Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

**Instructions:**
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MN-501 - St. Paul/Ramsey County CoC

1A-2. Collaborative Applicant Name: Ramsey 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 application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: St. Paul/Ramsey County CoC
Project: MN-501 CoC Registration FY2018
1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

St. Paul/Ramsey CoC is strategic to solicit a broad range of housing/homeless organizations and community persons when soliciting applicants to serve on all advisory boards, committees, sub-committees and task forces. Over 100 agencies/organizations/government partners, including active participation from persons who have experienced homelessness participate in the CoC’s 7 committees, and 4 work groups. Organizations and/or persons are solicited through outreach and engagement, including publicly posted open monthly meetings of the CoC Governing Board, CoC Listserv membership of 250+ individuals, and through the HHR website. The CoC’s Expanding Housing Opportunity Committee has engaged landlords, property management, tax credits projects and other homeless service organizations to work together to increase communication with the end goal of increased affordable housing options. The CoC’s Coordinated Entry for Everyone Committee engages the broader community organizations in the implementation of CE (corrections/youth/lawenforce/DV/POC/elected officials/mental health organizations/chemical health organizations/hospital staff, etc). The CoC Coordinator attends monthly state committees, such as Heading Home Alliance that includes representation from the various state department staff, education, homeless, and other CoC Coordinators. The CoC recently started a homeless needs assessment, where a survey was sent to over 250+ persons and organizations to complete and to have current and formerly homeless persons complete. This assessment is required for the state funded program, Family Homelessness Prevention and Assistance Program (FHPAP).

1B-2. Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

St. Paul/Ramsey CoC solicits members through outreach and engagement, including publicly posting monthly meetings of the CoC Governing Board through the CoC website (www.headinghomeramsey.org) and through emails to the CoC Listserv membership of 250+ individuals. All the CoC subcommittees conduct additional outreach to ensure persons experiencing homelessness or formerly homeless persons join the CoC and/or its subcommittees. The CoC's
Expanding Housing Opportunity Committee has engaged property owners, property managers, and service providers to increase communication with the end goal of offering more affordable housing options. The CoC’s Coordinated Entry for Everyone Committee engages the broader community systems in the implementation of CE (corrections/youth/law enforcement/mental health/chemical health/schools/hospital social workers/DV/POC/elected officials). The CoC’s Outreach and Engagement Committee created postcards and sent out, contacts grid, and information packet for board meeting attendees that are also posted online through the CoC’s public Google Drive. The CoC created a GovDelivery listserv that can be used to solicit new members and to keep current members informed via quarterly newsletters. Every December (or January), the CoC’s governing board also puts a public notice out through the CoC website and listserv to invite organizations and homeless or formerly homeless persons to attend the annual meeting to vote on new Executive Board members, review/approve Bylaws, and to review/approve Strategic Priorities and Goals for the upcoming year. Many of the strategic priorities and goals are then tasked to the 7 sub-committees to complete and report back to on progress or challenges to the CoC governing board on a monthly basis. The call for nominees occurs at least 60 days before the annual board meeting to vote and approve bylaw changes and strategic priorities/goals for the upcoming calendar year.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

This year, the CoC issued a Letter of Intent (Intent) to apply on June 20, 2018 through the CoC website and the CoC listserv of over 250 names to solicit new projects and includes NOFA highlights, St. Paul/Ramsey CoC’s timeline, eligible activities, and HUD’s priorities, which the CoC adopted. A Project meeting was held on July 9, 2018 to recruit and field questions from community providers interested in submitting applications as part of our collaborative application. All applicants are provided technical assistance and feedback on the application to strengthen the proposal during the review period. All proposals submitted were scored and then ranked by the Ranking committee. The CoC votes on Ranking Committee members every year, usually before or immediately after the NOFA is released. Rejected applications would be provided additional feedback and invited to submit again for the following year’s competition. Rejected applicants would also be given a copy of the CoC’s appeal policy (per the Heading Home Ramsey Bylaws) and/or the HUD appeals policy per the FY2018 NOFA. In 2018, only 3 new applicants applied to be new domestic violence bonus projects per the HUD NOFA guidelines. All 3 new bonus projects were scored and ranked by the Ranking Committee, including all renewal projects. The CoC did not have any rejected or reduced renewal projects this year.
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
<tr>
<td>DV Agencies</td>
<td>Yes</td>
</tr>
<tr>
<td>Veterans</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

Locally, the City of St. Paul also receives the direct allocation from HUD for ESG funds and consults with the St. Paul/Ramsey CoC Ranking Committee in planning and allocating ESG funds to homeless services organizations. The City of St. Paul ESG Coordinator then ensures ESG funds complement the
Ramsey CoC initiatives by funding street outreach, shelter/drop-in centers, and rapid rehousing projects. The City of St. Paul ESG Coordinator is a St. Paul/Ramsey CoC governing board/voting member and also participate in the CoC’s Ranking Committee of project applicants for the NOFA. Again, this strong partnership and collaboration better ensures that planning across the CoC and ESG funds are coordinated and in consultation with both the City and the CoC. The CoC’s Planning Grant funds a full time Planner/Evaluator who is tasked with evaluating and reporting project performance for both the CoC and ESG Program recipients and subrecipients. The State of Minnesota’s competitive Request For Proposal (RFP) process for ESG funds includes representatives from each CoC who participate in the evaluation of ESG applications for funding. This review process, along with additional RFP meetings, provides an opportunity for meaningful CoC input in the allocation of ESG funds in each CoC region, which the St. Paul/Ramsey CoC Coordinator participates on.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?  
Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?  
Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

St. Paul/Ramsey CoC has a strong partnership with Day One, a hotline for those experiencing or attempting to flee domestic violence. Day One representatives are able to refer households directly to a domestic violence shelter in the state of Minnesota. All five of the PHA’s in the St. Paul/Ramsey CoC region have created and implemented an emergency transfer plan, that prioritizes safety and is trauma-informed. St. Paul/Ramsey CoC ensures client choice for housing and services while ensuring safety and confidentiality in that CoC-funded and non CoC-funded domestic violence agencies assess clients for housing and services through coordinated entry. Clients have a choice of being assessed by Tubman Agency and/or Breaking Free, two domestic violence agencies, or by any of the current Coordinated Entry assessors. Per the Client Choice policy, clients have the right to refuse any referral and remain on the priority list for Coordinated Entry, especially if housing and services would
jeopardize client safety.

