plan focus group on 5/20. All were 2 hours each.

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

LOCAL ESG: The CoC established Written Standards on 1/24/14 and updated on 11/16/15 and 9/6/16, with ESG recipient input at both the subcommittee (development and review) and Board (approval) level. The CoC annually reviews ESG performance and reviews ESG DHS applications bi-annually. Projects are evaluated using CAPER and DHS report. Budget, utilization, housing stability, increased income data quality, and CES participation are primary review areas.

STATE ESG: PIT and Wilder Count data is provided to DHS (the MN ESG fiscal agent). On 5/20 CoC Coordinators and local ESG recipient representatives met with State DHS staff to plan for improved alignment of ESG policies and evaluation. DHS presented a plan based on previous CoC and recipient input. A updated plan for ESG review was established, standards for CoC/ESG engagement updated, and standards for ESG recipients and CES engagement further defined.

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

The CoC recognizes the need to consider the distinct needs of victims, especially safety and trauma. The CoC held a webinar with Providers (1 DV

shelter, 1 safe house/voucher provider and 1 Safe Harbor Coordinator) in November 2015, met individually with each provider January-March 2016, and exchanged calls/emails, w/ input impacting CES policy. Safety, data privacy, VAWA compliance, easy/equal access, trauma awareness and provider education were all discussed, and recommendations for CoC and CES plan updates or additions. The CES priority list allows for non-identifying information and is outside of HMIS to assure safety and compliance with VAWA. Safety is considered a priority for non-victim shelter beds and supportive housing (as part of VI-SPDAT) when other criteria are equal. CES prioritization and referral includes non-identifying information. Provider training on victim trauma in assessment and case management are planned for October and November 2016.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Clay County PHA	76.00%	Yes-HCV
Moorhead PHA	12.00%	No
HRA of Fergus	5.00%	No
Douglas County HRA	16.00%	No
HRA of Detroit Lakes	32.00%	No

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

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

Our region is fortunate to have many non-federal supportive housing programs for persons experiencing homelessness including:

- 1) The State of MN funds 146 Long-term Homeless (LTH) Vouchers;
- 2) Gateway Gardens - Clay HRA & State fund 24 PSH beds;
- 3) Dream Catcher - White Earth Nation and State fund 60 beds;
- 4) House Keys RRH - Private & MH Collaborative fund 37 beds;
- 5) West River Townhomes - PHA, EDA & State fund 28 beds;
- 6) CCHRA Highly Mobile Youth - State funds 116 beds - note all do not need to meet HUD definition of homeless only state definition of highly mobile and

highly at risk of homelessness

7) Moorhead PHA (23) and Douglas PHA (43) have state funded Bridges vouchers for homeless who have SMI diagnosis.

8) Family Homeless Prevention (FHPAP) - \$1 million in state funds for rent and deposits for market rate housing.

9) State GRH Long-term Homeless was recently established in Clay County. These units are not limited. We have a goal of 20 for FY16.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
CoC statement on website.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

**Instructions:**

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons**

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

Not Applicable.

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

### **Instructions:**

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

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

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

CES began in Feb. '14 and includes the ND CoC. Stages include:  
1) ACCESS-Designated sites utilize a standardized tool to assess and direct to: mainstream resources, MN-funded prevention services, or shelter (ES, DV). Sites are reviewed annually to assure easy accessibility for all populations/sub-populations & cover geography. Assistance is provided to most vulnerable to assure linkage;  
2) ASSESSMENT-Rapid assessments (VI-SPDATs w/eligibility questions) are done by trained & designated assessors;  
3) ASSIGNMENT-Weekly conferencing is used to fill open units using non-identifying information and following CoC policy (length of homelessness, CH/use of service (PH), housing first, low barrier).  
4) NAVIGATION – Navigators assist most vulnerable with housing search and service linkage once issued a voucher. Navigators follow a household for 1 year. The Priority list is by name and tracks time on the list.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,**

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

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

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

### Instructions

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

### 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	5
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	5
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

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

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

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

Outcome related ranking questions are scaled by program type (i.e. Earned income target is 10-20% for PSH and 16-25% for RRH/TH), knowing projects are filled according to vulnerability score from CES and that PSH projects must prioritize chronic homeless. Score measures all severity of needs and vulnerability except income. The expectation is that services should also meet the level of need. Projects are asked use and attest to using low barrier, housing first (PH/RRH) and harm reduction models. The CoC schedules policy review and conducts training's (i.e. Housing First & Harm Reduction w/ Sam Tsembersis 9/16).

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

The Ranking and Score sheet was updated and approved at the 7/14/16 CoC Membership meeting. It was posted on CoC website on 7/15/16. The committee met on 8/19 to rank. The CoC Coordinator called the projects recommended in Tier 2 to notify them and answer any questions prior to sending the proposed Rank/Tier to the full membership and posting on the website. The membership met and approved the final ranking/tier recommended by the committee on 8/23. Project Applicants were sent notification of the approved ranking/tier on 8/24 and it was posted on the CoC website.

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

**of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).**

**1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 08/24/2016

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

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

## Instructions

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

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

The CoC Performance Committee annually conducts reviews of all CoC funded projects 10-45 days prior to their HUD APR deadline. The CoC utilizes a standard form that reports and evaluates: budget expenditure, utilization, data quality (quarterly reports), participant eligibility, target vs. actual population, housing stability/destination, earned income, overall income, mainstream linkage, and goals. In addition to APR performance the CoC reviews the following as part of the annual competition: HUD audits, eligibility, draws, CE participation (length of time homeless, denials, prioritization), Pre-application/Intent to apply (utilization of core principals/best practices, leverage, cash match, policy compliance, HMIS security compliance), CoC participation, and HMIS participation. The CoC is also working with the HMIS SSA to develop a monthly dashboard report that will start in October.

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

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

**Intructions:**

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

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

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.** 2, 3, 4

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

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

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

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

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

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

### Instructions

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

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

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

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

Funding Source	Funding
CoC	\$33,359
ESG	\$122
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$33,481</b>

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

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

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

Funding Source	Funding
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City	\$0
County	\$0
State	\$17,960
<b>State and Local - Total Amount</b>	<b>\$17,960</b>

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

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

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

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

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$84,150</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

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

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

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	178	47	131	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	80	0	80	100.00%
Rapid Re-Housing (RRH) beds	84	0	84	100.00%
Permanent Supportive Housing (PSH) beds	472	0	472	100.00%
Other Permanent Housing (OPH) beds	79	0	79	100.00%

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

Not Applicable

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

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

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

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

**Instructions:**

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

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	1%	2%
3.2 Social Security Number	2%	10%
3.3 Date of birth	1%	0%
3.4 Race	2%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	7%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	6%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
System Performance Measures, Data Quality, Entry/Exit, Needs, PATH, Referrals, Audit, User Login, Service Transaction, Daily Unit, Client Served, Rhymis and customized	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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**2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?**

12

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

Quarterly

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

Both Project and CoC

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

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

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

All are entering data into HMIS.

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

### Instructions:

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

**The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.**

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/28/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

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

**Instructions:**

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

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:**

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

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
HMIS plus agency survey for Non-HMIS (Domestic Violence Programs)	<input type="checkbox"/>

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

A complete census count was conducted incorporating HUD standards, utilizing HMIS as the primary source. It was organized and completed in collaboration w/ a statewide count. Sites were identified, reviewed, verified, and provided with

written instructions and training to assure data was accurate. HMIS users were instructed on who to count, as well as how to collect and report non-duplicated data. Uniform data was collected from both HMIS and non-HMIS sites on the night of January 28th only. The state HMIS SA, state PIT lead (MN Inter-agency Office to Prevent & End Homelessness), and CoC Coordinator reviewed data for quality and accuracy (de-dup, compared past counts, site follow-up) and presented count reports to CoC for review and approval prior to publishing. The CoC elected this methodology to assure count was as accurate as possible and coordinated with statewide efforts and goals.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)**

There was no change in methodology. We had 100% coverage from providers.

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

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

N/A - We had 100% coverage from providers in 2015 and 2016.

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

**Instructions:**

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

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

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

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)**

N/A - The CoC felt our 2015 training and implementation process for assuring data quality was strong so we replicated in 2016. We did identify a need to begin training earlier in 2017.

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

### Instructions:

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

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.**

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

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

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/02/2016

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

**Instructions:**

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

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

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

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

A known location, service site, and street outreach count (identified by homeless persons & service providers) was conducted incorporating HUD standards, using a statewide Survey tool as the source. It was organized and completed in collaboration with a statewide count and MN Veterans Registry. Sites were identified, reviewed and verified. Site and Outreach leads were provided with written instructions and training to assure for data accuracy, completeness and safety. Surveys used identifying information to help de-duplicate. Uniform data was collected for 24 hours for the night of January 28th. The state PIT lead (MN office to Prevent/End Homelessness), CoC Coordinator and County Coordinators reviewed data for quality and accuracy (de-dup., past count comparison, site follow-up) and presented reports to the CoC for review and approval prior to publishing. The CoC elected this methodology to assure count was as accurate as possible and coordinated with the statewide efforts and goals.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)**

The VA provided outreach cards and was available via call or outreach (depending on site) to verify and Register any homeless veteran on the day of the count. Providers conducted VI-SPDATs on person they found unsheltered.

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

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

The CoC again included Homeless School Liaisons and youth outreach providers on the un-sheltered count planning committee. Additional training on the youth PIT changes and improving accuracy were also done.

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

**Instructions:**

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

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

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

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)**

The CoC worked with the State Lead to add sub-total columns in each section (race, age, disability, homeless status) to cross check with total numbers counted, helping to improve data quality.

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

### Instructions

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

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	242	211	-31
Emergency Shelter Total	153	131	-22
Safe Haven Total	0	0	0
Transitional Housing Total	81	68	-13
Total Sheltered Count	234	199	-35
Total Unsheltered Count	8	12	4

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,311
Emergency Shelter Total	1,194
Safe Haven Total	0
Transitional Housing Total	121

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

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

**(limit 1000 characters)**

SPMs showed a reduction of 126 first time homeless. The CoC will continue to reduce through CE, prevention and housing stability programs.

1. CE Access (Triage), as described in 1E, is used to divert households by linking to: mainstream, prevention, or homeless services. First year data showed about 10-16% of triaged households were diverted from shelter. MN Family Homeless Prevention Program (FHPAP) data (successful vs. unsuccessfully prevention targeting) was used to develop Triage questions. Two-years of CE data (VI-SPDAT score and basic characteristics of first time homeless) informed tool edits.

2. Over \$1.2 million in FHPAP resources provide: deposits, short-term rental assistance, case management, utilities, mortgage and deposits.

3. In addition to prevention and linkage to mainstream resources, our system offers: Tenant-Landlord Mediation, Financial Fitness, Renting 101, Legal Clinics, & uniform social services application.

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

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

**(limit 1000 characters)**

SPMs show LOT homeless is 76 days including TH. Previous HMIS SA did not provide this in past years. Beginning Oct. 2016, LOT will be measured through CE, our primary goal for rapidly housing persons. CES will soon begin tracking length of time from Triage to: VI-SPDAT, housing offer, and housed. CE rapidly assesses, then holds weekly provider attended Prioritization meetings to rapidly assign housing or navigators, consult on unmet referrals and address barriers/delays to access. CoC proration policies incorporate preference for length of time homeless. Housing Navigator were added in May (after an 8-month planning process) as a result of noting persons without housing case management were lingering on the list (30-120 days longer). Navigators are assigned to high barrier persons to assist with housing search and service linkage. Providers & a sub-committee also work with landlords to enhance relationships and an indemnification fund is used to mitigate risk for high barrier renters.

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

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

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

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**Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	14
Of the persons in the Universe above, how many of those exited to permanent destinations?	5
<b>% Successful Exits</b>	<b>35.71%</b>

**3A-4b. Exit To or Retention Of Permanent Housing:  
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	224
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	203
<b>% Successful Retentions/Exits</b>	<b>90.63%</b>

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.  
(limit 1000 characters)**

SPMs show return rates of: 4% less than 6 months, 1% for 1-year, and 7.65% after 2-years. MN Housing does an annual Return to Homelessness report that is used to inform (adjust or increase), review, and target Family Homeless Prevention and Assistance funds. Housing Navigation was added in 2016 to help improve housing search, service linkage, and stabilization, following households up to 1 year. HMIS SPM reports will be used bi-annually to review characteristics of those returning, utilizing common characteristics to improve CE policies and tools, as well as, enhance service targeting and design. The CoC also promotes key best practices (Harm Reduction, Housing First, Trauma Informed Care, Client Centered Care, and Motivational Interviewing) to improve housing stability, asking providers to incorporate into program policies. The CoC is in the process of reviewing to assure incorporation. CCHRA added a HCV preference for persons exiting TH.

**3A-6. Performance Measure: Job and Income Growth.  
Performance Measure: Job and Income Growth. Describe the CoC's**

**specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.  
(limit 1000 characters)**

SPMs show an overall increase from FY'14 to '15 in income outcomes (5.77% earned income for stayers, 11.54% non-employment income for stayers, 10.79% earned for leavers, 2.94% total income decrease for leavers), The CoC reinforces increased income to maintain housing stability goals, providing education and supporting collaboration with mainstream income and jobs/training programs. The CoC adopted a plan to present to the WFI board focused on enhancing supportive employment opportunities and support for persons who mainstream services are not sufficient (initially presented in July '16). In September, the CES Governing Board will review a plan to add progressive income triage referral questions to our CES assessment, directing households based on interest and vulnerability to one of the following: 1) mainstream workforce programs; 2) supportive employment/training programs or; 3) SOAR. New programs in '16 are Youthbuild & a CAP Welding Training program with a Homeless Preference.

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

Providers actively collaborate w/ mainstream organizations to increase participate income reporting a 23-56% range of engagement. Examples include:  
1) 2nd Chance Job Fair targets persons who are homeless or at-risk w/ barriers to employment (criminal, MI, CD). The annual event, which is jointly planned by the CoC, Coalition and mainstream providers includes: On-site interviews, clothing closet, supplies, legal services (expungement, advocacy), resume writing, training, and haircuts.  
2) Becker, Clay and Ottertail providers work w/ the Transitional Employment Program (Tran\$EM), which provides 1:1 supportive employment and training for seriously mentally ill.  
3) Motivational Employment & Training & MN CEP staff are CoC members & partner w/agencies.  
4) The CoC is planning to add income assessment questions to CE and engage the Workforce Investment Board and WC Initiative Workforce Program in creating enhanced supportive employment opportunities.

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

No areas were excluded. The CoC uses Count Coordinators to assist in planning and coordinating. The coordinators are provided with a checklist list of key agencies and sites (public, business and service) where persons are known to frequent (based on consumer feedback and past counts). Coordinators hold county meetings and invite key staff (ES, outreach, service agency, library, etc.) to plan and train for the count. The meeting revealed that there was an increase in persons staying outside because a shelter in a neighboring CoC (ND) kicked

over 20 persons out due to non- payment earlier in the month. 12 persons were encountered, 4 were staying in vehicles and 3 in storage garages. All were referred to shelter but only one was interested. VI-SPDATs were completed on 11 of those interviewed. All 11 were placed on the central prioritization list. VA staff were also on call this year to triage anyone identifying as a Veteran as part of the MN Veterans Registry.

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

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

The CoC did not exclude geographic areas.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)** 08/15/2016

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

Not Applicable - Data was submitted by deadline.

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

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

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

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

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	40	24	-16
Sheltered Count of chronically homeless persons	39	21	-18
Unsheltered Count of chronically homeless persons	1	3	2

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)**

The CoC had a decrease of -16 CH persons. No change in methodology.

**3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.**

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	71	93	22

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

The CoC has an increase of 22 beds. 5 beds are from a new construction project which was to be done in FY16, but was delayed due to drain field issues. 15 beds were dedicated when Lakes & Prairies merged a PSH with a Chronic project and 2 were dedicated from a MN funded Long-term Homeless Project. The CoC has a prioritization policy that requires all projects to prioritize CH when filling PSH beds.

**3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?** Yes

**3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.** 7, 8, 13

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

This question will not be scored.

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

1. For 2+ years, the CoC has used a central prioritization list and priority policy (updated in August following the HUD Priority notice), which prioritized CH (PSH) and persons with the longest period of homelessness. CE prioritization has led to rapidly housing persons who previously could not follow-through with the previous complex applications and waiting lists. The CoC has gone many weeks with no CH persons on our list. Note our CE system is joint with the ND CoC, which allows persons to cross state and CoC boundaries more easily. This has particularly been helpful as there have been more PH openings in ND.
2. Three Housing navigators were added this Spring to assist households who were lingering on the priority list, some of which were CH with vouchers already issued, but unable to search and secure housing without housing case management.

Note: Affordable housing is still very limited in our CoC and CoC members are working with developers to support development of more affordable units. The tight market requires providers to develop and maintain strong partnerships with landlords. Additional Navigators are needed, as is increased funding for a indemnification/risk mitigation fund, both proven to help house persons with poor and scattered rental backgrounds common among CH persons.

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

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

**Instructions:**

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

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

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).**

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

**3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)**

CE reduces entry into ES & rapidly rehouses families. Triage diverts families to mainstream and MN prevention resources prior to entry into ES when appropriate. Over \$1.2 million in MN Prevention funds provide: deposit, short-term rent, utilities, transportation, mediation, and case management. If ES is needed, rapid VI-SPDAT assessments result in immediate placement on the regional priority list, which is reviewed at weekly provider meetings. 3 Housing Navigators were added in May '16 to help with search and stabilization. The CoC also promotes best practices (Housing First, Harm Reduction, Client Centered Care, Motivation Interviewing, Barrier Free) known to improve housing access and stability, which projects attest to and are evaluated on. CCHRA requested and received an increase in Highly Mobile Youth funds in '16, providing vouchers & services to family's w/ school age youth without stable housing. A new 60 bed PSH apartment for families will open in FY'17, funded by MN Housing.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	40	84	44

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	36	34	-2
Sheltered Count of homeless households with children:	35	34	-1
Unsheltered Count of homeless households with children:	1	0	-1

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

The CoC reported 2 less families. The major challenge with families continuing in shelter is the lack of affordable units. There also was influx of larger families earlier this year that added to the challenge. The CoC is dedicated to having no families be unsheltered. There were no changes to PIT methodology.

**3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

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

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

	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)**

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	18	18	0

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)**

There was no change.

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$184,000.00	\$184,000.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$184,000.00	\$184,000.00	\$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	2
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	32
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	15

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

The CoC receives an annual list of liaisons from the MN Dept. of Education and distributes to providers. Providers are encouraged to contact their respective liaisons to meet and engage provider in local planning. School liaisons currently serve on all 3 regional Homeless Advisory Boards (FHPAP), hosted by our 3 regional Community Action Agencies (each represented on our CoC Board). The 3 CAPS are host to our local Head Start Programs, which have homeless preferences. Liaisons receive CoC emails and participate in the annual PIT. The CoC held a regional listening session with the State Director to Prevent and End Homelessness, which included feedback on hosting a MN joint training with school districts and providers on homelessness youth and families. CAPs also participate in regional Childhood Initiatives and access early childhood scholarships for participants. One family shelter in the region is converting to the Baby Space model.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.**

**(limit 2000 characters)**

The CoC Written Standards for ESG and CoC require all projects to: rapidly enroll (within 3 days) school age children, link children to liaisons, assess the needs of the children, and that students are to supported to remain in their home school if desired. The CoC Performance Committee verifies compliance annually. Schools will make referrals to the CE access site if they are aware of a newly homeless child. Regional schools, social services and youth collaborative are aware of the CE access sites. Referrals can be made or assessors can go to schools to assess families or unaccompanied youth.

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

**(limit 1000 characters)**

No. While none have written agreements, all Head Start programs are operated by the same Community Action Agencies that operated TH, RRH and PSH. They all have priorities for homeless children and work closely with the emergency shelters and supportive housing programs. All CAPS also serve on their local Children's Collaborative Boards.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

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

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	5	8	3
Sheltered count of homeless veterans:	5	7	2
Unsheltered count of homeless veterans:	0	1	1

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

There was 1 unsheltered Veteran (an increase of 1) who was counted on the night of the count, although he declined referral to the Veterans Registry and VA. He was VI-SPDATed and later found NOT to be a Veteran. The CoC partnered with the VA to Register and verify all Veterans on the night of the count, but understand that some Veterans may choose not to connect due to MH issues, assumed in this case. Other agencies are now able to verify a vets status if the veteran refuses linkage to the VA or other veterans services. Of the sheltered vets, 1 was in TH, and 6 in ES. All of those in shelter were in Veterans shelter beds, on the CoC priority list and the MN Veterans Registry, two with a vouchers issued and were searching for housing. The VA has reduced the number of designated veteran shelter beds over half due to the lack of need.

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

Veterans are assessed as part of our regional Coordinated Entry System (CES). Veteran and discharge status are asked in CES, and Veterans are immediately offered referral to the VA, SSVF, County Veterans Services Officer for access to veteran specific housing, healthcare and services, including VASH, SSVF, and Grant Per Diem homeless programs. Veterans providers participate in local planning and CES meetings so agency collaboration is strong. Veterans are assessed and placed on the CoC Prioritization list regardless of discharge status and weekly Assignment meetings include a 1/2 hour specifically dedicated to the Veterans Registry. VA and MAC-V both provide street and shelter/food program outreach. The PIT and tri-annual statewide count also request Veterans and discharge status, with immediate referrals to the VA and Statewide Veterans Registry.

**3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	10	8	-20.00%
Unsheltered Count of homeless veterans:	2	1	-50.00%

**3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.** Yes

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)**

The CoC and VA have been working with HUD TA and the State Homeless Veterans Director to declare an end to Veterans Homelessness on Veterans Day. Veterans providers are active members of the CoC a various levels and will continue to be integral to long-term planning. Planning efforts have led to strong collaboration (plans to end homelessness, Stand Downs, Veterans

preference, registry, Veterans court) and an increase in dedicated housing and services for homeless veterans, most recently the White Earth Nation received funding for VASH. The CoC will continue to assess and prioritize veterans as part of CES, continuing to dedicate a portion of the weekly prioritization meeting to veterans to assure our goal is not only achieved, but maintained. While the CoC can not declare VASH vouchers (as they are administered in ND for our region) these and SSVF targeted resources are the primary source of housing homeless veterans.

## 4A. Accessing Mainstream Benefits

**Instructions:**

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

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

**4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2016 Assistance with Mainstream Benefits

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

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

MN operates a State-based Marketplace, known as MNSure. The state has expanded coverage to low-income adults. The state funds regional navigators. The three Community Action Programs (Lakes & Prairies, Mahube-Otwa, and West Central MN CA) all provide healthcare navigation services. Each CAP includes assessment for health coverage in all their program assessments. All MN Homeless programs and CES assessment coverage and track in HMIS. Enrollment in counseling is done 1:1 and at enrollment events. Promotion is done via the agency websites and through program intake assessments and is

documented in MN HMIS. Lakes & Prairies enrolled 1,171, West Central enrolled 369 and Mahube-Otwa enrolled 396.

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

<b>Educational materials:</b>	<input checked="" type="checkbox"/>
<b>In-Person Trainings:</b>	<input checked="" type="checkbox"/>
<b>Transportation to medical appointments:</b>	<input checked="" type="checkbox"/>
Community Actions offer applications on-site, included in intake assessment, and promote at community events.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
<b>Not Applicable or None:</b>	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

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

**4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?**

### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	4
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	4
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

### FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	4
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	4
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
--------------------------------	---

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

**4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.**

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	45	84	39

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

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

Not Applicable.

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

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

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

Not applicable.

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

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

Not Applicable

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

**4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
N/A		

## 4C. Attachments

**Instructions:**

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Evidence of Commu...	09/05/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2016 CoC Consolid...	09/08/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	MN-508 Rating and...	09/05/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	MN--508 Rating an...	09/05/2016
05. CoCs Process for Reallocating	Yes	MN-508 Reallocati...	09/01/2016
06. CoC's Governance Charter	Yes	MN-508 Governance...	09/01/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/08/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	09/12/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	MN-508 HMIS MOU	09/01/2016
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/12/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-System Perfor...	09/05/2016
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** Evidence of Communication to rejected participants.

## **Attachment Details**

**Document Description:** 2016 CoC Consolidated Application MN-508

## **Attachment Details**

**Document Description:** MN-508 Rating and Review Procedure

## **Attachment Details**

**Document Description:** MN--508 Rating and Review Procedure: Public Posting Evidence

## **Attachment Details**

**Document Description:** MN-508 Reallocation Policy

## **Attachment Details**

**Document Description:** MN-508 Governance Charter

## **Attachment Details**

**Document Description:** HMIS Policy and Procedure

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PHA Administration Plan - Statement of priorities

## **Attachment Details**

**Document Description:** MN-508 HMIS MOU

## **Attachment Details**

**Document Description:** CoC Written Standards including Priority Policy - MN-508

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** HDX-System Performance Measures MN-508

## **Attachment Details**

**Document Description:** Written Standards for Administration of CoC and ESG Assistance

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/31/2016
<b>1B. CoC Engagement</b>	09/11/2016
<b>1C. Coordination</b>	09/11/2016
FY2016 CoC Application	Page 61
	09/12/2016

<b>1D. CoC Discharge Planning</b>	08/23/2016
<b>1E. Coordinated Assessment</b>	09/11/2016
<b>1F. Project Review</b>	09/11/2016
<b>1G. Addressing Project Capacity</b>	09/11/2016
<b>2A. HMIS Implementation</b>	09/01/2016
<b>2B. HMIS Funding Sources</b>	09/11/2016
<b>2C. HMIS Beds</b>	09/08/2016
<b>2D. HMIS Data Quality</b>	09/05/2016
<b>2E. Sheltered PIT</b>	09/08/2016
<b>2F. Sheltered Data - Methods</b>	09/08/2016
<b>2G. Sheltered Data - Quality</b>	09/11/2016
<b>2H. Unsheltered PIT</b>	09/08/2016
<b>2I. Unsheltered Data - Methods</b>	09/08/2016
<b>2J. Unsheltered Data - Quality</b>	09/08/2016
<b>3A. System Performance</b>	09/11/2016
<b>3B. Objective 1</b>	09/12/2016
<b>3B. Objective 2</b>	09/11/2016
<b>3B. Objective 3</b>	09/11/2016
<b>4A. Benefits</b>	09/07/2016
<b>4B. Additional Policies</b>	09/05/2016
<b>4C. Attachments</b>	09/12/2016
<b>Submission Summary</b>	No Input Required

## **CoC Evidence of communication to Rejected participants**

The CoC did not reject any project applications and had no appeals for projects placed in Tier 2.

# Evidence of Collaborative Application Posting

Springfield-Hampden Co... HUD\_2015\_MACCH\_NOF... Grantium™ - 4C. Attachm... W 2015-homeless-study-init... Homeless To Housed - N...

www.homelesstohoused.com/coc-program-information

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## West Central and Northwest Minnesota

*Continuum of Care*

hthcoordinator@cableone.net (701) 306-1944

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### HUD CoC Programs

**2016 HUD CoC Competition**

- NW Rank & Tier
- WC Rank & Tier
- WC Collaborative Application
- WC Priority Listing
- NW Collaborative Application
- NW Priority Listing

CoC Competition Materials



**COC POLICIES AND PROGRAM GUIDANCE**

- HUD CoC Program Administration Guidelines
- HUD CoC Program Grant Online Training
- School Policies - NW
- Policies for the Administration of ESG and CoC Assistance - NW
- Policies for the Administration of ESG and CoC Assistance - WC
- Reallocation Policy - WC
- Reallocation Policy-NW

Homeless Catego...docx MNHMIS-PolicyProc...pdf

Ask me anything

11:56 AM 9/8/2016

# West Central Minnesota Continuum of Care HUD CoC Project Ranking and Prioritization Requirements

Updated: July 2016

West Central CoC has adopted the following ranking and prioritization requirements for the 2016 HUD CoC NOFA Competition. These conditions are designed to inform Ranking Committee deliberations and provide all applicants and renewing projects with clarity regarding how ranking and prioritization occur.

## IMPORTANT PROJECT APPLICATION DATES & DEADLINES:

- June 10, 2016 – Signed Intent to Apply & Threshold forms due to CoC via email in PDF format
- TBD – NOFA Training
- August 12, 2016 – Project Applications submitted to CoC via PDF for ranking
- August 19, 2015 – Project Applications due to CoC via eSnaps and PDF
- August 26, 2016 – Project Applications notified of inclusion in CoC Collaborative Application
- September 2, 2016 – Final Project Application edits submitted in eSnaps and PDF to CoC

**HUD CoC Consolidated Application Deadline:** September 14, 2016 @ 6:59 PM.

**Note:** *Project Applications must be submitted by the Project deadlines NOT the Consolidated Application deadline.*

## **ELIGIBILITY**

To be eligible for inclusion in the CoC Ranking and Prioritization process, all projects must pass all facets of the CoC Application process including:

1. Project Application is for an eligible new or renewal Transitional Housing, Rapid-Rehousing, HMIS, SSO-CES, or Permanent Supportive Housing project;
2. Project meets all HUD Eligibility Criteria and Quality Threshold Requirements;
  - a. Applicant has a DUNS # and has current SAM registration.
  - b. Applicant is a nonprofit organization, State or local government, instrument of a State or local government or Public housing agency, as such term is defined in 24 CFR 5.100.
  - c. Applicant participates or has ability and willingness to participate in HMIS.
  - d. Applicant demonstrates financial and management capacity and experience to successfully carry out project.
  - e. Applicant submits required certifications as required in the NOFA.
  - f. Applicant agrees to only serve persons who are eligible as defined in Health Act regulations.
  - g. Project draws down funds from LOCCS/eLOCCS at least quarterly.
3. Project meets all CoC Eligibility and Threshold Requirements;
  - a. Participation in CoC Membership and Committee meetings;
  - b. Participation or ability and willingness to participate in Coordinated Entry
  - c. Project agrees to link households to mainstream services.
  - d. Adherence to CoC Policies
    - i. PSH Prioritization Policies
    - ii. School Enrollment and Connection of Services Policy

- iii. Family Separation (TH only)
  - iv. Written Standards for ESG and CoC Assistance
  - e. Project agrees to adhere to and document participant eligibility.
4. Project adheres to all local CoC Competition deadlines;
- o Project submits an Intent to Apply and Threshold Assessment
  - o Initial Project Application submitted in esnaps & via PDF

**GUIDEANCE ON REQUIRED TIERS**

HUD has made \$1.9 billion available in the FY16 CoC Competition and expects to have sufficient funding for all renewal projects. However, CoC’s are still required to review and rank all projects, except Planning, into two tiers (Tier 1 and Tier 2). Tier 1 will equal 93% of the CoC’s Final Pro Rata Need Amount (FPRN). Tier 2 will equal 7% of the CoC’s FPRN plus eligible Bonus Project(s). The Planning Grant is not ranked.

- Tier 1 = \$780,139
- Tier 2 = 7% (\$58,720) + Potential Bonus (\$41,943) = \$100,663
- Planning Grant= \$25,015
- Total Available request amount = \$905,817

Projects will be able to straddle Tier 1 and Tier 2 in this year’s competition. CoC score and project score will determine which projects from Tier 2 will be conditionally selected. HUD will award a point value to projects in Tier 2 using a 100 point scale as outlined below:

- CoC Score 50 points;
- Ranking 35 points based on HUD formula;
- Project type 5 points for PH (PSH & RRH) renewals, HMIS CES and TH Youth, 3 pts for TH (non-youth), and 1 pt for SSO; and
- Housing First emphasis 1 point.

**NEW PROJECT CRITERIA AND PRIORITY**

There are four different types of projects that can be funded as new projects in the 2016 NOFA.

Project Type	Eligibility Type	Priority Level	Justification for Priority
New Supportive Services Only (SSO) projects for centralized or <b>coordinated entry</b> systems.	Reallocation	1	<ul style="list-style-type: none"> <li>• CE performance is a vital component to remaining competitive for future HUD funding.</li> </ul>
New <b>rapid re-housing</b> projects for homeless individuals, unaccompanied youth, and families coming directly from the streets or emergency shelter or fleeing domestic violence.	Reallocation or Bonus	2	<ul style="list-style-type: none"> <li>• Rapid rehousing has a higher unmet need than PSH based upon CES data.</li> </ul>
New <b>permanent supportive housing</b> projects that serve chronically homeless individuals, unaccompanied youth, and families.	Reallocation or Bonus	3	<ul style="list-style-type: none"> <li>• Continued HUD priority</li> <li>• Hardest to serve population</li> <li>• We sometimes struggle filling the PSH chronic beds already, thus lower local priority</li> </ul>

<b>HMIS</b> expanded services carried out HMIS Lead.	Reallocation	4	<ul style="list-style-type: none"> <li>HMIS is required for</li> </ul>
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### SCORING & RANKING PROCESS

The following describes the CoC process to score and rank projects for 2016 CoC funding. It should be noted that the CoC uses “scoring” and “ranking” as two distinct steps. Scoring informs but does not dictate the final ranking decisions. Where ranking and scoring do not correlate, the Ranking Committee provides comments to indicate why the project is ranked in their position.

### RANKING CRITERIA

The CoC Ranking Committee is responsible for developing and resending Ranking Criteria to the CoC Membership for review and approval each year. The criteria is designed to utilize a non-biased process based on HUD and CoC priorities and applicant quality.

The Ranking Committee thoroughly reviews each project during the ranking process utilizing the approved CoC Scoring Tool. Projects are assigned a score based on the criteria defined in the tool below.