**1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)**

St. Paul/Ramsey CoC coordinates with victim services providers to provide annual training to CoC via the domestic violence services providers. Victim Services providers plan and implement trainings internally and for CoC providers; as trainings become available, victim services providers will share the information with the CoC Coordinator who will then forward out available trainings to the 250+ listserv. Lutheran Social Services received a state grant to provide annual community training under the safe harbor law, specific to sex trafficking in Minnesota. The Minnesota Coalition for Battered Women (MCBW) offers training and resources for all of Minnesota on their website, www.mcbw.org, and MCBW also conducts an annual survey in conjunction with the HUD PIT Survey regarding those that are homeless or at risk of homeless because of domestic violence, dating violence, sexual assault, and stalking. The Metro-wide Engagement on Shelter and Housing (MESH) and Abt Associates (ie: Matt White) had received a technical assistance grant from the State of Minnesota to assist with developing a training curriculum for all 10 Minnesota CoC’s based on interest and need.

**1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)**

St. Paul/Ramsey CoC acknowledges that there is limited data to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking. Therefore, St. Paul/Ramsey CoC is submitting 3 project applications under the Domestic Violence Bonus funds in hopes that if selected, that this will better assist St. Paul/Ramsey CoC, in partnership with ICA, in building out a comparable database for victim service providers to utilize that can be merged with HMIS data. As mentioned in 1C-3a, the Minnesota Coalition for Battered Women (MCBW) tracks statewide data for women fleeing domestic violence, dating violence, sexual assault, and stalking. In St. Paul/Ramsey CoC, from a 2017 study by MCBW, 107 women reported fleeing in Ramsey County. An additional 4 women reported being in a vehicle, another 60 reported staying with an abuser, and another 43 fled to other family or friends’ residences. Amherst H. Wilder Foundation also conducts a homeless study statewide every three years; in 2015, it was reported 35% of homeless women were a result of domestic violence.

**1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?** Yes

**1C-4a. From the list, applicants must indicate the type(s) of DV Bonus**
project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

<table>
<thead>
<tr>
<th>SSO Coordinated Entry</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH</td>
<td>X</td>
</tr>
<tr>
<td>Joint TH/RRH</td>
<td>X</td>
</tr>
</tbody>
</table>

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

CoC cannot accurately assess how many domestic violence survivors in the area due to providers not being in HMIS. Statewide data from the Minnesota Coalition for Battered Women (MCBW) in 2017 that 154 women were homeless because of domestic violence situations. The CoC also partners with Breaking Free, a rapid rehousing providers that serves victims of stalking and are usually always full. The CoC also partners with Tubman Agency, a domestic violence shelter in Maplewood that recently started a small rapid rehousing project for those fleeing domestic violence; Tubman is also full regularly. The CoC recognizes that many DV providers have specific databases and that if awarded the additional DV Bonus funds, it would tremendously assist the CoC and ICA with developing and implementing a comparable database to HMIS. ICA also ran an HMIS report to pull domestic violence data from all emergency shelter, homelessness prevention, permanent housing, safe haven, services only, street outreach, and transitional housing project types within the CoC. Based on data element 4.11, 1,454 persons indicated that they were a Domestic Violence Victim/Survivor. 264 of these 1,454 indicated that they were currently fleeing. This count was done on the night of January 24, 2018.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC’s geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

CoC cannot accurately address how many domestic violence survivors in the area due to providers not being in HMIS. Statewide data from the Minnesota Coalition for Battered Women (MCBW) in 2017 that 154 women were homeless because of domestic violence situations. The CoC also partners with Breaking Free, a rapid rehousing providers that serves victims of stalking and are usually always full. The CoC also partners with Tubman Agency, a domestic violence shelter in Maplewood that recently started a small rapid rehousing project for those fleeing domestic violence; Tubman is also full regularly. The CoC recognizes that many DV providers have specific databases and that if awarded the additional DV Bonus funds, it would tremendously assist the CoC and ICA with developing and implementing a comparable database to HMIS. Additionally, the CoC collects the following question of all Coordinated Entry...
participants: “Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?.” 184 households with at least 398 members responded in the affirmative.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors,
or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

Amherst H. Wilder Foundation is applying to be a new bonus SSO-CE project for DV survivors. From the CoC DV Workgroup that met this past year, we know that many assessors are not trained appropriately to handle PTSD and other trauma responses as a result from domestic violence, stalking, and/or other forms of dating assault. DV agencies have monthly trainings that are specific to working with the DV survivor population. Therefore, it has been said on many occasions that the CoC needs DV specific assessors that have additional trauma informed training and PTSD training of DV survivors. The CoC cannot accurately address how many domestic violence survivors in the area due to providers not being in HMIS. Statewide data from the Minnesota Coalition for Battered Women (MCBW) in 2017 that 154 women were homeless because of domestic violence situations. The CoC also partners with Breaking Free, a rapid rehousing provider that serves victims of stalking and are usually always full. The CoC also partners with Tubman Agency, a domestic violence shelter in Maplewood that recently started a small rapid rehousing project for those fleeing domestic violence; Tubman is also full regularly. The CoC recognizes that many DV providers have specific databases and that if awarded the additional DV Bonus funds, it would tremendously assist the CoC and ICA with developing and implementing a comparable database to HMIS. The CoC will continue to receive an annual report from The Day One Center, which is part of Cornerstone Advocacy Services, that tracks the use of the statewide 1-800 Day One Crisis Line, for DV victims seeking shelter.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors.
(limit 2,000 characters)

If awarded the funds, Amherst H. Wilder Foundation is applying to be a new bonus SSO-CE project for DV survivors. From the CoC DV Workgroup that met this past year, we know that many assessors are not trained appropriately to handle PTSD and other trauma responses as a result from domestic violence, stalking, and/or other forms of dating assault. DV agencies have monthly trainings that are specific to working with the DV survivor population. Therefore, it has been said on many occasions that the CoC needs DV specific assessors that have additional trauma informed training and PTSD training of DV survivors. Breaking Free is applying to be a new joint Transitional Housing-Rapid Rehousing project. Breaking Free has provided permanent supportive
housing for many years and recognizes that this new project type will fill a gap in the CoC as the CoC does not have any joint transitional housing-rapid rehousing projects currently and would be assisting with the need to house domestic violence survivors. Tubman recognizes the strong correlations among homelessness and domestic violence and reducing homelessness has always been central to Tubman’s mission to advance opportunities for change so that every person can experience safety, hope, and healing. Last year, 383 adults and youth and their 450 children received 24/7 shelter and housing, safety planning, and supportive services at Tubman. Tubman’s Safe Journey’s project will also fill the strategy of expanding youth resources in the CoC.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