## West Central Continuum of Care 2016 Ranking Scoring Tool

ELIGIBILITY CRITERIA		DOCUMENTATION REQUIRED		
Eligible Eligibility: - Project Type                      - Eligible Applicant Type - Target Population                - DUNs# and SAM Registration - Certifications		Project Application		
HMIS Participation		HMIS or Pre-Application & Threshold Assessment		
Financial and Administration Management		LOCSS shows a minimum of quarterly draw-downs No outstanding findings (HUD report) Audit		
Coordinated Entry Participation		CES Prioritization Participation and CES Review		
Reporting & Deadline Compliance		CoC Coordinator report		
Adherence to CoC Policies		CES review, Self-Certification & verified reports		
Eligible Points	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA
<b>Leverage: 4 POINTS</b>				
4	Leverage amount	(0) Under 100% (1) 100%-124%	Correct dates on letters & (2) 125%-149% (3) 150%-199%	(4) Over 200% w/ correct dates on letters.
<b>Local Need: 6 POINTS</b>				
2	Project Type: determined by CES list	(0) There is an abundance of services.	(1) There is a low need for this project type in our CoC.	(2) There is a strong need for this project type in our CoC.
2	Geographical Need	(0) There is an abundance of services in the area.	(1) There is a low need for this project in the service area.	(2) There is strong need for this project type in the service area.
2	Target Population: determined by CES list	(0) Target population is not a priority.	(1) There is a low need for serving population.	(2) There is a strong need for serving population.
<b>HUD Priorities: 20 POINTS</b>				

1	Increase dedicated CH Beds ( <b>PSH ONLY</b> )	(-1) no increase in dedicated CH beds	(0) maintain dedicated CH Beds	(1) Increase dedicated CH beds
5	Housing First Approach	(-1) Did not demonstrate or complete Housing First documentation	(2) Determined to be Housing First in Application AND (2) demonstration of Housing First approach in practice AND (1) completed USICH tool.	
3	Strategic Resource Allocation	(0) Not cost effective & does not collaborate, self-evaluate, or integrate.	(1) Comprehensive & diverse service plan/partnerships + (1) Cost effective + (1) Self-evaluation	
6	Removing Barriers to Housing:	(-1) NOT Barrier Free	(3) Self verified low barrier AND (3) demonstrates barriers free entry.	
5	Prioritization of need and history of homelessness.	(0) PH beds turned over are not prioritized for CH	(5) 100% PH beds turned over are prioritized for CH and all beds (TH, RRH, PSH) follow CoC priority policies.	
<b>CoC Participation: 10 POINTS</b>				
3	CoC Reporting	(-1) Consistent late reports & outstanding reports (2) 1 late report	(2) CoC reports are completed on time but require extra prompts.	(3) All CoC reports are completed on time and with little prompts
2	Participation in annual CoC Planning & Needs Assessment Process	(-1) did not participate or provide data.	(0) Did not participate, but provided data.	(2) Participated in meetings and provided necessary data.
3	Meeting Attendance	(0) less than 50%	(1) 50% of last 10	(3) over 75% of last 10
2	Agency staff participates in at least 1 CoC committee and regularly attends.	(0) no staff participating on CoC Committee in last year.	(1) Assignment of staff to at least 1 committee	(2) Assignment of staff to CoC Committee and at least 50% attendance
<b>Service Quality Plan (PH, TH, PSH only): 18 POINTS</b>				
4	Understanding of core principles ((harm reduction, person centered care, data informed planning, low barrier, housing first).	(0) No training or plan demonstrated.	(2) Demonstrates partial understanding & plan to train/enhance understanding.	(4) Demonstrate staff are trained & practice/follow: CoC/CES policies & data requirements & EVP.
5	Participation in Coordinated Entry	N/A	N/A	(5) All beds filled through CES prioritization process use of Assessment tool.
2	Outreach		(1) At least 85% coming from streets, ES or DV.	(2) 100% coming from ES and Streets or fleeing DV.
1	Accessibility Plan: Transportation, outreach & non-discrimination	(-1) No plan demonstrated.		(1) Demonstrated in threshold.
2	Collaboration with mainstream and key support services.	(0) Poor service access plan and linkage to mainstream resources.	(2) Utilizes Single mainstream application, regular follow-ups & SOAR. Services Plan.	
2	Educational Assurances & Non-separation ( <b>Family programs only</b> )	(0) Does not demonstrate compliance w/ CoC Education policy.	(2) Agency demonstrates compliance w/ CoC policy.	
<b>PERFORMANCE: 30 POINTS (Assessed on APR)</b>				
3	CoC APR pre-review	(0) No pre-review conducted.	(2) On time. Did not respond to findings prior to esnaps submission.	(3) On time. Corrected issues prior to esnaps submission.
8	HUD Housing Stability Objective	(0) -60% (2) 65%-75%	(4) 76%-80%	(6) 81%-85% (8) 86%+

4	HUD Earned Income Objective	(0)PSH: 0-9% (0)RRH/TH: 0-15%	(3) PSH: 10-20% (3) RRH/TH:16-25%	(4) PSH: 20% or higher (4) RRH/TH: 26% +
4	HUD Maintain or Increase Income Objective	(-1) 0-24% (1) 25%-50%	(3) PSH: 51-54% RRH/TH:51-74%	(3) (4) PSH: 55% or higher (4) RRH/TH: 75% +
3	HUD Mainstream Objective	(0) 0-24% (1)25%-49%	(2) 50%-56%	(3) 57%-79% (4)80%+
4	Budget Expenditure	(-1)49-74% (0) 75%-85%	(1)85-90% (2)90-95%	(3) 96-99% (4)100%
4	Utilization	(-1) -50% (0) 50%-74%	(2) 75%-85% (3)86%-99%	(4) 101%+
<b>HMIS: 12 POINTS</b>				
4	Data Privacy and Security	(-3) Demonstrate data privacy or security issues		(4) Demonstrate compliance
4	Bed Coverage	(-3) NOT all beds in HMIS		(4) All beds in HMIS
4	Data Quality	(-1) over 10%	(3) 5-10%	(4)0-4% null/missing/refused/unknown
<b>100</b>	<b>TOTAL SCORE</b>			

## 2016 HUD CoC Application Score Sheet

Applicant: \_\_\_\_\_ Project Name: \_\_\_\_\_

Does Applicant meet Eligibility Criteria?  Yes  No

MAX POINTS	ELIGIBLE POINTS	SCORING SECTIONS	PERFORMANCE	SCORE
		<b>Leverage: 4 POINTS</b>		
4		Leverage amount		
		<b>Need: 6 POINTS</b>		
2		Project Type		
2		Geographical Need		
2		Target Population		
		<b>HUD Priorities: 20 POINTS</b>		
1		Increase dedicated CH Beds ( <b>PSH ONLY</b> )		
5		Housing First Approach ( <b>PSH ONLY</b> )		
3		Strategic Resource Use		
6		Removing Barriers to Housing:		
5		Prioritized CH Beds ( <b>PH ONLY</b> )		
		<b>CoC Participation: 10 POINTS</b>		
3		CoC Reporting		
2		Participation in annual CoC Planning Process		
3		Meeting Attendance		
2		CoC Committee Participation		
		<b>Service Plan (PH, TH, PSH only): 18 POINTS</b>		
4		Utilization of Key principals & EBP		
5		Participation in Coordinated Entry		
2		Outreach		

2		Accessibility/Transportation		
2		Collaboration w/ support services		
2		Educational Assurances: Family programs only		
		<b>PERFORMANCE: 30 POINTS</b>		
3		APR pre-review		
8		HUD Object: Housing Stability		
4		HUD Employment Objective		
4		HUD Income Objective: Maintain or Increase		
3		HUD Mainstream Resource Objective		
4		Budget Expenditure		
4		Bed Utilization Rate (PIT)		
		<b>HMIS: 12 POINTS</b>		
4		Data Privacy and Security		
4		Bed Coverage		
4		Data Quality		
<b>100</b>		<b>TOTAL SCORE</b>		
		Adjusted Score: based on CoC impact and grant transfer		
		% based on eligible points		
		<b>RANK</b>		

### Notes from Application reviews:

	ELIGIBLE (Based on GIW)	REQUEST
Funding		
# Units		
# Beds		
Grant #		
Other		

### REVIEW AND RANKING PROCESS

1. The CoC solicits Pre-application and Project Threshold Assessments from both new and renewal applicants.
2. The CoC Coordinator follows-up with new applicants or renewal applicants interested in or targeted for reallocation.
3. Within 1 week of the release of the NOFA, the CoC Coordinator presents the list of projects and the CoC Timeline/Process to the CoC Membership. New Applicants are again invited to submit interest through the CoC Pre-Application and Project Threshold Assessment.
4. The CoC Ranking Committee meets prior to the first meeting following the release of the NOFA to:
  - a. Review of Pre-applications
    - i. Review projects for potential reallocation
    - ii. Review new project pre-applications and interest
  - b. Recommend Ranking and Prioritization Criteria
5. At the first meeting following the release of the NOFA, the CoC reviews and approves the annual Ranking Process and reviews the applicant list. The CoC votes to invite applications from eligible applicants and whether to implement planned or new reallocation of projects.
6. Project Applications are due to the CoC Coordinator vis PDF by CoC Deadline.
7. The CoC Ranking Committee members receive applications and conducts initial scoring independently.

8. The CoC Ranking Committee meets to review and align scores.
9. The CoC Coordinator emails individual score sheets to all applicants and invites applicants to respond by CoC deadline. Projects were allowed to amend applications when applicable. Amended applications were reviewed and scoring was adjusted.
10. The CoC Ranking Committee meets to deliberate scores (specifically any adjustments due to amended application or other input from projects) and to prioritize projects in Tier 1 and Tier 2.
11. The CoC Ranking Committee presents final applicant scores and recommended prioritization to the CoC membership for review and approval.
12. Approved Priority Listing placed on CoC website and mailed to CoC mailing list and Project Applicants. Project Applicants are notified of the CoC appeals process.

**2016 CoC Approved RANKING**

**West Central Minnesota (MN-508) Rank and Tier**

*Approved August 23, 2016*

**Approved Rank**

Rank	% Score	Project	# units	Total Request	Cost/Unit
1	93%	HRA CARES	64	\$545,577	\$ 8,525
2	93%	L&P PSH	17	\$177,956	\$ 10,468
3	93%	WC RRH	3	\$41,943	\$ 13,981
4	86%	HMIS	N/A	\$33,359	N/A
5	83%	CES	N/A	\$58,046	N/A
6	78%	WC PSH	2	\$23,921	\$ 11,961
Project Total				<b>\$880,802</b>	
CoC Planning				\$ 25,166	<i>Not ranked</i>
Total Request				<b>\$905,968</b>	

**Approved Tier**

Rank	Project	# units	Total Request
1	HRA CARES	48	\$545,577
2	L&P PSH	17	\$177,956
3	WC RRH	3	\$41,943
4	HMIS	N/A	\$14,663
Tier 1 Total			<b>\$780,139</b>
4	HMIS	N/A	\$18,696
5	CES	N/A	\$58,046
6	WC PSH	2	\$23,921
Tier 2 Total			<b>\$100,663</b>

## 2016 Continuum of Care Pre-Application & Threshold Assessment

Any new or renewal project wishing to apply for Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding in the 2016 FY HUD CoC competition must complete the following information and submit to the CoC by the deadline. Your project will not be eligible to apply in the FY16 competition if you do not submit this form by the deadline. Please complete the proposed project overview and review each of the following ranking categories, marking those questions that apply to your project.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Primary Contact

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
DUNS #

\_\_\_\_\_  
SAM #

### **Intent to Apply:**

- Our agency will NOT apply for funding in the 2016 HUD CoC Competition. *(Please skip to agency signature and return to Carla Solem @ [hthcoordinator@cableone.net](mailto:hthcoordinator@cableone.net))*
- Our agency intends to apply for funding in the 2016 HUD CoC Competition. *(Please proceed to question one and complete all questions, sign and return to Carla Solem @ [hthcoordinator@cableone.net](mailto:hthcoordinator@cableone.net))*

### **Project Description:**

1. Type of funding requested:

New:

What type of new project?  BONUS  Reallocation

Renewal:

Are you interested in reducing your renewal grant for reallocation?  Yes  No

If yes, please explain why?

If yes, by what amount? \_\_\_\_\_

If yes, describe how participants will not become homeless as a result:

2. The project component is:  PSH: Chronic/Not Chronic  RRH  HMIS  TH  CES

3. Target Population:

Singles # \_\_\_ units/ \_\_\_ beds  Families # \_\_\_ units/ \_\_\_ beds  Youth  
# \_\_\_ units/ \_\_\_ beds

4. Proposed Start Date: \_\_\_\_\_, 2017 Proposed End Date: \_\_\_\_\_, 2018/19

5. Amount of funding requested: \$ \_\_\_\_\_

Brief Project Description (**NEW projects ONLY**):

### **Coordinated Assessment & Referral**

- The applicant does NOT agree to participate in the CoC.
- The applicant agrees to participant in Coordinated Assessment & Referral including:
  - Filling all beds/units through the central prioritization list & process
  - Abiding by CoC Coordinated Assessment policies & practices

### **CoC Participation**

- The applicant agrees to regularly attend CoC meetings and participate on a committee.
- The applicant agency agrees to provide project level data to the CoC by:
  - a) Participating in the annual point-in-time sheltered and unsheltered count;
  - b) Submitting program reports to the CoC in a timely manner;
  - c) Participating in an annual CoC Planning, Gaps Analysis and Needs Assessment;
  - d) Submitting required AHAR, HIC, Pulse, and GIW reports by CoC deadlines; and
  - e) Giving the Local System Administrator administrative access to your all programs reported in the HIC or providing necessary waiver request to CoC and submitting required data in a timely manner.

### **HMIS**

- Applicant does NOT currently utilize HMIS and does not intend to if funded. (Note this will affect your eligibility if not a VAWA funded agency)
- Applicant does NOT currently utilize HMIS, but agrees to utilize if funded.
- Applicant currently utilizes HMIS and assures compliance with:
  - Unique user name and password
  - Secure location for equipment
  - Locking Screen Savers
  - Virus protection with auto update
  - Individual or network firewalls
  - Restrictions on access to HMIS via public forums
  - Compliance with HMIS policy and procedures manual
  - Validation of off-site storage of HMIS data

### **Energy Star and Green Development (TH, RRH, and PSH Applicants ONLY):**

- Project does incorporate Energy Star and/or Green Development
  - If fixed site utilizes incorporates Energy Star and/or Green Dev. in project.
  - If scattered site, encourages participants to seek applicable buildings/units.
- Does NOT incorporate Energy Star and/or Green Development

**Services (TH, RRH and PSH Applicants ONLY):**

Please check ALL that apply to your program:

- Applicant assures that program will have and follow policies that ensure all children are enrolled in school and connected to appropriate services within the community
- Applicant assures that case managers will systematically assist and support clients in completing applications for mainstream benefits.
- Applicant assures that transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or job when appropriate.
- Homeless assistance providers use a single application form for four or more mainstream programs.
- Applicant agrees that all participants will come from the streets, emergency shelter, transitional housing (entering as homeless), institution, or place not meant for human habitation.
- Applicant incorporates known best practices models into project policies and practices.  
Check all that apply:
  - Housing First
  - Client Centric
  - Barrier Free
  - Harm Reduction

**Chronic Homeless Preference (New and Renewal PSH Projects ONLY!)**

- Applicant agrees to give preference to Chronic Homeless when filling vacant units.
- Applicant does NOT agree to give preference to Chronic Homeless when filling vacant units.

**Annual Progress Report: (RENEWAL Projects ONLY!)**

HUD and the CoC require that CoC funded projects submit an Annual Progress Report (APR)

- Applicant did NOT submit an APR for the most recent grant year.
- Applicant submitted an APR for the most recent grant year.

Date of APR: \_\_\_\_\_

Are there any outstanding findings still unresolved?  Yes  No

If yes, explain:

**Project Quality Threshold: (RENEWAL applicants ONLY!)**

Please check ALL of the following thresholds that apply to your program/agency:

- Draws down from eLOCCS at least quarterly
- Submitted annual APR to CoC and HUD by deadline
- Assists participants achieve and maintain independent living (Does not apply to HMIS)
- NO: Audit findings, history of financial mismanagement, untimely expenditures, major capacity issues affecting program outcomes, history of ineligible persons, or spending.
- Compliant with Fair Housing and Equal Opportunity
- NO: HUD resolutions of outstanding suspension
- NO: Delinquent federal debts or outstanding arrears to HUD.
- Applicant demonstrates all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met;

**Project Quality Threshold: (NEW HMIS applicants ONLY!)**

Please check ALL of the following thresholds that apply to your program/agency:

- Evidence the HMIS will effectively be integrated into current CoC HMIS
- HMIS project implementation is described in application
- At least 50% of beds in HIC are included in CoC HMIS
- HMIS applicant collects all Universal Data Elements
- HMIS applicant un-duplicates client records
- HMIS applicant produced all HUD-required reports

**Project Quality Thresholds: (NEW PH Applicants ONLY!)**

Please check ALL of the following thresholds that apply to your program/agency:

- Type, scale and location fit needs of participants
- Type, scale and location of supportive services fits needs and transportation for participants
- Participants are given individual and specific assistance to obtain mainstream benefits
- Applicant has assessed that project is needed in geographic location
- Participants helped to obtain and remain in PH
- Participants are assisted to both increase income and live independently using mainstream housing and services
- At least 75% of proposed participants will come from street or other locations not meant for human habitation, emergency shelters, safe havens, or transitional housing (if originally from the streets or emergency shelters).
- Services and housing is accessible to amenities (grocery, pharmacies, etc.)
- Program/activities will be administered in most integrated setting appropriate for persons with disabilities. Persons with disabilities interact with person w/out disabilities; and
- Applicant has the history/capacity to complete timely and accurate drawdowns, performance reports.

**Leveraging & Cash Match**

% of Leverage _____	Total Leverage \$ _____
% of Cash Match _____	Total Cash Match \$ _____

200% leverage is recommended. For example, if your funding request is \$100,000 for the full leveraging points during scoring your leveraging should be \$200,000 or more. If you have no leveraging, you will receive no points for leveraging. 25% Cash match is required.

**Eligible Leverage Contributions:**

- Cash
- Buildings (the value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2005 or prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions.)
- Equipment
- Materials
- Services such as transportation, health care and mental health counseling
- General volunteer time (at \$10 per hour)
- Specific volunteer time at market rate (for example, an attorney who is volunteering legal services to clients in the program for their legal issues. If the attorney’s normal fee is \$100 per hour then you can record the volunteer time at \$100 per hour.)

**Sources of Contributions:**

- CDBG
- HOME
- United Way
- Fannie Mae
- Federal Home Loan Bank
- Local or State general revenue funds
- Mainstream housing programs
- Social service programs

Written Commitments:

- Must be documented on letterhead stationary
- Signed by an authorized representative
- Dated
- In your possession at the time of application submission
- Must contain the following:
  - Name of the organization providing the contribution
  - Type of contribution
  - Value of the contribution
  - Name of project and sponsor organization to which the contribution will be given
  - Date the contribution will be available

**Written commitments are required for all project applicants. Commitment letters must be dated within 60 days of the CoC application deadline. Commitment letters must be submitted with each project application.**

**WARNING:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Print Name of Agency Approved Signatory:	Signature of Agency Approved Signatory
Title	Date

## CoC Rating and Review Procedure: Public Posting Evidence

MN-508

 Reply  Reply All  Forward



Carla Solem <carlas@cableone.net>

Amanda Zenzen; Angela McKibben; + 91

 1

5/25/2016

**HUD 2016 CoC Pre-Application**



In preparation for the 2016 HUD Continuum of Care NOFA, the CoC is accepting Pre-Applications. Anyone wishing to apply in the CoC Competition MUST complete the attached Pre-Application. This applies to NEW or RENEWAL applicants.

**The Pre-Application is due at or before Friday, June 10<sup>th</sup> at 11 AM.** Any agency wishing to apply in the 2016 HUD CoC Competition, new or renewal, must complete the Pre-Application by this deadline in order to be eligible.

Please share with any agencies you know may be interested in applying and contact me with any questions.

Carla Solem, Coordinator  
Northwest & West Central Minnesota Continuum of Care  
Email: [hthcoordinator@cableone.net](mailto:hthcoordinator@cableone.net)  
Phone: 701-306-1944  
Website: <http://www.homelesstohoused.com/>

 Reply  Reply All  Forward



Carla Solem <hthcoordinator@cableone.net>

Amanda Zenzen; + 95

 9

7/12/2016

**Meeting documents**



Attached are the meeting documents for our West Central MN Continuum of Care Homeless to Housed Task Force Membership meeting. We will be meeting Thursday, July 14<sup>th</sup> at Mahube-Otwa in Detroit Lakes. The address and GoToMeeting information for those who cannot join in person is on the agenda. Minutes will be sent separately.

This is our quarterly membership meeting so hope to see many of you there!

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Respond Quick Steps Move Tags Find Send/Receive GoToMeeting

rank X Current Folder

All Unread By From A to Z

'april@ndhomelessco...  
RE: DRAFT: The FY 2016 CoC Pr...  
You will need to have applicants 7/19/2016

'Sandi Bentley'  
RE: CoC Meeting reminder  
Glad recovery and rehab are 7/18/2016

'Penny Grove'  
RE: CoC Meeting reminder  
It was supposed to be just 7/15/2016

'Sandi Bentley'  
RE: CoC Meeting reminder  
Coordinated Entry and Ranking 7/15/2016

Amanda Zenzen; Ang...  
Additional Meeting Documents  
Ok, these really are the final 7/13/2016

Amanda Zenzen; Ang...  
Meeting documents  
Attached are the meeting 7/12/2016

Amanda LeBlanc; And...  
NOFA - Funds Available  
The 2016 HUD NOFA was 7/8/2016

Carla Solem <hthcoordinator@cableone.net> Amanda Zenzen; + 95 9 7/12/2016

**Meeting documents**

WC Agenda 7-14-16.d... 32 KB	NOFA Timeline_Overvi... 33 KB	2016 CoC NOFA Budg... 22 KB
WC Minutes 4-14-16.d... 35 KB	FY 2015 Debriefing Su... 104 KB	Coordinators Report 7... 29 KB
MN HMIS Budget FY1...	HMIS Data Privacy Con...	System Measures webi...

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rank X Current Folder

All Unread By From A to Z

'Kosloski, Robert J'  
RE: FY 2016 Continuum of Car...  
Thanks Robert! 7/26/2016

Carla Solem  
FW: July 14th Meeting Minutes  
From: Heather Molesworth 7/21/2016

'Rebecca Johnson'  
RE: NOFA  
West Central is also interested 7/20/2016

'april@ndhomelessco...  
RE: DRAFT: The FY 2016 CoC Pr...  
You will need to have applicants 7/19/2016

'Sandi Bentley'  
RE: CoC Meeting reminder  
Glad recovery and rehab are 7/18/2016

'Penny Grove'  
RE: CoC Meeting reminder  
It was supposed to be just 7/15/2016

'Sandi Bentley'  
RE: CoC Meeting reminder  
Coordinated Entry and Ranking 7/15/2016

Carla Solem <hthcoordinator@cableone.net> 'Rebecca Johnson' 7/20/2016

**RE: NOFA**

West Central is also interested in applying but the funds are not guaranteed to them which they are aware of. The applications will be ranked on need, performance, capacity and plan. Maybe you could have a conversation with Heather to see if a join application makes sense or whether you both want to apply.

**From:** Rebecca Johnson [<mailto:beckij@lakesandprairies.net>]  
**Sent:** Wednesday, July 20, 2016 10:32 AM  
**To:** Carla Solem <[hthcoordinator@cableone.net](mailto:hthcoordinator@cableone.net)>  
**Subject:** NOFA

Good morning!

I was wondering if you have a plan or idea for reallocating the West Central TH project? I would consider writing for it as either RRR or Coordinated Assessment outreach, but would like to start planning for getting leverage figured out and start on the app within a reasonable amount of time. My dad is getting remarried on August 13<sup>th</sup>, so I would like to avoid working right up until the last minute on the night of the 12<sup>th</sup>. ☺ Just wondering if that will be open for other agencies to apply for, or if there is already a plan for West Central to retain those funds in another way?

Thank you!

Becki Johnson, M.S., LSW, CCAP

Reply Reply All Forward

Carla Solem <hthcoordinator@cableone.net> Amanda Zenzen; + 95 3 7/13/2016

**Additional Meeting Documents**

WC Coc minutes 5-12... 34 KB	WC Ranking Score She... 34 KB	WC Ranking Score She... 33 KB
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Ok, these really are the final meeting documents! Hope to see all of you at tomorrow's meeting.

Reply Reply All Forward



Carla Solem <carlas@cableone.net>

Amanda Zenzen; Angela McKibben; + 94

2

7/8/2016

## NOFA Timeline and Overview

This message was sent with High importance.



The 2016 HUD NOFA was released last week and the 2016 CoC and Project Applications are anticipated today or next week. I will forward the link to the application once received. In preparation, I have attached the entire NOFA and highlights with CoC Deadline for Project Application Submission.

All renewal projects submitted their Intent to Apply and Threshold Forms by the June deadline. I have not yet received any inquiries about new applications. **There will be \$41,943 available for a new 1-year renewable Permanent Supportive Housing Bonus Project serving Chronic Homeless or a Rapid Rehousing Project serving persons coming from the streets, emergency shelter or domestic violence situations. Please direct all inquiries to me before noon on Thursday, July 14<sup>th</sup>.**

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Phone: 701-306-1944  
Website: <http://www.homelesstohoused.com/>

Reply Reply All Forward



Carla Solem <carlas@cableone.net>

Heather Molesworth; Becki Johnson; Dara Lee; + 6

1

7/18/2016

## NOFA Instructions



Hello applicants,

The 2016 Detailed Instructions for your project applications are now available. Please print and read the links below and then let me know if you have any questions.

- [FY 2016 New Project Application Detailed Instructions](#)
- [FY 2016 Renewal Project Application Detailed Instructions](#)

The timeline is also attached as a reminder of CoC deadlines.

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# West Central MN CoC Reallocation Policy

Updated July 2016

The West Central Minnesota Continuum of Care (CoC) has created this policy to guide the CoC in determining if, when and how the CoC should reallocate funds. Reallocating funds is one of the most important tools in which our CoC can make strategic improvements to our homelessness system. Through reallocation, our CoC can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources.

## What is Reallocation?

*Reallocation* refers to the process by which a CoC shifts funds in whole or in part from existing CoC-funded projects that are eligible for renewal to create one or more new projects. A reallocated project must be a new project that serves new participants and has either a rapid re-housing or permanent supportive housing program design. A new reallocated project may use resources from an existing project, including staff, but it is not simply a continuation of an existing project that serves existing participants. The new reallocated project must include a component change (i.e. TH or PSH) or a significant change in the programs population (i.e. youth to single CH).

## What types of projects can be reallocated?

CoCs can reallocate funding from any project eligible for renewal in a competition year. The annual CoC Program Competition Notice of Funding Availability (NOFA) dictates what types of projects may be created through reallocation in a given competition. For example, the FY16 CoC Program Competition NOFA limited the types of new projects that could be created through reallocation to:

- a. New permanent supportive housing for people experiencing chronic homelessness; and
- b. Rapid re-housing to serve households with children coming from the streets or an emergency shelter.
- c. HMIS projects administered by State System Administrator.
- d. Supportive Services Only for Coordinated Entry.

## Reallocation Process

1. In the months preceding the release of the NOFA the CoC will begin discussing at monthly CoC meetings the concept of reallocation and brainstorm potential projects. When considering the need for reallocation, various factors will be considered including: existing inventory, system needs, gaps, duplication, program performance, potential grant mergers/collaborations, Coordinated entry data, utilization rates and other funding resources (both new and existing).
2. Within 2 days of the release of the annual NOFA, the CoC will publish the CoC timeline and process for accepting renewal, new bonus or reallocated projects.
3. Within 7 days of the release of the annual NOFA, the CoC will publish an Intent to Apply and Project Threshold Application. Applicants will be asked to identify whether they intend to reallocate any funds in the annual competition.
4. At the first CoC meeting following the release of the NOFA the CoC will present and discuss potential projects for reallocation, both those being reallocated and potential new projects to seek feedback on system impact. Discussion will include system needs, gaps, duplication, program performance, potential grant mergers/collaborations and other funding options.
5. The CoC ranking committee will create proposed ranking procedures and present for vote at the first meeting of the CoC following the release of the NOFA. The ranking procedures will include a threshold for project capacity and/or performance in which reallocation will be recommended.
6. The CoC ranking committee will review projects (NOFA Application, APR, Intent to Apply, Project

Threshold, performance discussion, HMIS data quality reports, meeting participation, and adherence to deadlines) and may make recommendations to the CoC for reallocation based on performance, utilization, or agency capacity. Projects may either be recommended for immediate reallocation or consideration for the following competition (if performance, utilization or capacity does not improve).

7. The CoC Coordinator will provide ranking score and feedback to each applicant, inviting feedback (verifiable reasons for poor performance or capacity and if there is a viable plan for improvement). Projects will be notified if their project is up for immediate or potential reallocation.
8. The CoC ranking committee may adjust score or reallocation recommendation based on feedback.
9. The ranking committee will present ranking and reallocation recommendations to the CoC for discussion and vote. Discussion will include system needs, gaps, duplication, program performance, and other funding options. Note that reallocation may occur without consent from the project being reallocated.
10. The CoC will want to assure that no one will become homeless as a direct result of reallocation prior to final vote on project ranking and tiers.

### **Different types of reallocation**

There is no cookie cutter approach to reallocation. Although HUD may limit what types of new projects may be created with reallocated funds, it does not dictate what types of renewal projects can be reallocated or how that process should occur. Examples include:

- Funding from one project (or partial funding from one project) can be reallocated into a new project operated by the same provider;
- Funding from one project (or partial funding from one project) can be reallocated into a new project operated by a different provider;
- Funding from one project (or partial funding from one project) can be reallocated into many new projects;
- Funding from many projects (or partial funding from many projects) can be reallocated into one new project; and
- Funding from many projects (or partial funding from many projects) can be reallocated into many new projects.

While reallocation can be complicated and does not come without risk, it is a necessary part of ensuring that our CoC's homeless assistance system meets the needs of people experiencing homelessness.





# **West Central Minnesota Continuum of Care Homeless To Housed Regional Task Force By-Laws & Governance Charter**

## **Article I: Name**

Section 1. The West Central Minnesota Continuum of Care shall be known as the Homeless to Housed Task Force (hereinafter referred to as the HTH).

## **Article II: Vision**

Section 1. The vision of the HTH is to create and sustain capacity throughout the West Central MN CoC system to consistently facilitate the movement of individuals/families toward permanent housing and successful independent living. Through coordination and cooperation, movement through this system will be accomplished in a smooth, seamless manner with positive outcomes for homeless individuals.

## **Article III: Purpose**

Section 1. The purpose of this organization is to coordinate the Continuum of Care process for the West Central Region of Minnesota, serving as the HUD-designated primary decision making group and oversight board for the ten contiguous counties of: Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wadena, and Wilkin. As the oversight committee the HTH responsibilities are:

- a. To ensure that the CoC is meeting all of the responsibilities assigned to it by HUD regulations and the HEARTH Act (see below);
- b. To help facilitate housing stability for persons who become homeless, or are at imminent risk of homelessness in a fair and supportive manner;
- c. To represent and encourage collaboration among the relevant organizations and programs serving persons who are homeless;
- d. To be inclusive of all the needs of all of West Central Minnesota region's homeless population, including the special service and housing needs of homeless subpopulations;
- e. To facilitate discussion and planning within and beyond the HUD CoC process on policy, program, and social issues related to ending homelessness; and
- f. To encourage and educate on service and housing best practices and quality performance.

Section 2. The Continuum of Care program is designed to assist sheltered and unsheltered homeless people by providing the housing and/or services needed to help individuals move into transitional and permanent housing, with the goal of long-term stability.

Section 3. An effective Continuum of Care system is comprehensive and coordinated.

Section 4. HUD identifies the fundamental components of a comprehensive Continuum of Care system to be:

- a. Promote community-wide commitment to the goal of ending homelessness
- b. Provide funding for efforts by nonprofit providers, States, and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of Homelessness.

- c. Promote access to and effective use of mainstream programs by homeless individuals and families.
- d. Optimize self-sufficiency among individuals and families experiencing homelessness.

Section 5. The Continuum of Care system should also include a focus on homelessness prevention strategies and services.

#### **ARTICLE IV: RESPONSIBILITIES**

As the designated board of the CoC for the geographic area, the WC CoC works with the CoC Collaborative Applicant to fulfill three major duties:

1. Operate a CoC, which must:
  - a. Hold meetings of the full membership, with published agendas, at least semiannually;
  - b. Publically invite new membership to join the WC CoC at least annually;
  - c. Adopt and follow a written process to select a WC CoC board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the WC CoC membership at least once every 5 years;
  - d. Appoint committees, subcommittees, or workgroups as needed to help carry out the goals and responsibilities of the WC CoC;
  - e. In consultation with the CoC Collaborative Applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with CoC requirements as prescribed by HUD; and a code of conduct and recusal process for the WC CoC, its chair(s), and any person acting on behalf of the board;
  - f. In consultation with recipients and sub-recipients of CoC and Emergency Solutions Grant (hereinafter referred to as ESG) funding, establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
  - g. In consultation with recipients of CoC and ESG funds within the geographic area, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
    - i. Policies and procedures for evaluating individuals' and families' eligibility for CoC assistance;
    - ii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
    - iii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
    - iv. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
    - v. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
    - vi. When the CoC is designated a high-performing community, policies and procedures for determining and prioritizing which eligible individuals and families will receive Homelessness Prevention Assistance.
  
2. Designating and operating an Homeless Management Information System (HMIS):
  - a. Designate a single HMIS for the geographic;
  - b. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
  - c. Enter into a MOU with the HMIS Lead.

- d. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
- e. Ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS;
- f. Ensure the HMIS is administered in compliance with requirements prescribed by HUD and MN HMIS Policies.

3. Continuum of Care planning:

The CoC plan shall include the following:

- a. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following: Outreach, engagement, and assessment; Shelter, housing, and supportive services; and Prevention strategies;
- b. Plan and conduct an annual point-in-time sheltered (in collaboration with the State of MN quarterly sheltered count) and unsheltered count within the geographic area in adherence with HUD guidelines;
- c. Conduct an annual gaps analysis of homeless needs and services in WC MN in accordance with HUD guidelines;
- d. Plan to provide information and input to the State of MN Consolidated Plan; and
- e. Coordination with the State of MN ESG program to determine a plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub-recipients.

## ARTICLE V: MEMBERSHIP

Section 1. Continuum of Care planning involves a membership that is extensive and inclusive.

Section 2. The HTH shall have three categories of membership/participation:

**a. Board of Directors:**

- i. The Board of Directors shall include representatives of relevant organizations serving homeless persons in the West Central MN region; at least one (1) homeless or formerly homeless individual; CoC Coordinator (non-voting member), and at least one (1) Emergency Solutions Representative. The State Interagency Task Force on Homelessness may also appoint a non-voting Ex-Officio member to serve on the board.
- ii. The Board of Directors is the official governing body of the Continuum, will make official decisions of the Task Force, and will conduct business as needed between task force meetings, making subsequent recommendations and reports to the Task Force. The Board is responsible for:
  - Bylaws Changes,
  - Annual Continuum of Care Plan,
  - Final Grant Ranking,
  - Assuring the CoC has a Centralized Assessment System,
  - Appointing Adhoc Committees and Workgroups,
  - Filling open board positions between annual meetings,
  - Working with membership to set standards for administering and monitoring CoC and ESG Assistance,
  - Developing and approving a HMIS Governance Agreement and MOU,
  - Approving the CoC Collaborative Agent/Fiscal Agent,

- Annual review of CoC Coordinator,
  - Assuring an annual Exhibit 1 is submitted to HUD, and
  - Determining the Unified Funding Agent, if applicable.
- iii. Board of Directors must show a vested interest in the Continuum of Care Process by entering into a membership agreement, committing to regular representation at all Board and Task Force Meetings and participation on one of the Committees.
  - iv. Sporadic attendance may result in a temporarily loss of voting privileges. Non-attendance can result in an in-activation of membership.
  - v. The HTH shall strive to have participation from all nine counties represented on the Board of Directors.
  - vi. Board of Directors are required to sign and abide by the Code of Conduct located on the back of the Homeless to Housed General Membership Agreement.
  - vii. Board Officers shall include; Chair, Vice Chair, Secretary, and Chairs of all Committees. Additionally, an ad hoc member may be appointed at the discretion of the committee. The Chair and Vice Chair position shall have staggered 2-year terms, the Chair position rotating between the private and public sector.

**b. Committees:** The HTH will have three standing committees: Evaluation & Performance, Coordinated Assessment and Data. These committees are notwithstanding to the changing needs of the CoC and will be reviewed by the Board yearly with necessary changes or additions approved by the Task Force. Ad hoc committees may be developed by the Board as needed to handle a specific situation or issue that does not fall within the assigned function of an existing standing committee.