The CoC recognizes that if awarded the DV funds, the rate of housing DV survivors will depend on coordinated entry and as openings become available. The CoC intends that at least 70% maintains stable housing upon discharge from either the joint transitional housing-rapid rehousing project through Breaking Free or the rapid rehousing project through Tubman. The additional bonus funds would improve safety of DV survivors in that it would assist with housing as many cannot return to their former homes. The CoC recognizes the need for a comparable database with HMIS. The CoC hopes that if awarded DV bonus funds, that this will bring the CoC and hopefully all of Minnesota’s 10 CoC’s closer to having that comparable database in place. The CoC also hopes the 3 projects, if awarded, will be able to ensure safe housing for DV survivors.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Paul Public Housing Authority</td>
<td>0.00%</td>
<td>Yes-HCV</td>
<td>No</td>
</tr>
<tr>
<td>Radias Health</td>
<td>100.00%</td>
<td>Yes-HCV</td>
<td>No</td>
</tr>
</tbody>
</table>

FY2018 CoC Application
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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

St. Paul/Ramsey CoC reviews the homeless preference every year with each of the five PHA’s listed above. The CoC also wrote letters of support for the agencies to apply for additional HCV vouchers during the recent HUD NOFA for HCV vouchers and for the recent HUD NOFA for additional Family Unification Program (FUP) vouchers. Metropolitan Council and Dakota County CDA do not have any homeless admission preferences for their Public Housing or HCV projects. Metropolitan Council and Dakota County CDA have been encouraged by the CoC to adopt such a policy, however, both agencies decided to not have a homeless admission preference due to not wanting to discriminate against other preferences, such as domestic violence, veterans, etc. St. Paul PHA has a limited homeless preference, again, due to not wanting to discriminate against other preferences. Currently, none of the five PHA’s listed above have adopted a move on strategy or policy for Federal Fiscal Year 2017. However, unofficially, the project based vouchers that become portable after 12 months is a type of move on strategy as households can then port to another region/County and that frees up more supportive housing units as the household ports the housing voucher with them.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

Move On strategy description. (limit 2,000 characters)

None of the CoC’s five PHA’s currently have a move-on strategy. Minnesota Housing Finance Agency (MHFA) does administer the Step Down program (their move-on strategy) in the 7-County Metro area, which includes the St. Paul/Ramsey County CoC. MHFA provides 23 tenant based vouchers from the state housing trust fund to assist tenants to move on from supportive housing units to available market units in the 7 county metro area. The program is administered by Hearth Connection with housing navigation and transition services provided by Mental Health Resources which are funded by the Department of Human Services. Program expansion is planned for 2019 and may include vouchers from local PHAs. In addition, there are a number of supportive housing projects that have project based vouchers from the local
PHAs that become portable for tenants after 12 months. These programs provide an opportunity for tenants to move on to more independent housing and free up the supportive housing units for new households.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The St. Paul/Ramsey CoC has had conversations with organizations like JustUs Health (formerly Minnesota Aids Project or MAP) and Metrowide Engagement on Shelter and Housing (MESH) to develop and implement ongoing training around the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. JustUs Health has previously shared community-wide training events that the CoC Coordinator has shared with the 250 and more listserv. The state of Minnesota requires Equal Access to Housing training and offers trainings annually. Abt Associates (ie: Matt White) came to Minnesota in November 2017 to test the Fair Housing and Coordinated Entry specific training that was then revised and later put out by HUD this past spring 2018. Due to the training being held in St. Paul, many of the CoC funded agencies, including the St. Paul/Ramsey CoC Coordinator attended. Minnesota Department of Human Services (DHS) also administers monthly Housing Best Practices trainings for all 10 CoC’s. Topics include housing for people with disabilities, landlord engagement, process for application denials with Minnesota Legal Aid, and Expungements to name a few.


<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?</td>
<td>No</td>
</tr>
<tr>
<td>3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?</td>
<td>No</td>
</tr>
</tbody>
</table>

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

Engaged/educated local policymakers: X

Engaged/educated law enforcement: X
1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC’s standard assessment tool.

(limit 2,000 characters)

St. Paul/Ramsey CoC has a coordinated assessment system that covers the entire CoC area. Families are referred to the United Way 211 call center or directly to Coordinated Access to Housing and Shelter (CAHS). Single adults over 25 are referred to the 1.5 fte Assessors funded by HUD CoC funds through Catholic Charities and West Side Community Health (South Metro Human Services is the HUD CoC grantee). Youth heads of households ages 16-24 are referred to youth street outreach workers and/or the Face to Face SafeZone Drop-in Center for assessments. The single adult and youth assessors are part of the Coordinated Entry for Singles and Youth (CEYS). Both CEYS and CAHS access points, phone numbers, and hours of operation are advertised online at both ramseycounty.us and www.headinghomearamsey.org (official St. Paul/Ramsey CoC website). Ramsey County, in partnership with the local police, community business owners, elected city county officials, and private foundations implemented Outside In - Outside In specifically targets clients that have been HUD homeless for more than a year and who are not connected to any other professional services, such as medical, mental health, chemical health and mainstream resources such as SNAP benefits, MFIP, etc. to name a few. These Outside In outreach workers implore a progressive engagement strategy to build report and trust by being trauma informed and client centered in their approach. Outside In outreach workers are able to complete Coordinated Entry (CE) assessments and then provide navigation assistance to assist clients in becoming move-in ready by obtaining personal identification forms, medical forms, expungement of records, etc. The CoC’s assessment process priorities people most in need by assessment score, homeless status (ie: chronic then long term homeless), length of time homeless, and then if all above is equal, preference is given to those with a Veteran Status. CoC’s standard assessment tool attached.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
</tr>
<tr>
<td>Mental Health Care</td>
<td></td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>X</td>
</tr>
</tbody>
</table>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
<tr>
<td>Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

| Used Objective Criteria for Review, Rating, Ranking and Section | Yes |
| Included at least one factor related to achieving positive housing outcomes | Yes |
| Included a specific method for evaluating projects submitted by victim service providers | Yes |

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

The objective score tool rewards projects for targeting & serving households with multiple barriers & vulnerabilities (ie: disabilities, substance abuse, etc.), low barriers to accessing housing & Housing 1st approach. All PSH and RRH projects are required by MOU to participate in CES which assesses and prioritizes chronic homeless households and, severity of needs and vulnerabilities when making referrals to PSH and RRH. Based on PIT/CE data, the CoC board dedicated % increases through reallocation targeted at CE and HMIS. Additional priorities were set to create new projects through reallocation. The CoC ranking committee considers the results of the scoring tool as well as the target populations and service approaches toward clients with severe needs and vulnerabilities in the ranking conversation. Projects who serve more chronic homeless or those with high barriers (criminal histories, low to no income, etc.) to housing are priorities above those who do not.
1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