- i. Evaluation & Performance – The Evaluation & Performance Committee is a standing committee under the oversight of the Board. The committee is responsible for:
  - a. Taking the lead in establishing performance measures for Emergency Solutions (ESG) and Continuum of Care (CoC) Programs.
  - b. Reviewing outcomes for ESG and CoC Programs.
  - c. Regularly monitoring system-wide performance targets.
  - d. Providing input to data committee on desired data input.
- ii. Data – The Data Committee is a standing committee. The committee comes under the oversight of the Board. The Data Committee is responsible for:
  - a. conducting an annual count of both sheltered and unsheltered homeless persons;
  - b. monitoring the Homeless Management Information System (HMIS) through tracking reports, participation, updates, agencies, and statewide efforts;
  - c. Conducting an annual gaps analysis of needs and services;
  - d. Annually review programs HMIS privacy, security, data quality;
  - e. Assure HMIS is administered in compliance with HUD; and
  - f. Collect and provide data needed for regional and statewide planning.
- iii. Coordinated Assessment – The Coordinated Assessment Committee is a standing committee under the oversight of the Board. This Committee is a joint CARES committee. The Coordinated Assessment Committee is responsible for:
  - a. Assuring the region has a Coordinated Assessment (CA) system that includes;
    - i. Evaluation of eligibility for assistance, and
    - ii. Prioritization of who receives CoC and ESG assistance.
  - b. Regularly reviewing system goals and outcomes;
  - c. Advocating for system changes that prohibit individuals from accessing services and housing that is determined beneficial to ending their homelessness.

Work Groups and Sub-Committees: The Board may establish work groups or ad hoc committees as it deems necessary. However, only the full CoC membership can designate a standing committee.

**b. Task Force Membership:**

- i. Task Force Membership shall include representation from both traditional homeless, social service and low-income housing providers; and from the community at-large.
- ii. The Task Force is responsible for;
  - a) Annual approval of Executive Officers and Committee Chairs,
  - b) Final approval of Bylaws Changes,
  - c) Participation in annual CoC Planning and Gaps Analysis, and
  - d) Annual review of program performance.
- viii. Task Force Members will be asked to enter into an annual membership agreement, committing to regular representation at all Task Force Meetings. Task Force Members are expected to designate at least 1 staff person to attend all Task Force Meetings and chosen Committee Meetings or find appropriate substitute to attend in their place.

## **ARTICLE VI: MEETINGS**

### Section 1. Task Force Meetings.

- (a) All meetings shall be held at the call of the Board Chair or Vice Chair.
- (b) Notice of time and place of all meetings shall be delivered personally, by email or fax to all members at least four days prior to the meeting; or by U.S. mail at least 6 business days prior to the meeting.
- (c) Meetings shall be held at least twice annually.
- (d) Meetings shall be held in accordance with Robert's Rules of Order.
- (e) The Chair and/or Vice Chair shall preside over all meetings when present. The chair shall appoint a member as acting chair in his/her absence.

### Section 2. Special Meetings.

- (a) A special meeting of the Board, Task Force or Committee may be called by the Chair, Vice Chair or  $\frac{1}{4}$  of the Board.
- (b) Proper notice shall be given for all special meetings.

### Section 3. Electronic or Phone meetings.

- (a) Meetings of the HTH Membership, Board or Committees may be held electronically or by phone provided all persons participating may hear and speak to one another.

### Section 4. Voting.

- (a) Votes will be limited to one per member agency.
- (b) Agencies applying for a grant may not vote in any ranking.
- (c) A quorum for the HTH Board will be met when a majority of active ~~Task Force~~ membership is represented.
- (d) A quorum for the Task Force and committees will be met when a majority of members are present.

### Section 5. Action without voting.

- (a) Any action required or permitted to be taken by the Board or a Committee may be taken without a meeting if all of the entitled members individually or collectively consent in writing to such action. Such written consent or consents shall be filed with the minutes of the proceedings of the HTH.

### Section 6. Annual Meeting.

- (a) Annual meetings of the Task Force shall be held for the purpose of electing Executive Officers and Committee Chairs and for the transaction of such other business as may come before the meeting.
- (b) Annual meetings shall be held as set by the Board not less than ten (10), or more than thirteen (13) months after the annual meeting held the prior year.
- (c) The annual meeting will be open to the public, and to the extent practicable, should be held in different locations around the region on a regular basis.

Section 7. Board Meetings.

- (a) All meetings shall be held at the call of the Board Chair or Vice Chair.
- (b) Notice of time and place of all meetings shall be delivered personally, by email or fax to all members at least four days prior to the meeting; or by U.S. mail at least 6 business days prior to the meeting.
- (c) Meetings shall be held at least 6 times annually.
- (d) Meetings shall be held in accordance with Robert’s Rules of Order.
- (e) The Chair and/or Vice Chair shall preside over all meetings when present. The chair shall appoint a member as acting chair in his/her absence.

**ARTICLE VII: EXECUTIVE OFFICERS**

Section 1. Composition – The Executive Committee shall consist of a Chair, Vice Chair, Recording Secretary, HTH Coordinator, Committee Chairs and an ad hoc member appointed at the discretion of the committee.

Section 2. Election - At the Annual Meeting, a Chair, Vice Chair, Recording Secretary and Committee Chairs shall be elected by the Task Force to serve during the year or until the next Annual Meeting.

Section 2. Vacancy – In the event of a vacancy in any of the positions during the year, the vacant position should be filled at the next meeting of the task force or by a majority vote of the Executive Committee.

Section 3. Terms – The terms of Chair and Vice Chair shall be two years.

Section 4. Duties – The Executive Officers shall act in the way they believe to be in the best interest of the West Central CoC/HTH, and not as representatives of any other agencies/organization/entity.

Section 5. Removal of Officers – Any officer may be removed by ¾ majority of all officers for reason of non-participation, or not acting in the best interest of the Coc/HTH.

**ARTICLE VIII: OTHER**

Section 1. Certificates of Consistency

- (a) Certificates of Consistency may be requested by grantees within the continuum.
- (b) The Executive Committee will review Certificates of Consistency and the Executive Chair and/or Coordinator will be authorized to sign them.

Section 2. Fiscal Agent

- (a) As the HTH is not a registered non-profit, the must vote to approve an agency to act as an authorized fiscal agent, Collaborative Applicant or UFA.
- (b) The authorized fiscal agent shall provide the HTH with an annual financial report of CoC income and expenditures.
- (c) Additional financial reports or copies of related contracts must be provided to the HTH or Board upon written request within 15 business days of the request.

Section 3. Coordinator

- (a) The HTH may vote to employ someone to support and coordinate the vision and purpose of the organization.
- (b) The employee may be sought through a contractual, volunteer, or internship basis.
- (c) The employee may be contracted through the fiscal agent of HTH/West Central CoC or through the State of Minnesota.
- (d) All job descriptions, duties and assignments of the HTH staff/volunteers/interns shall be pre-approved by the Board.

Section 4. Membership Agreement

- (a) The HTH shall annually conduct a membership recruitment to solicit both Task Force and Committee membership.
- (b) A signed membership agreement is required to become an official member of the CoC.
- (c) Membership agreements can be signed at any time during the year.

Section 5. Code of Conduct

- (a) Members of the WC CoC and all committees will sign a Code of Conduct annually.
- (b) The Code of Conduct includes agreement to act in professional and collaborative manner; include a Conflict of interest policy.
- (c) Any member (CoC, Board, or Committee) having a conflict of interest or a conflict of responsibility on any matter shall refrain from voting on such matter.

APPENDIX A

**Code of Conduct for the Homeless to Housed Task Force**

Commitment and Professionalism are vital to creating and maintaining an effective and efficient Continuum of Care (CoC) process that will benefit each member of the Homeless to Housed Task Force (HTH) and the homeless men, women and children they represent. Both are integral to creating and sustaining a strong continuum in which collaboration and services can grow.

Obligations:

1. Members should strive to represent in a fair, honest and respectful manner their individual agencies and the homeless individuals and families that they are here to represent.
2. Members should be informed on the purpose of the HTH and its role in the CoC process.
3. Members should strive to stay up-to-date on HTH strategies and planning.
4. Members should strive to keep their promises and to avoid unwise or unclear commitments that they are unable to fulfill.
5. Members are expected to uphold professional standards of conduct, exhibiting respectfulness, fairness, and honesty.
6. Members should clarify their professional roles and obligations, exercise reasonable judgment, and take precautions to ensure that any potential biases or conflicts of interest do not unjustly affect the CoC process or other members of the HTH.
7. When conflicts occur among members, they should attempt to resolve these conflicts in a responsible fashion.
8. Leaders have the extra responsibility of setting an example by their personal performance and attitude that convey honest, respectful, and ethical values.
9. Members should consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those they represent.

***As a member of the West Central Minnesota Homeless To Housed Task Force and/or affiliated committee, I agree to represent myself, my agency, my county, my region, and/or my state in a professional manner by adhering to the guidelines laid out in the Code of Conduct of the Homeless to Housed Task Force.***

\_\_\_\_\_  
*Homeless To Housed Task Force Individual Member/Agency Member*

\_\_\_\_\_  
*Date*

## APPENDIX B

### WEST CENTRAL MN CONTINUUM OF CARE HOMELESS TO HOUSED TASK FORCE MEMBERSHIP AGREEMENT

**Whereas**, the Homeless to Housed Task Force requires active, diverse, and region-wide participation to effectively prepare and carry-out a Region-wide Continuum of Care Plan;

**Whereas**, the Homeless to Housed Task Force desires participation from members who are interested and willing to commit to supporting the Task Force in a professional and active manner; and

**Whereas**, \_\_\_\_\_ (*insert agency name*), is willing and interested in becoming a Member of the Homeless to Housed Task Force.

**Therefore, the above named Member Agency/Organization agrees to become a Member of the Homeless to Housed Task Force, understanding and agreeing to the following membership policies and the organizational code of conduct.**

#### **I. Membership Policies:**

- A.** Each Member Agency/Organization shall appoint one (1) individual to serve as a Member Representative on the Homeless to Housed Task Force and one standing Committee;
- B.** Additional agency staff, administration, or board members are invited to attend Task Force meetings and participate on committees;
- C.** Member Agencies are expected to strive for 100% attendance at all scheduled Task Force and chosen Standing Committee Meetings/Activities;
- D.** If a representative is unable to attend a scheduled Task Force or Committee Meeting, an alternative representative should be appointed to attend in the member representatives' absence;
- E.** At each meeting, voting rights shall be given to only one (1) representative from each member agency;
- F.** Member Agencies without consistent representation (missing 3 or more meetings annually), will forfeit voting privileges for that year;
- G.** Representatives should come to each meeting prepared to actively participate;
- H.** All members are expected to abide by the Homeless to Housed Code of Conduct while participating in organizational meetings or representing the Task Force;
- I.** Member Agencies are responsible for notifying the Homeless to Housed Coordinator of any changes in contact information for their agency or of their Member Representative.

The following individual(s) have been assigned to serve as Member Representatives:

Name	Title/Position	Address	Phone/Email	Committee (circle choice)	Counties Represented (circle all that apply)
				Grant Membership Bylaws Data Collection	Becker Clay Douglas Grant Otter Tail Stevens Pope Traverse Wilkin
				Grant Membership Bylaws Data Collection	Becker Clay Douglas Grant Otter Tail Stevens Pope Traverse Wilkin
				Grant Membership Bylaws Data Collection	Becker Clay Douglas Grant Otter Tail Stevens Pope Traverse Wilkin

## II. Code of Conduct for the Homeless to Housed Task Force

Commitment and Professionalism are vital to creating and maintaining an effective and efficient Continuum of Care (CoC) process that will benefit each member of the Homeless to Housed Task Force (HTH) and the homeless men, women and children they represent. Both are integral to creating and sustaining a strong continuum in which collaboration and services can grow.

### A. Conduct Obligations:

10. Members should strive to represent in a fair, honest and respectful manner their individual agencies and the homeless individuals and families that they are here to represent.
11. Members should be informed on the purpose of the HTH and its role in the CoC process.
12. Members should strive to stay up-to-date on HTH strategies and planning.
13. Members should strive to keep their promises and to avoid unwise or unclear commitments that they are unable to fulfill.
14. Members are expected to uphold professional standards of conduct, exhibiting respectfulness, fairness, and honesty.
15. Members should clarify their professional roles and obligations, exercise reasonable judgment, and take precautions to ensure that any potential biases or conflicts of interest do not unjustly affect the CoC process or other members of the HTH.
16. When conflicts occur among members, they should attempt to resolve these conflicts in a responsible fashion.
17. Leaders have the extra responsibility of setting an example by their personal performance and attitude that convey honest, respectful, and ethical values.
18. Members should consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those they represent.

\_\_\_\_\_  
Signature of Member Agency/Organization Authorized Representative

\_\_\_\_\_  
Date

APPENDIX C

WEST CENTRAL MN CONTINUUM OF CARE  
GEOGRAPHIC REGION

BECKER	CLAY	DOUGLAS	GRANT	OTTER TAIL	POPE	STEVENS	TRAVERSE	WILKIN
Audubon Callaway Detroit Lakes Frazee Lake Park Ogema Osage Ponsford Richwood Snellman White Earth Wolf Lake	Barnesville Comstock Dilworth Felton Georgetown Glyndon Hawley Hitterdal Moorhead Sabin Ulen.  There are also 7 villages in Clay County including: Kragnes, Downer, Rustad, Dale, Rollag, Averill, and Baker.	Alexandria Brandon Carlos Evansville Forada Garfield Kensington Millerville Miltona Nelson Osakis	Ashby Barrett Elbow Lake Erdahl Herman Hoffman Norcross Wendell	Battle Lake Bluffton Clitherall Dalton Deer Creek Dent Elizabeth Erhard Fergus Falls Henning New York Mills Ottertail Parkers Prairie Pelican Rapids Perham Richville Rothsay Underwood Urbank Vergas Vining Wadena	Cyrus Farwell Glenwood Long Beach Lowry Sedan Starbuck Villard Westport	Donnelly Chokio Alberta Synnes Swan Lake Stevens Scott Rendsville Pepperton Morris Moore Horton Hodges Framnas Everglade Eldorado Daren Baker	Browns Vall Dumont Tintah Wheaton	Breckenridge Brushvale Campbell Doran Everdell Foxhome Kent Kutzer Lawndale Nashua Rothsay Tenney Wolverton.

*(including Counties, Cities and Villages)*

# APPENDIX D

**MEMORANDUM OF UNDERSTANDING for  
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) LEAD AGENCY**  
between  
West Central Minnesota Continuum of Care (CoC)  
and  
Amherst H. Wilder Foundation (Wilder)

**1. Purpose**

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

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

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

**PLEASE NOTE:**

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

**2. Designations**

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

**3. Responsibilities of CoC**

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

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

#### 4. Responsibilities of the HMIS Lead:

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

5. Duties of the HMIS Lead

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

6. Responsibilities of the HMIS Governing Group

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



Wilder Foundation Staff



CoC Staff  
Executive Director  
Clay County HRA  
Collaborative Applicant

## APPENDIX E

### West Central Minnesota Permanent Housing Prioritization Policy

The West Central MN CoC has expanded our prioritization policy requiring all Permanent Supportive Housing projects to prioritize those with the highest barriers when filling homeless dedicated units.

**HUD Goals:** HUD seeks to achieve three goals through CPD-14-012:

1. Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.
2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.
3. Provide uniform recordkeeping requirements for all recipients of CoC Program funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH if the priorities included in the Notice are adopted by the CoC.

**CoC Policy:** All dedicated homeless permanent supportive housing beds in the West Central Continuum shall be prioritized in the following order::

1. VI-SPDAT Score: Persons with the highest VI-SPDAT score shall be selected for any PSH open unit first. The CoC feels the VI-SPDAT scores help identify those with the greatest need for PSH by triaging; medical, social, mental health, and housing barriers.
2. Chronic Homeless: Given equal VI-SPDAT scores, priority shall be given to persons meeting the HUD Chronic Homeless Definition.
3. Severity of Service Needs: If both VI-SPDAT score and CH eligibility are equal, providers may be required to further identify and prioritize those persons who have the most severe service needs. In considering severity of needs the following shall be considered:
  - a. History of high utilization of crisis services, which include but are not limited to, emergency rooms, detox, jails, and psychiatric facilities; or
  - b. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

**Verification:** The CoC requires that Homeless status, VI-SPDAT score, Chronic Homeless Status and Severity of needs be verified and documented according to CoC policy.

## APPENDIX F

### **West Central CoC Policy Requiring School Enrollment and Connection to Appropriate Services for All Children**

Educational and supportive service needs of families with minor children will be fully assessed with expediency upon entry to the program. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations should be kept in their school of origin (defined as the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent's or guardian's wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held. Appropriate referrals will be made in the community to address supportive service needs of all family members.

Approved February 2012

## APPENDIX G

### **Family Separation and Emergency Shelter and Transitional Housing**

The West Central MN Continuum of Care believes that families experiencing homelessness should not be separated unless the health and well-being of children are at immediate risk. In addition, a broad definition of family should be used that allows for female headed, male-headed, two parent, same sex parent, LGBT parent, and extended families to be served together with their children.

HUD issued regulations that all ESG funded shelters and transitional housing programs are prohibited from denying access to families based on the age of child. Non-compliance may result in the removal of ESG funds. The CoC has expanded this policy to include any shelter or TH program participating in CES. Specific details include:

1. IN GENERAL.—... any project sponsor receiving funds under this title to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18 shall not deny admission to any family based on the age of any child under age 18. “
2. EXCEPTION.—Notwithstanding the requirement under subsection (a), project sponsors of transitional housing receiving funds under this title may target transitional housing resources to families with children of a specific age only if the project sponsor— “(1) operates a transitional housing program that has a primary purpose of implementing an evidence- based practice that requires that housing units be targeted to families with children in a specific age group; and “(2) provides such assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured

### **Trauma and Separation**

We acknowledge that people who are homeless have experienced high rates of traumatic events leading to their homelessness or because of their homelessness. Therefore, we do not want to add to the familie’s trauma by asking parents to separate from their children, and children from their parents while in the midst of a housing crisis that has already rocked the family.

### **ESG Interim Rule language on family separation:**

HUD regulation includes: “(b) Prohibition against involuntary family separation. The age, of a child under age 18 must not be used as a basis for denying any family’s admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under age 18.”

Approved November 2015

# Minnesota's HMIS Policies and Procedures

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

*NOTE: The Institute for Community Alliances (ICA) assumed the role of HMIS Lead Agency and State System Administrator on June 1, 2016. To facilitate this transition, ICA has agreed to use this document until a detailed review can be conducted, at which time this document may be updated or replaced. This review will take place no later than June 1, 2017.*

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

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# Acknowledgments

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

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

## Contact Information

### Web site information on Minnesota's HMIS:

<http://www.hmismn.org>

### HMIS help desk:

[HMIS@wilder.org](mailto:HMIS@wilder.org)

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

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

### HMIS Grievances (reported to HMIS Governing Group):

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

# Background

## *Introduction*

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

## *History*

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

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

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

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

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

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

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

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

## *Eligible programs*

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

- Emergency shelters serving homeless adults, families, and youth<sup>2</sup>
- Transitional housing programs
- Supportive Housing Programs (whether scattered site or on-site)
- Street and Community outreach programs to persons who are homeless

---

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

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

- Supportive Service programs serving persons who are homeless

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

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

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

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

Minnesota Department of Human Services/Office of Economic Opportunity

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

Minnesota Housing Finance Agency

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

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

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

### ***Why is this important?***

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

# Expectations for HMIS Partner Agencies

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

## *Implementing HMIS*

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

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

The steps for implementation include the following:

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

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

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

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

## ***General on-going commitments***

Participating agencies should be prepared to commit to the following:

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

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

### ***Information entry standards***

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

### ***No conditioning of services***

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

## ***Accountability for noncompliance***

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

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

## **Privacy Plan**

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

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

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

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

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

## ***Program Participant Rights***

Program participants have a clear right to:

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

## Data sharing

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

Additionally, please note that:

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

## Security Plan

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

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

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

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

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

## ***Agency Responsibilities***

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

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

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

## Data Quality Plan

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

### Timeliness

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

## Completeness

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

## Accuracy/Consistency

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

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

### Data Quality Process/Monitoring

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

### Incentives/Enforcement

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

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

**Progress Charts**

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

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

# Oversight of Minnesota’s HMIS

## *Composition of HMIS Governing Group*

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

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

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

Representatives shall be appointed for two year cycles.

### ***Additional provisions***

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

### ***Governing Group roles and responsibilities***

#### Budget and Financing

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

#### System Policies

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

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

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

Current membership, including contact information, is available at [www.hmismn.org](http://www.hmismn.org).

## Expectations for HMIS System Administrator

### *Providing an HMIS*

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

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

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

## ***HMIS Governing Group***

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

## ***Training***

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

## ***Right to Deny Access***

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

## ***Availability of Project Staff***

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

## ***Notice of Planned Interruption in Service***

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

# **HMIS Policy Considerations**

Individual access and corrections to personal information maintained in HMIS

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

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

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

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

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

Grievance procedures for individual program participants

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

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

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

All agencies are encouraged to complete Data Privacy and Protection training

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

Ensuring Data Accuracy

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

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

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

Third party access to data

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

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

# Appendix

*Glossary*

*Goals of HMIS In Minnesota*

*Sample HMIS grievance procedure form \**

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

*Client data privacy notice and consent form \**

*Client release of information form \**

*Policy for Research uses of HMIS data\**

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

## *Glossary*

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

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

DHS – Minnesota Department of Human Services.

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

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

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

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

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

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

## ***Goals of HMIS in Minnesota***

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

### ***Overall vision and goal***

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

#### **Goals from the perspective of those experiencing homelessness:**

Minnesota's Homeless Management Information System will:

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

### Goals from the service provider perspective:

Minnesota's Homeless Management Information System will:

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

### Goals from the continuum of care perspective:

Minnesota's Homeless Management Information System will:

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

### Goals from the state agency perspective:

Minnesota's Homeless Management Information System will

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

## Minnesota's HMIS: grievance procedure form

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

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

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

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

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

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

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

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### GRIEVANCE FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# User Policy, responsibility statement, & code of ethics

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

For: \_\_\_\_\_ from: \_\_\_\_\_  
User (print name) (print Agency Name)

### USER POLICY

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

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

### USER RESPONSIBILITY

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

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

## USER CODE OF ETHICS

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

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

\_\_\_\_\_

User signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred ServicePoint Login (username): \_\_\_\_\_

Contact Information

Work phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

\_\_\_\_\_

Witness signature ( MHP or WRC ) \_\_\_\_\_ Date \_\_\_\_\_

### **WRC/MHP**

User's access level (circle): Case Worker Agency Admin Other: \_\_\_\_\_

(if multiple "providers" in agency)

User's home provider: \_\_\_\_\_

Other providers this user may enter data as: \_\_\_\_\_

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

## Instructions

### PLEASE READ BEFORE USING CONSENT FORMS

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

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

#### How to use the HMIS consent forms and notices

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

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

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

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

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

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

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

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

# Minnesota's HMIS: Data Privacy Notice & Consent Form

## What is Minnesota's HMIS?

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

## Why is information collected in Minnesota's HMIS?

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

## Who can see information entered into Minnesota's HMIS?

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

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

## Know Your Rights:

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

## Signed consent

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

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

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of witness Date

# Minnesota's HMIS: Release of Information

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

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

Please check (✓) a box:

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

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

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

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

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

**When you sign this form it shows that you understand:**

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

\_\_\_\_\_  
 SIGNATURE OF CLIENT OR GUARDIAN      DATE      \_\_\_\_\_  
 Signature of agency witness      Date

## *Minnesota's HMIS: Posted Data Privacy Notice*

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

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

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

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

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

## Minnesota's HMIS Policy for Research uses of HMIS data<sup>5</sup>

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

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

## PHA Policy

Only Clay County HRA/PHA had a preference (see below) No other PHA/HRA had a preference. The CoC is working with two PHA's to establish preference, but board approval was not secured prior to NOFA.

### Clay County HRA Policy

The PHA will offer a twelve (12) point preference to any family that has been terminated from its HCV program due to insufficient program funding.

The PHA will offer a eleven (11) point preference to any Public Housing household residing in a wrong-sized unit owned by the PHA.

The PHA will offer a ten (10) point preference to any household residing in a PHA current or former project-base Voucher unit who is eligible to receive tenant-based assistance.

The PHA will offer a seven (7) point preference to any Clay County resident who have completed a Tenant Education Program and are currently receiving time limited rental assistance, but will be terminated from said assistance within 6 months due to reaching the program's time limit.

The PHA will offer a one (1) point preference to households who live in Clay County, Minnesota, or Cass County, North Dakota, who have attended The Tenant Education Class, and meet one of the following additional preferences:

The PHA will offer a disability preference to disabled persons or families with a disabled member as defined in this plan.

The PHA will offer a victim of domestic violence preference to families that include victims of domestic violence in which the violence happened within 12 months of the date of their application. To qualify for this preference:

Actual or threatened physical violence directed against the applicant or the applicants family by a spouse or other household member who lives in the unit with the family.

The family must have been displaced as a result of fleeing violence in the home they are currently living in a situation where they are being subjected to or victimized by violence in the home.

The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

The PHA will offer a preference to an applicant who is considered a homeless household.

Lack a fixed, regular and adequate nighttime residence; and

Have a primary nighttime residence that is a supervised public, or private shelter providing temporary accommodations(including welfare hotels,

congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings or:

Meets the Minnesota definition of long term homeless :

A household experiencing long term homeless is an individual, unaccompanied youth or family with children “lacking a permanent place to live, continuously for a year or more or at least four times in the past three years.” Any period of institutionalization (including transitional housing or treatment) or incarceration shall be excluded when determining the length of time the household has been homeless or:

A household who previously met the definition of homeless prior to entering a transitional housing program. These households may choose to maintain their place on the waiting list while completing a transitional housing program.

The PHA will offer a preference to families with minor children in the household.

The PHA will offer a near-elderly or elderly preference for households whose head of household or spouse is age 50 or older.

## Minnesota Homeless Management Information System

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

#### A. Goals and Objectives

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

#### B. Background

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

#### C. Purpose of HMIS

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

#### D. Duration

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

#### E. Designations

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

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

#### F. Specific Responsibilities of the Parties

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

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

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

3. Regional System Administrators:

- a. Metro: Provide a minimum of 4 metro/suburban-metro SA positions.
- b. Greater Minnesota: Provide a minimum of 3 greater Minnesota SA with regional office locations.

c. Responsibilities of HMIS Governance:

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

**G. Deliverables and timeframes**

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

I.

Deliverable Definition	Begin Date
HMIS Standards: Operate HMIS in compliance current HMIS Technical Standards, HUD HMIS Data Standards and other applicable state or federal laws, assuring providers are trained and monitored on how to be compliant with said standards and laws.	On-going
Data Privacy: Operate HMIS in compliance with data privacy and data security regulations/requirements (state, federal, and funder), assuring providers are trained and monitored on how to support compliance.	On-going
Adhere to MN HMIS Policies and Procedures. Make recommendations to HMIS Governance on improvements to policies related to compliance, system quality or functionality.	On-going
Participation: Review, monitor and report HMIS coverage rates to the CoC and HMIS Governance, making recommendations and supporting	Initial quarterly review by 9/1/2016, then

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

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

**J. Performance and Evaluation of Services**

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

**K. Payment Standards**

Payment standards and dates are covered under individual funder contracts.

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

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

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

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

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

West Central Minnesota Continuum of Care MN-508

BY  Date 5-18-2016

NAME Dara A. Lee - Executive Director, HRA of Clay County  
Collaboration Applicant & Chair of abc-508

The Institute for Community Alliance

BY  Date 6-1-16

NAME David Eberbach, Executive Director

# **WRITTEN STANDARDS FOR THE ADMINISTRATION OF COC AND ESG ASSISTANCE**

## **West Central Minnesota Continuum of Care – MN 508**

*Updated September 7, 2106*

The West Central Minnesota Continuum of Care (CoC) is responsible for coordinating and implementing a regional homeless response system to meet the needs of persons experiencing or at imminent risk of homelessness within our geographic region.

Both the Emergency Solution Grant (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Rules state that the Continuum's of Care must establish written rules for the administration of ESG and CoC assistance. All programs that receive ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The majority of these standards are based on the ESG and/or HEARTH Rules, however additional standards have been established to assist the CoC in meeting State of Minnesota funding program guidelines, support Coordinated Entry goals, enhance CoC performance outcomes, and to help the CoC reach the goal of ending homelessness in our region. This is a living document that will evolve with regional needs and funder requirements.

These written standards have been developed in consultation with CoC and ESG recipients (and with service providers to allow for input on standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Emergency Shelter(ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Service Only (SSO). Service providers were invited to attend a series of meetings to establish the standards for each component.

### **Guiding Strategies**

The CoC has established the following strategies for the use of ESG and CoC funds. Funds will be used to:

- Support Continuum of Care, Heading Home, Opening Doors, and MN Consolidated Plans.
- Foster greater and rapid access to permanent housing, including implementing Housing First, client choice and barrier free principals.
- Support stabilizing households in permanent housing once housed, utilizing harm reduction principals, linkage to mainstream resources, creative client engagement, and individualized case plans based on evidence based assessments (identifying needs, strengths, and barriers).
- Support Coordinated Entry, helping to develop a fair, rapid, coordinated, evidence based, and transparent homeless response system.
- Leverage existing resources to achieve the match and case management requirements and to avoid duplication of services.
- Support federal, regional and local goals for priority populations, including but not limited to veterans, persons with disabilities, families and others.
- Allow for updates that respond to the changing needs, population and resources in the CoC.
- Comply with eligibility and verification requirements and locally established standards (HMIS, HUD, housing status, habitability standards, homeless definitions, etc.).
- Ensure that persons experiencing homelessness in the region will be provided with an easy

and consistent process to access housing and services designed for persons experiencing homelessness.

- Gather data vital to homeless planning to assure effective use of scarce resources and quality of care.
- Assure compliance with Federal and state funding requirements and goals.

### **ESG and CoC Program Overview**

The CoC and ESG Programs are targeted to persons who “without” these programs would become or remain homeless. The programs should provide the appropriate amount of assistance to effectively house and stabilize households, neither over nor under serving persons. Both CoC and ESG may serve singles, unaccompanied youth, and families.

1. **Emergency Solutions Grant (ESG)** is focused on housing and services for homeless and at-risk of homelessness. The program will provide temporary financial assistance, housing relocation, and stabilization services to individuals and families who are homeless, or would be homeless but for this assistance.
2. **Continuum of Care (CoC)** is focused on housing and services for literally homeless or persons fleeing abusive situations. The program will provide short-term (RRH) to permanent (PSH) housing and stabilization services to singles, families, and unaccompanied youth, who would remain homeless but for this assistance.

## **REGION-WIDE POLICIES**

### **1. Homeless Management of Information System (HMIS) Participation and Reporting**

- a) ESG and CoC recipients must assure compliance with all HUD record-keeping provisions, including use of the HMIS (with the exception of Victim Service Providers). HUD requires that ESG and CoC recipients and providers enter client-level data into an HMIS according to current HUD data standards found on the MN HMIS website or through the State System Administrator (SSA).
- b) Programs are required to keep a record of all clients that are screened and classified As ineligible. Recordkeeping and reporting requirements state that for each individual and family determined ineligible to receive assistance, the record must include documentation of the reason for that determination.
- c) Programs required to participate in HMIS shall enter into a HMIS agreement with the SSA and adhere to other data collection, sharing or reporting agreements as required by HUD, the HMIS administrator, funder or the CoC.
- d) Violence Service Providers are prohibited from entering in HMIS, but must enter data into an equivalent data base and adhere to any funder and CoC reporting requirements.

### **2. Funding Obligations**

- a. Non-Duplication of funding: Funding from multiple ESG or CoC sources may not be used to duplicate services to a project or person.
- b. Match and leverage: Recipients are responsible for assuring the provision of required

- leverage and match resources. Funded organizations are required to report the sources of match and leverage annually. These resources are verified through annual review.
- c. Gauge expenditures: Agencies shall run quarterly expenditure reports to assure project spending is on target -not over spent, leaving a gap in service OR underspent-leaving money on the table. CoC quarterly expenditure reports shall be submitted to the CoC within 15 days of the end of each quarter (April 15, July 15th, October 15th, January 15<sup>th</sup>).

### 3. Program Description for each Component

Program Component	Description	Essential Program Elements	Who is it appropriate for?	Eligibility Criteria
Prevention: ESG	Activities or programs designed to prevent the incidence of homelessness.	<ul style="list-style-type: none"> <li>• Up to 24 months of rental assistance (desired 3+ months)</li> <li>• Deposit</li> <li>• Utilities Assistance.</li> <li>• Back rent.</li> <li>• Case Management – minimum 1x monthly.</li> <li>• Housing stability plan.</li> <li>• Connection to mainstream resources.</li> </ul>	One of the following: <ul style="list-style-type: none"> <li>• Doubled Up due to economic reasons.</li> <li>• Fleeing DV.</li> <li>• Within 21 days of eviction (written notice)</li> <li>• Moved 2x in 6-month period</li> </ul>	<ul style="list-style-type: none"> <li>• Pay 30% of income.</li> <li>• Anticipation of increased earned or other income.</li> <li>• Participation in CM.</li> <li>• Apply for eligible mainstream resources.</li> </ul>
Prevention: FHPAP	Activities or programs designed to prevent the incidence of homelessness.	<ul style="list-style-type: none"> <li>• Short-term rent or utility subsidies to avoid eviction or utility termination.</li> <li>• Security deposits or first month's rent to help households move into a different apartment.</li> <li>• Mediation programs for landlord-tenant disputes.</li> <li>• Payments to prevent foreclosure on a home.</li> <li>• Education and training services (financial literacy, life skills, tenant education).</li> <li>• Linkage to other services.</li> <li>• Short-term light case management.</li> </ul>	One of the following: <ul style="list-style-type: none"> <li>• Doubled Up due to economic reasons.</li> <li>• Fleeing DV.</li> <li>• Within 21 days of eviction (written notice)</li> <li>• Moved 2x in 6-month period</li> </ul>	<ul style="list-style-type: none"> <li>• Pay 30% of income.</li> <li>• Anticipation of increased earned or other income.</li> <li>• Participation in CM.</li> <li>• Apply for eligible mainstream resources.</li> </ul>
Emergency Shelter	Facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless. Includes linkage to service. Short-term intervention with ongoing	<ul style="list-style-type: none"> <li>• Case Management 1x/week contact (barriers assessment, money management, goal setting, ongoing assessment).</li> <li>• Referral for mainstream services (MH, Medical, Housing, Transportation, Employment, training, Social Service, Child Care, CDO.</li> <li>• Transportation Assistance.</li> <li>• Showers.</li> <li>• Laundry.</li> <li>• On-site Meals.</li> <li>• Telephone &amp; internet access.</li> <li>• Safe sleeping.</li> <li>• Diversion.</li> </ul>	Anyone seeking shelter known to be without safe and secure overnight sleeping accommodations. Meet HUD definition of literally homeless Below Poverty Level Victim of Domestic Violence	<ul style="list-style-type: none"> <li>• No Drug/Alcohol on premises</li> <li>• HUD or MN Homeless</li> <li>• No other supports (DV) or insufficient resources to secure housing.</li> <li>• 30 days w/ up to 60 days.</li> <li>• Required to look for housing.</li> </ul>

	assessment based on progress. Ideally less than 45 days.			
Motel Voucher	Temporary housing or shelter and support for persons escaping violent or abusive situations. Includes linkage to services.	<ul style="list-style-type: none"> <li>• Voucher for motel or hotel.</li> <li>• Referrals to mainstream resources.</li> <li>• Diversion</li> <li>• Access to showers.</li> <li>• Provision or referral for meal.</li> </ul>	Any seeking shelter known to be without safe and secure overnight sleeping accommodations and cannot access or are not eligible for emergency shelter.	<ul style="list-style-type: none"> <li>• HUD or MN Homeless</li> <li>• No other supports (DV) or insufficient resources to secure housing.</li> </ul>
Domestic Violence Shelter	Temporary housing or shelter and support for persons escaping violent or abusive situations. Includes linkage to services.	<ul style="list-style-type: none"> <li>• Short term Crisis shelter</li> <li>• 1-3 nights Hotel voucher when a shelter bed is not available or appropriate and when funding is available.</li> <li>• DV related Advocacy and supportive services.</li> <li>• Referral and arrangement for transportation to other shelters.</li> <li>• Meals.</li> <li>• Personal hygiene and clothing (emergency care items).</li> <li>• Individual and group support</li> <li>• Linkage to housing and mainstream services.</li> </ul>	Persons seeking immediate shelter from violent or abusive situations.	<ul style="list-style-type: none"> <li>• Victim of DV.</li> <li>• 18 years or older.</li> </ul>
Transitional Housing	Facilitates the movement of homeless individuals and families to permanent housing. Homeless persons may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently.	<ul style="list-style-type: none"> <li>• Rental assistance up to 24 months.</li> <li>• Case management- changes in frequency and intensity determined by individual needs. Recommend starting more frequently as least every two weeks initially.</li> <li>• Utility assistance.</li> <li>• Pay 30% of income to towards housing unless special circumstances exist.</li> <li>• Link to mainstream resources, youth services, child care, education, parenting, senior services, and skill building</li> <li>• Continuum of services: scattered site, congregate, room/board.</li> <li>• Financial Literacy or budgeting</li> <li>• Apply for public housing or other housing opportunities</li> </ul>	Individuals with low to moderate barriers exiting homelessness and entering transitional housing services. <ul style="list-style-type: none"> <li>• Homeless exiting shelter.</li> <li>• Persons who will be successful w/ short-term help.</li> <li>• Capacity to increase income (earned or other cash income), skills</li> <li>• Persons who can't afford housing w/income until access public housing assistance.</li> <li>• Youth w/ or working towards</li> </ul>	<ul style="list-style-type: none"> <li>• Ages 16+</li> <li>• Homeless or eviction notice</li> <li>• Exiting jail or tx with no housing options</li> <li>• Participate in CM</li> <li>• Housing stability plan (self-directed) that addresses barriers.</li> </ul>