<table>
<thead>
<tr>
<th>Public Posting of Objective Ranking and Selection Process</th>
<th>Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC or other Website</td>
<td>□ CoC or other Website</td>
</tr>
<tr>
<td>Email</td>
<td>□ Email</td>
</tr>
<tr>
<td>Mail</td>
<td>□ Mail</td>
</tr>
<tr>
<td>Advertising in Local Newspaper(s)</td>
<td>□ Advertising in Local Newspaper(s)</td>
</tr>
<tr>
<td>Advertising on Radio or Television</td>
<td>□ Advertising on Radio or Television</td>
</tr>
<tr>
<td>Social Media (Twitter, Facebook, etc.)</td>
<td>□ Social Media (Twitter, Facebook, etc.)</td>
</tr>
</tbody>
</table>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

With the exception of last year (FY 2017), St. Paul/Ramsey CoC has not reallocated at least 20 percent of the CoC’s ARD between FY 2014 and FY 2018 CoC Program Competitions. The CoC Coordinator has only been in this position for 1.5 years; it appears with this FY 2018 and prior to FY 2017, the CoC did not see a need for reallocation often. Overall, CoC funded projects have been performing well based on the Scoring Tool. The local HUD Field Office Representatives perform an extensive monitoring/audit once every 3 years. Overall, the CoC has consistently improved data quality in HMIS and continues to find new high performing projects as all projects consistently perform well. In FY 2017, HUD allowed for SSO - Coordinated Entry projects; the CoC did vote to prioritize coordinated entry projects and therefore, did utilize cumulative scoring data from the past 3 years to determine which lower
performing projects to reallocate from to create a new high performing project.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;
(2) rejected or reduced project application(s)—attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.</td>
<td></td>
<td></td>
<td>Did not reject or reduce any project</td>
</tr>
<tr>
<td>(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.

Yes

2A-1a. Applicants must:
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

Responsibilities can be found on pages 1-4 of the CoC and Lead Agency MOU.


Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?

Mediware Information Services

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and
### (3) total number of beds in HMIS.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>859</td>
<td>190</td>
<td>464</td>
<td>69.36%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>609</td>
<td>40</td>
<td>243</td>
<td>42.71%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>474</td>
<td>0</td>
<td>348</td>
<td>73.42%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>2,753</td>
<td>0</td>
<td>2,409</td>
<td>87.50%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>362</td>
<td>12</td>
<td>306</td>
<td>87.43%</td>
</tr>
</tbody>
</table>

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

- **ES - 223 non hmis non dv**
  - Union Gospel Mission - ongoing conversations about movement into hmis, waiting for two year contract with another database to end (205 beds).
  - Union Gospel Mission is also eagerly awaiting for Service Point 6 and Qlik.

- **TH - 326 non hmis non dv**
  - Union Gospel Mission - ongoing conversations about movement into hmis, waiting for two year contract with another database to end (262 beds).
  - Union Gospel Mission is also eagerly awaiting for Service Point 6 and Qlik.
  - MACV - veteran housing not required to use HMIS (14 beds) per their HUD contracts (ongoing conversations about movement into HMIS).

- **RRH - 126 non hmis non dv**
  - AHW Promise Neighborhood - Pilot project that will end in the next year (126 beds).
  - The CoC anticipates that RRH will be above 85% for next year.

St. Paul/Ramsey CoC and ICA have both reached out to MAC-V and Union Gospel Mission this past year. Neither agencies have agreed to join HMIS; both are awaiting Service Point 6 and Qlik. St. Paul/Ramsey CoC and ICA will continue hosting these important discussions with the projects over the next 12 months.

2A-6. AHAR Shells Submission: How many
2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?

- **2A-7. CoC Data Submission in HDX.** Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).

01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

04/27/2018
2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results. (limit 2,000 characters)
No changes to the CoC's sheltered PIT Count Implementation, methodology and/or data quality changes from 2017 to 2018.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Beds Added:</td>
<td>252</td>
</tr>
<tr>
<td>Beds Removed:</td>
<td>123</td>
</tr>
<tr>
<td>Total:</td>
<td>129</td>
</tr>
</tbody>
</table>

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

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<tbody>
<tr>
<td>Beds Added:</td>
<td>0</td>
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<tr>
<td>Beds Removed:</td>
<td>0</td>
</tr>
<tr>
<td>Total:</td>
<td>0</td>
</tr>
</tbody>
</table>
2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

Yes

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

Implementation was similar in that St. Paul/Ramsey CoC Coordinator and Evaluator met with outreach workers to coordinate outreach times and locations for the unsheltered PIT. The CoC Evaluator then located various food shelves, community meals, and sought approval from Metro Transit to ride the buses and/or light rail to survey unsheltered people. Due to the Super Bowl being in town the following week, there had been a heavier City police and Metro Transit police presence in downtown St. Paul and on the light rail. The City of St. Paul also closed the skyway system down, starting at midnight in November. These changes factored into the CoC’s unsheltered PIT count implementation and locating unsheltered people.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If “Yes” was selected for question 2C-5, applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

St. Paul/Ramsey CoC invited youth serving street outreach workers and supervisors to the initial Planning meeting to determine outreach shifts and locations. The CoC also collaborated with both a youth-specific Drop-in Center, Face to Face SafeZone, and the adult drop-in shelter, Listening House, which serves adults 18 years old and older. Both drop-in centers had staff and volunteers on-site the day of and the day after PIT Count to survey those that were unsheltered and not found by street outreach workers. The CoC recognizes that the street outreach workers are the experts in locating
unsheltered youth and selected locations to locate youth experiencing homelessness based on the outreach workers’ suggestions. The CoC ensured that unaccompanied youth or youth-heads of households were specifically counted on the unsheltered survey.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

1) Collaborated with outside metro transit and meal programs where we were able to count more individuals experiencing homelessness - especially those experiencing chronic homelessness. Improved coordination of outreach to camp sites reaching chronically homeless.
2) Partnered with foodshelves across the county to capture families and individuals. Coordinated entry reached out to all on their list to confirm homeless status adding to the unsheltered count. Worked with school liaisons and youth programming to conduct count in schools and youth development community programs. This effort increased our coverage of suburban areas and our ability to count youth and families.
3) Partnered with state veterans office and local veteran offices to count homeless vets at all relevant locations. Homeless vets found were directly connected with the veteran homeless registry for connection to supportive housing.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX. 3,688