			GED or HS diploma, <ul style="list-style-type: none"> <li>• Youth exiting foster care.</li> <li>• Persons exiting TX.</li> <li>• Persons fleeing DV</li> </ul>	
Rapid Re-housing – federally funded	Housing and related supportive services for people moving from homelessness to independent living. Housing and services are limited to 24 months. Linkage to other mainstream services.	<ul style="list-style-type: none"> <li>• Short-term to medium-term rent or utility subsidies to obtain and maintain housing;</li> <li>• Security deposits or first month's rent to help homeless households move to an apartment;</li> <li>• Mediation/Advocacy programs for landlord-tenant disputes;</li> <li>• Education and training services (financial literacy, life skills, tenant education)</li> <li>• Financial assistance for basic needs or employment/education/transportation.</li> <li>• Linkage to other services.</li> <li>• Case management.</li> </ul>	Individuals with low to moderate barriers exiting homelessness and who have a strong chance to increase their income and stabilize their housing with short (2 month-6 months) to medium (7-12 months) length support.	
Rapid Rehousing – State funded	Housing and related supportive services for people moving from homelessness to independent living or to prevent literal homelessness. Housing and services are limited to 24 months. Linkage to other mainstream services.	<ul style="list-style-type: none"> <li>• Short-term to medium-term rent or utility subsidies to obtain and maintain housing;</li> <li>• Security deposits or first month's rent to help homeless households move to an apartment;</li> <li>• Mediation/Advocacy programs for landlord-tenant disputes;</li> <li>• Education and training services (financial literacy, life skills, tenant education)</li> <li>• Financial assistance for basic needs or employment/education/transportation.</li> <li>• Linkage to other services.</li> <li>• Case management</li> </ul>	Individuals with low to moderate barriers exiting homelessness and who have a strong chance of increasing their income and stabilizing their housing with short (2 month-6 months) to medium (7-12 months) length support. -Overcrowded or at risk of eviction (due to overcrowding)	<ul style="list-style-type: none"> <li>• 200% poverty or less (FHPAP)</li> <li>• 30% of medium area income (OEO)</li> </ul>
Long-term Homeless	Long-term housing with or without supportive services for homeless persons who have not had a permanent place to live.	<ul style="list-style-type: none"> <li>• Support services</li> <li>• Case management – as applicable, with intensity adjusted for stability, client choice and availability.</li> <li>• Linkage to mainstream and community resources</li> <li>• Voluntary participation</li> <li>• Rental assistance</li> <li>• Deposit</li> </ul>	Individuals who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time	<ul style="list-style-type: none"> <li>• MN Long-term Homeless eligibility.</li> </ul>

			a household has been homeless.	
Permanent Supportive Housing	Long-term housing with supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.	<ul style="list-style-type: none"> <li>• Support services</li> <li>• Case management – with intensity adjusted for stability, client choice and availability.</li> <li>• Confirmation of residency – quarterly.</li> <li>• Linkage to mainstream and community resources</li> <li>• Other direct assistance (child care, transportation, utility assistance.)</li> <li>• Voluntary participation</li> <li>• Rental assistance</li> <li>• Deposit</li> </ul>	Individuals with high barriers and/or a verifiable disability (HUD only) who are exiting homelessness or transitional housing services.	<ul style="list-style-type: none"> <li>• HUD Homeless (CoC programs) or MN LTH eligible (LTH vouchers)</li> <li>• Income eligibility as defined by funding source.</li> </ul>
Permanent Supportive Housing: Chronic	Long-term housing with supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.	<ul style="list-style-type: none"> <li>• Support services</li> <li>• Case management w/ intensity adjusted for stability and client choice.</li> <li>• Confirmation of residency – quarterly.</li> <li>• Linkage to mainstream and community resources</li> <li>• Other direct assistance (child care, transportation, utility assistance.</li> <li>• Voluntary participation</li> <li>• Rental assistance</li> <li>• Deposit</li> </ul>	Homeless families, youth, individuals with very high barriers who have a disability and have been homeless one year or experienced at least 4 episodes of homelessness in the past 3 years, given the combined episodes total 12 months.	<ul style="list-style-type: none"> <li>• HUD Homeless</li> <li>• Verifiable disability</li> <li>• Homelessness for 1 year or have had 4 episodes in the past 3 years – with episodes totaling 12 months.</li> </ul>

### SERVICE PRIORITIZATION & TARGETING

The Continuum recognizes that the demand for services outweighs existing resources; that some households entering homelessness can be diverted from ever needing to enter shelter; and that some entering shelter can resolve their housing crisis independent of further homeless supports. Furthermore, the Continuum understands that linking individuals with the right level of housing and services is not only essential to their success in the program, but is the most efficient use of regional resources. Service prioritization is there for essential to maximize existing resources, focusing on those that are least likely to succeed without intervention and supports.

- 4. Program Type Referral Criteria** The VI-SPDAT is utilized to help target households to the appropriate housing component, however, provider expertise, program availability, program eligibility, and client choice also need to be considered when making referrals. If referrals are made or accepted outside of recommended range, agency must be able to document exception. Also note, when filling units, the agency must utilize the CoC Prioritization Criteria.

	<b>VI-SPDAT Score Range</b>
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<b>Program Referral Criteria for each Component</b>	<b>Families</b>	<b>Single Adults</b>	<b>Youth</b>
<b>Referral to Mainstream Resources and Self-Resolve Strategies</b>			
Client able to address housing barriers with individual resources and/or available community-based resources.	0-3	0-3	0-3
<b>Referral to Prevention Services</b>			
<ul style="list-style-type: none"> <li>• Doubled Up due to economic reasons.</li> <li>• Fleeing violence or abuse</li> <li>• Within 21 days of eviction (written notice)</li> <li>• Moved 2x in 6-month period due to financial reasons</li> </ul>	0-3	0-3	0-3
<b>Emergency Shelter (ES) including motel vouchers</b>			
<ul style="list-style-type: none"> <li>• Literally homeless</li> <li>• Fleeing/attempting to flee DV and/or family violence</li> </ul>	N/A	N/A	N/A
<b>Rapid-Rehousing (RRH)</b>			
<ul style="list-style-type: none"> <li>• State RRH can be used as a bridge to permanent subsidy</li> </ul>	4-8	4-7	4-7
<b>Transitional Housing (TH)</b>			
<ul style="list-style-type: none"> <li>• Life Transition Issue (at least one of the attributes below): <ul style="list-style-type: none"> <li>○ Youth (ages 15-24)</li> <li>○ Youth parents</li> <li>○ Domestic Violence Survivor</li> <li>○ Persons released from correctional facilities</li> <li>○ Pregnant women</li> <li>○ Persons in early stages of AOD addiction recovery</li> <li>○ Veterans (choosing Grant and Per Diem – GPD)</li> </ul> </li> </ul>	4-8	4-7	4-7
<b>Long-term Homeless (LTH)</b>			
<ul style="list-style-type: none"> <li>• Meet state LTH definition and/or GRH LTH definition</li> </ul>	4+	4+	4+
<b>Permanent Supportive Housing (PSH)</b>			
<ul style="list-style-type: none"> <li>• Documented disability</li> <li>• Meet HUD definition of Homeless at entry.</li> </ul>	9+	8+	8+
<b>Chronic Permanent Supportive Housing (PSH – Chronic)</b>			
<ul style="list-style-type: none"> <li>• Documented disability</li> <li>• Homeless for at least 12 consecutive months or have a 4 episodes of homelessness in the past 3 years for a total of 12 months.</li> </ul>	12+	10+	10+

Notes:

1. Refer household to TH if the household meets both the income thresholds (ESG) and at least one of life transition issues listed above.
2. Households eligible for both RRH and TH may choose which service strategy they prefer.
3. If the household scores for a TH or RRH service strategy but does not meet the specific programmatic criteria (either income or life transition issues) for either TH or RRH, the household is recommended for an alternative service strategy to facilitate the client's/household's housing exit.

## 5. Determining & Prioritizing Resources

All ESG and CoC funded Transitional, Rapid-Rehousing and Permanent Supportive programs must adhere to the following criteria for determining eligibility and prioritizing resources. Programs are required to determine and document eligibility and priority status. Often third

party supporting documentation is required. Verification and documentation requirements can be found on the CoC website. While some non-ESG and CoC programs do not have specific income or homeless verification criteria, the CoC requires that ALL participants lack appropriate housing options, sufficient resources and support networks to obtain or retain housing. The CoC has established a Coordinated Entry Prioritization Policy to guide projects in filling vacant units/vouchers.

A. Integration of Policies: Projects must incorporate the following to assure adherence to the policy:

- 1) Establish and updated eligibility criteria in the regional Coordinated Assessment System.
- 2) Select household in the order of priority when filling all units/vouchers. Note: PSH projects must select Chronic Homeless Households first, but do not need to keep beds open when no Chronic Homeless persons are available on the priority list.
- 3) Edit program eligibility guidelines and policies as necessary to assure they are not in conflict with Prioritization Policies.

B. Special Prioritization Criteria:

- Chronic homeless prioritization: While the West Central MN Continuum of Care feels all persons who become homeless need and deserve a home, the continuum feels priority should be given to those individuals who are both homeless and disabled with the longest length of time homeless, as they are at greatest risk for remaining homeless. All CoC Permanent Supportive homeless providers must follow the CoC prioritization policy.
- Veterans Preference: Veteran households who do not qualify for other Veterans benefits, housing or services will be given preference for homeless supportive housing units, with all other eligibility and preference criteria being equal.

## 6. ELIGIBILITY

A. Income Eligibility- All assistance provided through ESG and CoC Programs must benefit households who have an annual income of below 30 percent of median household income for the area based on household size, and as updated annually by HUD (with the exception of those who are currently homeless by HUD definition, but must be within 30 percent at 1-year certification). The most recent table of income limits is available at: <http://www.huduser.org/datasets/il.html>.

The following rules and requirements apply in determining income eligibility;

1. ESG regulations require that income of all qualifying household members may be included in the determination of income, as may be applicable. The applicant's income must not exceed 30% of the Housing Area Median Family Income (HAMFI).
2. The ESG or CoC program staff must verify that the applicant's income meets low income criteria within thirty (30) days prior to entering ESG or CoC funded programs (excluding Emergency Shelter).
3. Staff must consider anticipated income to determine affordability prior to placing in scattered site housing where participants must transition in place.
4. ESG and CoC recipients (excluding Emergency Shelter) must determine eligibility

by examining, verifying, and/or updated, as necessary, source documents and documenting in the client file, preferably through HMIS. Examples of documentation include: last 30 days of payment stubs, self-employment profit/loss statement, agency statements (Social Security Benefits, Disability Benefits, Unemployment Compensation, Retirement Funds, Pension, Workman’s Compensation, Child Support) or other applicable proof of income.

5. If the individual has no income or is paid in cash and has no way of obtaining income verification from the source, then a Declaration of Income form may be used, but only as a last measure.

CATEGORIES	HEARTH ACT HOMELESS DEFINITIONS	ELIGIBLE PROGRAMS
1. Literally Homeless	<p>An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>• Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation, including               <ul style="list-style-type: none"> <li>- A car</li> <li>- A bus or train station</li> <li>- A park</li> <li>- An airport</li> <li>- An abandoned building</li> <li>- A camping ground</li> </ul> </li> <li>• Living in a shelter designated to provide temporary living arrangements, including               <ul style="list-style-type: none"> <li>- Congregate shelters</li> <li>- Shelters for families, singles, youth, or those fleeing domestic abuse, etc.</li> <li>- Transitional housing (per NOFA restrictions, must have entered transitional housing from streets or shelter)</li> <li>- Hotels and motels paid for by charitable organizations or federal/state/local government programs</li> </ul> </li> <li>• Exiting an institution (e.g., jail, treatment, hospital)               <ul style="list-style-type: none"> <li>- where they resided for <b>90 days or less</b> AND</li> <li>- were residing in <b>emergency shelter or place not meant for human habitation</b> immediately before entering institution.</li> </ul> </li> </ul>	PH, TH, SSO
2. Imminently Homeless (with/in 14 days)	<p>Individuals and Families:</p> <ul style="list-style-type: none"> <li>• Will lose their primary nighttime residence within <b>14 days</b> of the date of application for homeless assistance AND</li> <li>• No subsequent residence has been found AND</li> <li>• The household lacks the resources or support networks (friends, family, faith orgs, or other social networks that are safe) to obtain other permanent housing</li> <li>• Primary nighttime residences include:               <ul style="list-style-type: none"> <li>• Housing the individual/family                   <ul style="list-style-type: none"> <li>• Owns</li> <li>• Rents</li> <li>• Shares with others without paying rent</li> </ul> </li> <li>• Rooms in hotels/motels that are paid for by the household seeking assistance</li> </ul> </li> <li>• Households who are losing their housing due to lease violations, but meet the other requirements of category two, qualify as homeless under this definition</li> </ul>	TH, SSO (NOT PH)

**Chronically Homeless Individual** - An individual who:

- A. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- B. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months; and
- C. Has a disability.

**Chronically Homeless Family with Children** – A family with children with an adult head of household (or if there is no adult in the family with children, a minor head of household) who meets all of the criteria for a chronically homeless individual, including a family with children whose composition has fluctuated while the head of household has been homeless.

**Note:**

- (1) For the purposes of reporting, a chronically homeless family with children must consist of at least one child under the age of 18.

**Disability** – An individual with one or more of the following conditions:

- A. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
  - (1) Is expected to be long-continuing or of indefinite duration;
  - (2) Substantially impedes the individual's ability to live independently; and
  - (3) Could be improved by the provision of more suitable housing conditions.
- B. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- C. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

**Households Experiencing Long-Term Homelessness (Minnesota):** Persons including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.

ξ **Doubled Up/Couch Hopping:** Doubled up or couch hopping is considered an episode of homelessness if a household is doubled up with another household (and duration is less than one year) or couch hops as a temporary way to avoid living on the streets or an emergency shelter. **Transitional Housing:** Time spent in transitional housing (TH) is a neutral event. Housing history prior to or after transitional housing should be evaluated to determine if it meets the state's LTH definition. For example, if a household was homeless 8 months prior to entering TH and 4 months after existing TH, the household would meet the LTH definition.

Note: Minnesota's definition does not require that the person have a disabling condition.

## 7. Recertification

- **RRH**- 365 Day Re-certifications includes determination that the household is: 1). below 30% AMI. 2). Remains at-risk of homelessness 3). Lacks the financial resources and support networks needed to remain in their housing. Conduct a 30-day check-in for continued eligibility for housing subsidy.
- **TH**- 365 Day Re-certifications includes determination that the household is: 1). below 30% AMI. 2). Remains at-risk of homelessness 3). Lacks the financial resources and support networks needed to remain in their housing. Conduct a 90-day check-in for continued eligibility for housing subsidy.
- **PSH** Annual Re-certifications includes determination that the household: 1) Remains at-risk of homelessness and 2) Lacks the financial resources and support networks needed to remain in their *housing*
- **CH PSH** Annual Re-certifications includes determination that the household: 1) Remains at-risk of homelessness; and 2) Lacks the financial resources and support networks needed to remain in their housing.

## 8. Coordinated Entry

- a. **No side doors:** All CoC and ESG beds must be filled through the West Central CoC Coordinated Entry System (CES) approved process.

- b. Uniform process & tools: Programs must utilize the approved CES tools, prioritization and referral processes to assure process is fair, consistent and transparent for all persons.
- c. Assessments:
  - i. Diversion: Households seeking assistance will first be assessed for diversion to mainstream services prior to entry into the homeless response system utilizing the CoC Triage Assessment.
  - ii. Prevention: If the Triage Assessment determines light assistance is needed to resolve the households housing crisis, the CoC Prevention Screen is completed to prioritize for prevention assistance.
  - iii. Homeless Housing: If the previous assessments determine mainstream or prevention services will not prevent or end the household's homelessness, a Housing Crisis Assessment is completed (utilizing the VI-SPDAT tools) to determine the most appropriate linkage to homeless dedicated program beds. Households are then prioritized according to score, eligibility and CoC preference.
- d. Denials: Denials of services must be limited to ineligibility and conflict of interest and be documented to assure barrier free access and transparent eligibility requirements.
- 9. **Low barrier policy** CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy. CoC projects offering Prevention and/or Short-Term Rapid Rehousing assistance (i.e. 0 – 6 months of financial assistance) may choose to apply some income standards for their enrollment determinations.

**10. Family Separation Policy:** The West Central MN Continuum of Care believes that families experiencing homelessness should not be separated unless the health and well-being of children are at immediate risk. In addition, a broad definition of family should be used that allows for female headed, male-headed, two parent, same sex parent, LGBT parent, and extended families to be served together with their children. (Full policy found in CoC Governance Charter)

## 11. COORDINATION OF SERVICES

Good coordination of services is essential to a client centric model, most effective use of resources, effective Coordinated Entry System (CES), and improved outcomes. Agencies receiving ESG and CoC funds must work collaboratively with household members and other providers to plan and link to resources that will help house and stabilize their consumers. ESG and CoC funds may be used in the coordination of services. Component services include:

- a) Utilizing CES to access, screen, assess and link household applying for services to homeless prevention, emergency shelter, transitional housing, rapid-rehousing, and

- permanent supportive housing;
- b) Advocating on behalf of individuals/families in accessing all services they are eligible to receive.
- c) Units must be filled through Coordinated entry;
- d) Working with households to create a housing stability or independent living plan;
- e) Helping participant's access services by providing assistance and/or coordinating transportation to attend service appointments;
- f) Prioritizing enrollment in mainstream resources;
- g) Updating assessments and eligibility information into HMIS and/or CES (in interim) to assure appropriate, timely and accurate linkage to housing and services;
- h) Children must be connected with school liaison for prompt enrollment per CoC policy;
- i) Monitoring and evaluating program participant progress;
- j) Following-up on CES Referrals and requests for information in a timely manner;
- k) Updating household intake, exit and status changes in HMIS; and
- l) Following up with households 6 month after exit to inquire on housing stability and need for further linkage to service (Excluding Emergency Shelter and Outreach Services).

## **12. COORDINATION OF SERVICES**

Good coordination of services is essential to a client centric model, most effective use of resources, effective Coordinated Assessment system, and improved outcomes. Agencies receiving ESG and CoC funds must work collaboratively with household members and other providers to plan and link to resources that will help house and stabilize their consumers. ESG and CoC funds may be used in the coordination of services. Component services include:

1. Utilize CARES to access, screen, assess and link household applying for services to homeless prevention, emergency shelter, transitional housing, rapid-rehousing, and permanent supportive housing, allowing no side door or separate entrance into these programs;
2. Advocate on behalf of individuals/families in accessing all services they are eligible to receive.
3. Work with households to create a housing stability or independent living plan;
4. Help participant's access services by funding, if applicable, transportation assistance to attend service appointments;
5. Prioritize enrollment in mainstream resources;
6. Update eligibility and availability information into HMIS and/or CARES to assure appropriate, timely and accurate linkage to services;
7. Connect school age children with school liaison for prompt enrollment per CoC policy;
8. Monitor and evaluating program participant progress, working with client to align goals from all service agencies;
9. Follow-up on CARES Referrals and requests for information in a timely manner;
10. Update household intake, exit and status changes in HMIS; and
11. Follow up with household after exit to inquire on housing stability and need for further linkage to service (Excluding Emergency Shelter).

## APPENDIX A

### West Central Prioritization Policy

Updated August 2016

The West Central MN Continuum of Care utilizes a single prioritization list for Coordinated Entry. The single prioritization list applies to the entire geographic region, all populations/subpopulations and must be utilized to fill all dedicated homeless Transitional Housing, Rapid-Rehousing, Long-term Homeless and Permanent Supportive Housing units/vouchers.

Prioritization is utilized for all dedicated supportive housing programs to help strategically and fairly target available resources, better assuring that those who are most vulnerable receive housing more rapidly than those with who are less vulnerable.

Homelink is used for Prioritization. If you currently are not invited to Homelink, please contact Cody Schuler, the CARES Coordinator, for information on completing the required training.

#### STEPS:

##### 1. **Select Program Category:**

- Select all households within the appropriate VI-SPDAT score range for your Program Category.

Program Category	Singles	Families	Youth
Mainstream/Prevention	0-3	0-3	0-3
Transitional/RRH/LTH GRH	4-7	4-8	4-7
PSH/LTH	8+	9+	8+

**Note:** Those scoring in Mainstream/Prevention range should not be on the Priority list and should not be prioritized for TH, RRH, PSH or LTH units/vouchers.

##### 2. **Sort Specific Funder Requirements or Special Populations (if applicable):**

- Sort & filter households who meet specific program criteria as defined by the CoC System Mapping (Veterans, Domestic Violence, Youth, Singles or Families, Tribal Enrollment).

##### 3. **Prioritize Order by Vulnerability:** Within each score category, households will be selected in the following order:

- **Permanent Supportive Housing:**
  - i. Chronic Homeless with:
    1. Highest VI-SPDAT Score (highest service needs), disability and longest period of homelessness and in the following order, coming from:
      - a. Unsheltered
      - b. Emergency shelter
      - c. Transitional housing
    2. Highest VI-SPDAT Score (highest service needs), disability and in the following order, coming from:
      - a. unsheltered
      - b. emergency shelter
      - c. transitional housing
  - ii. Disabled w/ Highest VI-SPDAT score, and longest period of homelessness in the following order, and coming from:
    1. Unsheltered
    2. Emergency shelter
    3. Transitional Housing

- iii. Highest VI-SPDAT score and longest period of homelessness in the following order, and coming from:
      1. Unsheltered
      2. Emergency Shelter
      3. Transitional Housing
    - **Rapid Rehousing Programs/Long-term Homeless and Transitional Housing:**
      - i. Highest VI-SPDAT Score and coming from:
        1. Unsheltered
        2. Emergency Shelter
        3. Transitional Housing
- 4. **Handling Ties:** If two or more persons/households have equal vulnerability scores/criteria a full SPDAT is recommended and the following criteria is used:
  - **Tri-morbidity** - (as defined by VI-SPDAT)
  - **Age** - youth (under 26) or senior (55 and older)
  - **Length of Time Homeless**- persons with longest time homeless serve first
  - **Veteran**- Veterans ineligible for VA/SSVA or County Services
- 5. **Verification of Eligibility:** Projects are required to keep documentation eligibility.
- 6. **Offer to Client**
  - Client choice should be provided when available and applicable (provided eligibility and prioritization criteria is met).
  - Client choice includes household choice on: location, housing type, fixed vs. scattered, and program type (RRH vs TH, LTH vs PSH) when applicable.
- 7. **Providers Right to Refusal**
  - Providers maintain the right to refuse a client if there has been past documented incidents working with that client where there was potential harm to the service provider or if there is documented conflict of interest (provider is relative of client, there is a lawsuit pending against client/agency)
  - If a client was unsuccessful, was evicted, or there is rent owed provider, providers should not automatically deny clients. Providers should first work with clients to assist with negative balances and prevent similar incidences in the future.
  - Provider is unable to financially provide services in client's desired location.
  - Providers refusing clients must complete the West Central CES Denial Form and submit to the CoC Coordinator within 3 days of refusal.

## **APPENDIX B**

### **EDUCATION AND FAMILY STABILIZATION**

1. **Education:** The CoC adopted a policy (see CoC website) requiring all projects to assure school age children are linked to the local school liaison to ensure rapid enrollment (within 3 days) and access to other McKinney-Vento services.
2. **Family Stabilization:** The West Central MN Continuum of Care has established a policy assuring that families experiencing homelessness should not be separated unless the health and well-being of children are at immediate risk. In addition, a broad definition of family should be used that allows for female headed, male-headed, two parent, same sex parent, LGBT parent, and extended families to be served together with their children.

## **APPENDEX C**

### **West Central CoC Policy Requiring School Enrollment and Connection to Appropriate Services for All Children** Approved February 2012

Educational and supportive service needs of families with minor children will be fully assessed with expediency upon entry to the program. School-aged youth will be enrolled in school immediately, working collaboratively with the designated school homeless liaison in the Local Educational Agency (LEA) to ensure that all educational assessments are completed. To the extent feasible, students in homeless situations should be kept in their school of origin (defined as the school the student attended when permanently housed or the school in which the student was last enrolled), unless it is against the parent's or guardian's wishes. Students in homeless situations must have access to the educational and other services they need to ensure that they have an opportunity to meet the same challenging state student academic achievement standards to which all students are held.

Appropriate referrals will be made in the community to address supportive service needs of all family members.

## APPENDIX D

### Family Separation and Emergency Shelter and Transitional Housing

Approved November 2015

The West Central MN Continuum of Care believes that families experiencing homelessness should not be separated unless the health and well-being of children are at immediate risk. In addition, a broad definition of family should be used that allows for female headed, male-headed, two parent, same sex parent, LGBT parent, and extended families to be served together with their children.

HUD issued regulations that all ESG funded shelters and transitional housing programs are prohibited from denying access to families based on the age of child. Non-compliance may result in the removal of ESG funds. The CoC has expanded this policy to include any shelter or TH program participating in CES. Specific details include:

13. IN GENERAL. -any project sponsor receiving funds under this title to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18 shall not deny admission to any family based on the age of any child under age 18. “
14. EXCEPTION.—Notwithstanding the requirement under subsection (a), project sponsors of transitional housing receiving funds under this title may target transitional housing resources to families with children of a specific age only if the project sponsor— “(1) operates a transitional housing program that has a primary purpose of implementing an evidence-based practice that requires that housing units be targeted to families with children in a specific age group; and “(2) provides such assurances, as the Secretary shall require, that an equivalent appropriate alternative living arrangement for the whole family or household unit has been secured

#### Trauma and Separation

We acknowledge that people who are homeless have experienced high rates of traumatic events leading to their homelessness or because of their homelessness. Therefore, we do not want to add to the families' trauma by asking parents to separate from their children, and children from their parents while in the midst of a housing crisis that has already rocked the family.

#### ESG Interim Rule language on family separation:

HUD regulation includes: “(b) Prohibition against involuntary family separation. The age, of a child under age 18 must not be used as a basis for denying any family’s admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under age 18.”

**APPENDIX E**

WEST CENTRAL MN CONTINUUM OF CARE  
HOMELESS TO HOUSED TASK FORCE  
MEMBERSHIP AGREEMENT

**Whereas**, the Homeless to Housed Task Force requires active, diverse, and region-wide participation to effectively prepare and carry-out a Region-wide Continuum of Care Plan;

**Whereas**, the Homeless to Housed Task Force desires participation from members who are interested and willing to commit to supporting the Task Force in a professional and active manner; and

**Whereas**, \_\_\_\_\_ (*insert agency name*), is willing and interested in becoming a Member of the Homeless to Housed Task Force.

**Therefore, the above named Member Agency/Organization agrees to become a Member of the Homeless to Housed Task Force, understanding and agreeing to the following membership policies and the organizational code of conduct.**

**I. Membership Policies:**

- A. Each Member Agency/Organization shall appoint one (1) individual to serve as a Member Representative on the Homeless to Housed Task Force and one standing Committee;
- B. Additional agency staff, administration, or board members are invited to attend Task Force meetings and participate on committees;
- C. Member Agencies are expected to strive for 100% attendance at all scheduled Task Force and chosen Standing Committee Meetings/Activities;
- D. If a representative is unable to attend a scheduled Task Force or Committee Meeting, an alternative representative should be appointed to attend in the member representatives' absence;
- E. At each meeting, voting rights shall be given to only one (1) representative from each member agency;
- F. Member Agencies without consistent representation (missing 3 or more meetings annually), will forfeit voting privileges for that year;

- G. Representatives should come to each meeting prepared to actively participate;
- H. All members are expected to abide by the Homeless to Housed Code of Conduct while participating in organizational meetings or representing the Task Force;
- I. Member Agencies are responsible for notifying the Homeless to Housed Coordinator of any changes in contact information for their agency or of their Member Representative.

**II. Obligations:**

1. Members should strive to represent in a fair, honest and respectful manner their individual agencies and the homeless individuals and families that they are here to represent.
2. Members should be informed on the purpose of the HTH and its role in the CoC process.
3. Members should strive to stay up-to-date on HTH strategies and planning.
4. Members should strive to keep their promises and to avoid unwise or unclear commitments that they are unable to fulfill.
5. Members are expected to uphold professional standards of conduct, exhibiting respectfulness, fairness, and honesty.
6. Members should clarify their professional roles and obligations, exercise reasonable judgment, and take precautions to ensure that any potential biases or conflicts of interest do not unjustly affect the CoC process or other members of the HTH.
7. When conflicts occur among members, they should attempt to resolve these conflicts in a responsible fashion.
8. Leaders have the extra responsibility of setting an example by their personal performance and attitude that convey honest, respectful, and ethical values.
9. Members should consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those they represent.

***As a member of the West Central Minnesota Homeless To Housed Task Force and/or affiliated committee, I agree to represent myself, my agency, my county, my region, and/or my state in a professional manner by adhering to the guidelines laid out in the Code of Conduct of the Homeless to Housed Task Force.***

\_\_\_\_\_

*Homeless To Housed Task Force Individual Member/Agency Member*

\_\_\_\_\_

*Date*

The following individual(s) have been assigned to serve as Member Representatives:

Name	Title/Position	Address	Phone/Email	Committee <i>(circle choice)</i>	Counties Represented <i>(circle all that apply)</i>
				Grant Membership Bylaws Data Collection	Becker Clay Douglas Grant Otter Tail Stevens Pope Traverse Wadena Wilkin
				Grant Membership Bylaws Data Collection	Becker Clay Douglas Grant Otter Tail Stevens Pope Traverse Wadena Wilkin
				Grant Membership Bylaws Data Collection	Becker Clay Douglas Grant Otter Tail Stevens Pope Traverse Wadena Wilkin

## II. Code of Conduct for the Homeless to Housed Task Force

Commitment and Professionalism are vital to creating and maintaining an effective and efficient Continuum of Care (CoC) process that will benefit each member of the Homeless to Housed Task Force (HTH) and the homeless men, women and children they represent. Both are integral to creating and sustaining a strong continuum in which collaboration and services can grow.

### A. Conduct Obligations:

1. Members should strive to represent in a fair, honest and respectful manner their individual agencies and the homeless individuals and families that they are here to represent.
2. Members should be informed on the purpose of the HTH and its role in the CoC process.
3. Members should strive to stay up-to-date on HTH strategies and planning.
4. Members should strive to keep their promises and to avoid unwise or unclear commitments that they are unable to fulfill.
5. Members are expected to uphold professional standards of conduct, exhibiting respectfulness, fairness, and honesty.
6. Members should clarify their professional roles and obligations, exercise reasonable judgment, and take precautions to ensure that any potential biases or conflicts of interest do not unjustly affect the CoC process or other members of the HTH.
7. When conflicts occur among members, they should attempt to resolve these conflicts in a responsible fashion.
8. Leaders have the extra responsibility of setting an example by their personal performance and attitude that convey honest, respectful, and ethical values.
9. Members should consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those they represent.

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*Signature of Member Agency/Organization Authorized Representative*

*Date*



# Performance Measurement Module (Sys PM)

## Summary Report for MN-508 - Moorhead/West Central Minnesota CoC

### Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		1179		45			25	
1.2 Persons in ES, SH, and TH		1287		76			29	

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

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

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

## Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	30	0	0%	0	0%	1	3%	1	3%
Exit was from ES	56	5	9%	0	0%	1	2%	6	11%
Exit was from TH	110	3	3%	2	2%	3	3%	8	7%
Exit was from SH	0	0		0		0		0	
Exit was from PH	196	8	4%	2	1%	5	3%	15	8%
TOTAL Returns to Homelessness	392	16	4%	4	1%	10	3%	30	8%

# Performance Measurement Module (Sys PM)

## Measure 3: Number of Homeless Persons

### Metric 3.1 – Change in PIT Counts

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

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	214	242	28
Emergency Shelter Total	145	153	8
Safe Haven Total	0	0	0
Transitional Housing Total	58	81	23
Total Sheltered Count	203	234	31
Unsheltered Count	11	8	-3

### Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1332	
Emergency Shelter Total		1215	
Safe Haven Total		0	
Transitional Housing Total		121	

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

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		52	
Number of adults with increased earned income		4	
Percentage of adults who increased earned income		8%	

## Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		52	
Number of adults with increased non-employment cash income		14	
Percentage of adults who increased non-employment cash income		27%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		52	
Number of adults with increased total income		18	
Percentage of adults who increased total income		35%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		18	
Number of adults who exited with increased earned income		3	
Percentage of adults who increased earned income		17%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		18	
Number of adults who exited with increased non-employment cash income		8	
Percentage of adults who increased non-employment cash income		44%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		18	
Number of adults who exited with increased total income		9	
Percentage of adults who increased total income		50%	

## Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1194	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		194	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		1000	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1439	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		241	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		1198	

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

This Measure is not applicable to CoCs in 2016.

## Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		126	
Of persons above, those who exited to temporary & some institutional destinations		15	
Of the persons above, those who exited to permanent housing destinations		32	
% Successful exits		37%	

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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		435	
Of the persons above, those who exited to permanent housing destinations		247	
% Successful exits		57%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		747	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		670	
% Successful exits/retention		90%	