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) Heading Home Ramsey (HHR) developed a prevention committee (PC) in order to integrate prevention projects into coordinated entry. The committee had representation from HHR governing board, community members, government officials, and providers and created a tool based on HMIS data review and provider findings to prioritize at risk households for prevention resources.
2) As a strategy to address households at risk of homelessness HHR completed a comprehensive needs assessment 07/18 which identified families as the top priority for prevention resource targeting. HHR uses Family Homelessness Prevention and Assistance Program (FHPAP) funds to prevent homelessness whenever possible. HHR has also received a grant the Pohlad Foundation to prevent homelessness for at risk youth and families. All projects emphasize connecting clients with mainstream resources, increasing income, and housing stability. Projects receive referrals from 211, county services, community organizations, schools, and shelter diversion services. In addition to financial By improving accessibility and increasing resources dedicated to family homelessness prevention, HHR expects to see a decrease in the percent of persons experiencing 1st time homelessness.
3) Heading Home Ramsey (ie: CoC) & Ramsey County.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and 
(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1) 27 days
2) Heading Home Ramsey (HHR), the CoC's strategy to reduce the length of time people remain homeless targets those with the longest histories of homelessness in shelter and in unsheltered locations. The Redirecting Users of Shelter to Housing project (RUSH) engages the top 100 shelter users and connects them to case management/outreach to help navigate their transition to permanent housing. RUSH Services continue on with clients after housing transition, and a longitudinal study is being conducted to evaluate the housing process and discover opportunities to improve housing outcomes. Outside In (OI) engages people experiencing unsheltered homelessness to directly move them into safe shelters and permanent housing whenever possible. The Winter Safe Space (WSS) was established as an overflow shelter which directly connects clients with outreach resources and coordinated entry (CE). All shelters now have CE assessors trained to quickly engage shelter users with housing plans. Length of time homeless is a prioritization method within our coordinated entry lists placing those with the longest histories at the top of the list for supportive housing. Additionally, HHR PSH and OPH stock is continuing to increase in order ensure there are spaces into which those with long homeless histories may move.
3) HHR identifies and houses households with the longest lengths of time homeless through CE assessments. Homeless history is collected and those with longer histories of homelessness are prioritized within our CE lists. RUSH uses shelter and HMIS data to identify users who have stayed the longest over the last five years. Those users are targeted for case management and housing navigation services as well as engaged with the CE process to quickly move into available units.
4) Heading Home Ramsey (ie: CoC) & Ramsey County.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
</tr>
<tr>
<td>90%</td>
</tr>
</tbody>
</table>

3A-3a. Applicants must:
(1) describe the CoC’s strategy to increase the rate at which individuals
and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations. 

(limit 2,000 characters)

As a strategy to increase the rate at which persons in shelter and supportive housing exit to permanent housing (PH) destinations, CoC is formally standardizing program service models, as well as encouraging progressive engagement strategies, housing first, and bolstering projects’ relationships with employment services. Accompanying the initiation of continuum wide program evaluation, standards manuals are composed for each project type within the continuum. All continuum projects are incentivized to adopt housing first and progressive engagement models through competition scoring and ranking. Manuals require projects to provide case management, develop housing goals for clients, and monitor progress towards goals. HHR facilitates relationships with county employment agency to contribute to increasing households’ incomes to levels where they can maintain housing. Projects also offer tenant education classes to inform clients of their rights and responsibilities as renters. Additionally, the Redirecting Users of Shelter to Housing project (RUSH) engages the top 100 shelter users and connects the to case management/outreach to help navigate their transition to permanent housing. CoC’s strategies to increase the rate of clients’ in PH retaining their housing and exiting to PH destinations include the standardization of permanent supportive housing projects (PSH), expansion of prevention resources, and RUSH. PSH Standardization improves housing outcomes by setting achievable expectations and ensuring all clients receive services necessary to maintain/attain PH, such as those listed above. Clients exiting projects into market rate housing are are well informed of prevention resources to assist with transitions, landlord mediation, bridging, or any other needs. RUSH Services continue on with clients after transition into housing, and a longitudinal study is being conducted to evaluate the housing process and discover opportunities to improve housing outcomes.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>6%</th>
</tr>
</thead>
</table>

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.

(limit 2,000 characters)
1) The CoC uses customized HMIS reports to identify clients returning to homelessness and common factors. Clients are disaggregated by demographics to highlight outcome disparities. Disaggregation by race is a focus to approach racial equity concerns within permanent housing opportunities and identify opportunities for targeting/ cultural competency trainings. Statical analysis of HMIS data from the last three years is being conducted to reveal statistically significant characteristics across clients returning to homeless.

2) CoC’s strategy to reduce that rate household’s return to homelessness emphasizes standardization of services and outcomes across funding streams, creating environments for projects to share best practices and receive training, improving referral strategies from coordinated (CE), and landlord engagement. Accompanying project evaluation throughout the continuum, standards manuals are developed and approved by CoC to establish consistency in service provision and outcome expectations across funding streams. Program evaluation around recidivism will identify projects who have more success with clients than others. Regular provider meetings create opportunities for knowledge sharing around best practices. Provider meetings will also be shaped around client subpopulations with high recidivism rates to offer trainings by population experts and improve service connections. CE will respond to returns to homelessness and project standardization to improve prioritization and referral processes so that clients are sent to projects which will serve them most appropriately. CoC’s Expanding Housing Opportunities group is convening market private landlords to improve relationships between landlords and providers and prevent evictions. Evaluations of Redirecting Users of Shelter to Housing (RUSH) include in depth interviews with clients to identify issues factors leading to recidivism.

3) Heading Home Ramsey (CoC) & Ramsey County

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.
(limit 2,000 characters)

1) The CoC’s strategy to increase access to employment and non-employment cash sources focuses on improving relationships between providers and employment agencies as well as Ramsey County (RC) services. Internally, RC has established an interdepartmental group to work across jurisdictions in responding to homelessness needs. This increase coordinated expands service connections between providers and county services. Referral procedures across stakeholders have been formalized and solidified. Relationships between emergency shelters and RC services encourage client connections to mainstream services further upstream. Many of our CoC projects internally have robust employment services, but all work with a large variety of organizations who connect clients to resources geared towards increasing income. Projects work to help with documentation or accessing identification & collaborate to develop and share employment related programming.
Additionally regular provider meetings with attendance from RC employment services help shape more responsive employment resources for the homelessness population.

2) Statewide, all CoC’s support the Heading Home Minnesota Plan to Prevent and End Homelessness. The plan lists a couple of statewide strategies that the St. Paul/Ramsey CoC have agreed to: partner with the Department of Human Services on their “Integrated Delivery of Human Services” initiative to enhance the connectedness of employment and training programs with human services supports, promote collaboration at the local workforce area level to impact point of service delivery, and ensure connections are made to eligible Veterans benefits for those participating in the DEED employment initiatives: Native American Veterans Program, The Women’s Veteran’s Program, and Incarcerated Veterans program, including veterans with significant barriers to employment.

3) CoC and Ramsey County are responsible for overseeing this strategy.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/30/2018

Applicant: St. Paul/Ramsey County CoC
Project: MN-501 CoC Registration FY2018
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

| Total number of beds dedicated as DedicatedPLUS | 572 |
| Total number of beds dedicated to individuals and families experiencing chronic homelessness | 790 |
| Total | 1,362 |

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

| History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse) | ☐ |
| Number of previous homeless episodes | ✗ |
| Unsheltered homelessness | ✗ |
| Criminal History | ☐ |
| Bad credit or rental history | ☐ |
| Head of Household with Mental/Physical Disability | ☐ |

Applicant: St. Paul/Ramsey County CoC
Project: MN-501 CoC Registration FY2018

FY2018 CoC Application Page 30 09/17/2018
3B-2.2. Applicants must:
(1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless is to ensure the integration of prevention services into the overall homeless crisis response system. The CoC recognizes that best practice is to avoid evictions/homelessness, otherwise, to rapidly rehouse immediately. The CoC encourages prevention funded agencies to coordinate and collaborate with the CoC to avoid families with children of becoming homeless, which includes encouraging and providing landlord engagement and recruitment strategies. As mentioned earlier, the CoC is developing standards manuals across all project types to ensure that all households receive similar sets of services, including information and referrals to mainstream resources, job training, independent living skills training, and/or referrals to ongoing case management services for medical, mental health, and/or chemical health disabilities. The CoC is also ensuring that family emergency shelters are providing support services that are both trauma informed and client centered to ensure households exit homelessness and to reduce recidivism. Other strategies include landlord engagement and recruitment through the CoC’s Expanding Housing Opportunities committee, partnering with state agencies and the Office to end Homelessness to create more funding opportunities, and encouraging providers to attend trainings offered through HUD and other national organizations, such as the National Alliance to End Homelessness. Both CoC, Ramsey County, and community providers are responsible for these strategies.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics. [ ]
CoC conducts optional training for all CoC and ESG funded service providers on these topics. [ ]
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. [ ]
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance. [ ]
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers. [ ]

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s
strategy to address the unique needs of unaccompanied homeless youth includes the following:

| Human trafficking and other forms of exploitation | Yes |
| LGBT 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 |

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

- History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse) [ ]
- Number of Previous Homeless Episodes X
- Unsheltered Homelessness X
- Criminal History [ ]
- Bad Credit or Rental History [ ]

3B-2.6. Applicants must describe the CoC’s strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The CoC has been partnering with the state departments to address youth homelessness and encouraging new resources for the CoC. The CoC Coordinator writes letters of support for youth agencies when applying for additional street outreach funds, youth emergency shelters and/or group home funds, and/or additional funds for training youth providers in safe harbor and/or trafficking. The CoC has partnered with Ramsey County and the St. Paul Public Housing Authority to apply for additional resources for youth experiencing homelessness and who are exiting foster care, such as the recent Family Unification Program (FUP) voucher NOFA that HUD released. The CoC also wrote letters of support for public housing authorities to apply for the additional mainstream housing choice vouchers. The CoC and Ramsey County has also partnered to apply for additional housing navigators and case aide positions to provide support services and information/referrals to youth who are exiting foster care and/or correctional facilities through local private foundations. The CoC has also partnered with Ramsey County regarding their internal strategic priority around the Youth Continuum of Care; Ramsey County has been
reviewing and creating strategies to improve youth services as a whole. The CoC, in partnership with the State, funds both a youth-specific drop-in center, Face to Face SafeZone, and other youth housing, such as Beacon Interfaith Collaborative and Lutheran Social Services Transitional Housing project. All of these projects are part of the CoC Youth Action Team (YAT) Committee that provides monthly meetings on coordinated entry, youth-specific resources, and are tasked with identifying other barriers to youth in need of housing. The CoC is applying for the DV Bonus funds, specifically Tubman’s program will serve homeless youth of all genders ages 16 to 21, primarily parenting youth. All youth will have experienced or be attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. Youth can choose to participate in transitional housing or rapid rehousing or both. Tubman expects many youth will identify as ethnic minority groups, primarily African American and Multi-Ethnic.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.

(limit 3,000 characters)

1) The CoC uses the HIC and AHAR/LSA process to monitor bed and unit fluctuations across household types. The Youth Action Team (YAT) is a committee of Heading Home Ramsey (HHR), which comprises of representatives from youth programs across the continuum. This committee communicates and monitors service and housing options for youth as well. YAT and HHR reviews system performance measures, disaggregated by age and household type to measure system level outcomes for the youth population.

2) The CoC will implement an accompanying project evaluation throughout the continuum, standards manuals are being developed and approved by CoC to establish consistency in service provision and outcome expectations across funding streams. Program evaluation around recidivism will identify projects who have more success with clients than others. Regular provider meetings create opportunities for knowledge sharing around best practices. Provider meetings will also be shaped around client subpopulations with high recidivism rates to offer trainings by population experts and improve service connections. The CoC will also continue to measure the returns to homelessness six months and one year after exiting a project. The CoC will continue to collect data and annual reports distributed by the Minnesota Coalition for Battered Women (MCBW). Additionally, this HIC will be used to measure the total number of beds and units dedicated to serving youth. Coordinated entry data will also serve to monitor placement of youth in housing opportunities. Finally, the system performance measures will illustrate housing outcomes around counts of homeless, length of time homeless, as well as returns to homelessness to illuminate how service expansion has impacted the youth homeless experience within our continuum.

3) As a tangible output, measuring the number of beds and units will directly show the degree to which stock has changed to meet need. Housing outcomes measured through system performance measures and coordinated entry will
further demonstrate how youth benefit from the newly available services

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

St. Paul/Ramsey CoC collaborates with youth education providers as all school districts have a McKinney-Vento liaison. The CoC Coordinator and Planner/Evaluator have continued to invite community colleges and all school homeless liaisons in St. Paul/Ramsey CoC area to attend either the full Heading Home Ramsey Governing Board (HHRGB) meetings or the various subcommittees, such as Coordinated Entry for Everyone, Prevention/Family Homelessness Prevention and Assistance Program Advisory Committee, Data and Evaluation, Outreach/education/engagement, Expanding Housing Opportunities, Redirecting Users of Shelter to Housing (RUSH), and/or Youth Action Team. The State of Minnesota offer early learning scholarship priorities for homeless learners and the Federal Government requires Head Start and Early Head Start programs to prioritize homeless students for enrollment. McKinney-Vento State Local Education Agencies in St. Paul have a rental subsidy agreement for homeless and highly mobile families to provide short-term case management services and rental subsidies through State of Minnesota funds. A formal MOU between the CoC and local school districts currently does not exist.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC emphasizes policies on assessor training to ensure all coordinated entry assessors can effectively communicate educational, services and housing opportunities to all households looking to access the supportive housing system. The CoC recently adopted an Assessor Training curriculum that is currently being implemented across three metro CoC’s: St. Paul/Ramsey, Minneapolis/Hennepin, and Suburban Metro Area Continuum of Care (SMAC). The training curriculum includes mainstream resources that assessors can share with households. This includes information and referrals to mainstream resources, employment services, education services, and/or other medical and mental health/chemical health needs. The school liaisons through McKinney-Vento attend monthly state meetings to share concerns and/or challenges around homeless continuums; earlier this year, the school liaisons invited the CoC Coordinators to attend and network. The St. Paul Public School Liaison also serves as the Vice Chair of the Heading Home Ramsey Governing Board (CoC) and is a co-chair of the Prevention/Family Homelessness Prevention and Assistance Program Advisory Committee. The school liaisons are available to answer questions at CoC meetings. The school liaisons also provide school outreach to the various shelters and drop-in centers in the CoC.
3B-2.8. Does the CoC have written formal agreements, MOU/MOA’s or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/MA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

The CoC participates in the Homeless Veteran Registry, a state-operated by-name list of Veterans experiencing homelessness. Veterans join the Registry through a homeless service provider or by calling a toll-free hotline. Registry case review meetings occur every other week to create housing plans for every Veteran on the Registry. Involved partners include CoC funded programs, VA (representing HUD-VASH, GPD, CRRC, and other resources), county and local government staff, the Minnesota Department of Veterans Affairs, Minnesota Assistance Council for Veterans’ statewide programs for homeless Veterans, and others. Minnesota, through its Continuums of Care, also has implemented consistent checks of Veteran status at intake points for the homeless response system (including shelters and existing homeless programs) and Veteran services system (including County Veteran Service Officers and dedicated Veteran service organizations) using the VA’s Status Query and Response Exchange System (SQUARES). Identified Veterans are referred to the Homeless Veteran Registry. Veterans not connected with resources may be eligible to receive HUD-VASH, various state and federal Veteran benefits, or homeless-specific programs or services including accessing CoC-funded vacancies through coordinated entry are connected with those programs and services. Several partners, including SSVF grantees, VA, and MDVA, also operate dedicated Veteran outreach programs in the St. Paul/Ramsey County CoC area.
3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must:
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

Yes

3B-5a. Applicants must select from the options below the results of the CoC’s assessment.

| People of different races or ethnicities are more or less likely to receive homeless assistance. | X |
| People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance. | X |
| There are no racial disparities in the provision or outcome of homeless assistance. | |
| The results are inconclusive for racial disparities in the provision or outcome of homeless assistance. | |

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

| The CoC’s board and decisionmaking bodies are representative of the population served in the CoC. | |
| The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC. | |
| The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups. | |
| The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups | |
| The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. | |
| The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. | |
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.

The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.

The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.

The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.

The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.

Other:
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)

St. Paul/Ramsey CoC partners with mainstream resources/programs such as Ramsey County Financial Assistance Services (FAS) for supplemental nutrition assistance program (SNAP) benefits, healthcare benefits, cash/Minnesota Family Investment Program (MFIP), and emergency assistance/emergency general assistance (EA/EGA), Minnesota Supplemental Aid (MSA) assistance to name a few. These mainstream programs assist persons experiencing homelessness with increasing their income, even if temporarily. The CoC also partners with MNSURE Navigators who provide free assistance in helping people enroll in health insurance; MNSURE navigators are both profit/non-profit providers and local County workers. The CoC keeps program staff up-to-date regarding mainstream resources available for persons through a twice per year
Safety Net Advisory Committee meeting that is staffed by Ramsey County Financial Assistance Services (FAS) Supervisors and staff. FAS staff regularly attend CoC governing board and sub-committee meetings. FAS also houses the single priority list for coordinated entry and share the same office as the family emergency shelter team at Ramsey County. The singles priority list manager attends monthly meetings with the CoC Coordinator and Evaluator, and the other Priority List Managers for coordinated entry. The CoC, Ramsey County, and the various assessing agencies for coordinated entry are tasked with providing oversight for this strategy. The coordinator also relays all relevant HUD communications to key county staff. Ramsey’s internal interdepartmental homelessness group also serves as a communication conduit and support coordination of mainstream services with with housing projects. The CoC has over a 250+ listserv to share information monthly. The State of Minnesota, CoC, and Ramsey County are all responsible.

4A-2. Housing First: Applicants must report:

(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and

(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.

| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition. | 30 |
| Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements. | 27 |
| Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First. | 90% |

4A-3. Street Outreach. Applicants must:

(1) describe the CoC’s outreach;
(2) state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

St. Paul/Ramsey CoC Street Outreach covers 100% of the geographic area. Street outreach programs are funded by state, county, and local private funds. Outside In is a new street outreach program that targets HUD homeless people who are sleeping outside, in cars, or other places not meant for human habitation, and who are not otherwise connected to services, such as case management, food support, MFIP, etc... Outside In Outreach Workers work Monday through Friday, 4am to 1pm. However, their hours and days work do vary based on client needs. People, Inc. has a street outreach team that regularly provides street outreach 8-10 hours a week to single adults who are
homeless outside in Ramsey County. Radias Health is the Minnesota Projects for Assistance in Transition from Homelessness (PATH) provider for Ramsey County. PATH Outreach is targeted specifically for those with a Serious Mental Illness (SMI) and who are currently homeless or at risk. Lutheran Social Services (LSS) also receives state dollars to fund youth (under 25) street outreach teams in Ramsey County. Youth OR Workers frequent libraries, bus stops, trains, etc. to target and engage youth that are homeless and not otherwise connected to services (least likely to request assistance). Youth OR workers vary their shifts from afternoons to evenings and some weekends to again provide 100% coverage to Ramsey County. Veteran outreach for families and singles provided by Minnesota Assistance Council for Veterans. Tubman also provides weekly site-based outreach at Maplewood Mall in Ramsey County, specifically to target unaccompanied youth fleeing domestic violence and/or families that need resources and referrals. Outreach coordination is also an effective strategic development within this work. Adult and youth outreach providers regularly meet to coordinate around clients accessing coordinated entry, sharing best practices, and other service coordination around individual clients.

4A-4. **Affirmative Outreach.** Applicants must describe:

1. the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
2. how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.

(limit 2,000 characters)

St. Paul/Ramsey CoC has adopted and implemented a Fair Housing Policy that recognizes equal access is not always equitable; therefore, the CoC will ensure equitable access to services and accommodations reflecting the household needs. Households will not be turned away at any point throughout the coordinated entry process because of actual or perceived membership in one of the above listed groups (ie: race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability, etc.). All CoC providers and/or staff have access to language line for persons with limited English proficiency for phone calls and/or in-person interpreters or bilingual staff to meet the needs of persons. State of Minnesota also offers a hearing impaired language line that the CoC utilizes to communicate. CoC providers are mobile to meet persons in the community if their disabilities keep them from meeting with CoC providers and/or staff in-person. The state of Minnesota also has the following for language in that if any contracted provider has had more than 40 full-time employees within the State of Minnesota on a single working day during the previous twelve months preceding the date provider submitted its response to the State, it must have an affirmative action plan, approved by the Commissioner of Human Rights of the State of Minnesota, for the employment of qualified minority persons, women and persons with disabilities. See Minnesota Statutes, section 363A.36. If provider has had more than 40 full-time employees on a single working day during the previous twelve months in the state in which it has its primary place of business, then provider must either: 1) have a current Minnesota certificate of compliance issued by the Minnesota Commissioner of Human Rights; or 2) certify that it is in compliance with federal

Applicant: St. Paul/Ramsey County CoC

Project: MN-501 CoC Registration FY2018
Affirmative Action requirements.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2017</th>
<th>2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>514</td>
<td>474</td>
<td>-40</td>
</tr>
</tbody>
</table>

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

No
# 4B. 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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-5. PHA Administration Plan–Homeless Preference</td>
<td>No</td>
<td>PHA Homeless Pref...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C-8. Centralized or Coordinated Assessment Tool</td>
<td>Yes</td>
<td>Coordinated Asses...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)</td>
<td>Yes</td>
<td>Scoring Tool</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>1E-3. Public Posting CoC-approved Consolidated Application</td>
<td>Yes</td>
<td>1E-3. Public Post...</td>
<td>09/17/2018</td>
</tr>
<tr>
<td>1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)</td>
<td>Yes</td>
<td>Public Posting of...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>1E-4. CoC’s Reallocation Process</td>
<td>Yes</td>
<td>1E-4. CoC’s Reall...</td>
<td>09/17/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Accepted</td>
<td>Yes</td>
<td>Notification Outs...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced</td>
<td>Yes</td>
<td>Notification Outs...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>1E-5. Public Posting–Local Competition Deadline</td>
<td>Yes</td>
<td>Public Posting - ...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)</td>
<td>Yes</td>
<td>CoC and HMIS Lead...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>2A-2. HMIS–Policies and Procedures Manual</td>
<td>Yes</td>
<td>HMIS Policies and...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>3A-6. HDX–2018 Competition Report</td>
<td>Yes</td>
<td>HDX 2018 Competit...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>3B-2. Order of Priority–Written Standards</td>
<td>No</td>
<td>Order of Priority...</td>
<td>09/12/2018</td>
</tr>
<tr>
<td>3B-5. Racial Disparities Summary</td>
<td>No</td>
<td>3B-5. Racial Disp...</td>
<td>09/17/2018</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----</td>
<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment Tool

Attachment Details

Document Description: Scoring Tool

Attachment Details

Document Description: 1E-3. Public Posting CoC-Approved Consolidated Application
Document Description: Public Posting of local competition (RFP)

Attachment Details

Document Description: 1E-4. CoC's Reallocation Process

Attachment Details

Document Description: Notification Outside of e-snaps all projects accepted

Attachment Details

Document Description: Notification Outside of e-snaps NO projects rejected or reduced

Attachment Details

Document Description: Public Posting - Local competition deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance (MOU)
Attachment Details

Document Description:  HMIS Policies and Procedures Manual

Attachment Details

Document Description:  HDX 2018 Competition Report

Attachment Details

Document Description:  Order of Priority - CEE Manual (Pg. 6-7)

Attachment Details

Document Description:  3B-5. Racial Disparities Summary

Attachment Details

Document Description:
Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

Ensure that the Project Priority List is complete prior to submitting.
| Submission Summary | No Input Required |
Good morning Loni,

MHR administers the Section 8 for Radas Health as well, so these answers apply for them as well. Please see responses for Q1-3 below.

1. 100% of all new admissions to the Section 8 program in FY 2017 were experiencing homelessness or qualified for a homeless preference. Below is the homeless preference language.

IX. Selection Procedures

The Administrator will employ local preferences when selecting people from the Mainstream waiting list. The Administrator utilizes a weighted preference system. All applicants with the following primary preferences will receive assistance before any other applicant who is not so qualified. An applicant qualifies for a primary preference if they meet the following conditions:

- Homeless Status – qualified individuals and families that are currently homeless or at eminent risk of homelessness will be awarded two preference points for placement on the waiting list.

Under this preference, homeless status is defined as individuals and families that;
(1) Lack a fixed, regular, and adequate nighttime place of abode.
(2) Have a primary nighttime place of abode that is:
   (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
   (B) an institution or time-limited program that provides a temporary residence for individuals with disabilities;
   (C) a public or private place not designed for or ordinarily used as a
regular sleeping accommodation for human beings. 
(3) Is at eminent risk of homelessness due to pending eviction, unsafe or unsanitary 
living conditions or is not a recognized lease-holder in their current housing.

2. Please see attached for Emergency Transfer Plan.

3. I am not aware of a move on policy, therefore we did not implement. Please send more info.

Thanks,

Gary

From: Aadalen, Loni B [mailto:loni.aadalen@CO.RAMSEY.MN.US]
Sent: Friday, September 07, 2018 3:19 PM
To: Gary Lloyd <glloyd@mhrresources.com>; Roxanne Condon <rcondon@mhrresources.com>; 
matt.lewis@radianshealth.org; Jennifer.Keogh@metc.state.mn.us; Dominic.Mitchell@stpha.org; al.hester@stpha.org; 
Sarah.Rensenbrink <SarahRensenbrink@dakotacda.state.mn.us>; AnnaJudge@dakotacda.state.mn.us
Cc: Hylton, Zachary <zachary.hylton@CO.RAMSEY.MN.US>
Subject: HUD NOFA - PHA Homeless Preference/Move On Strategy/Emerg. Transfer Plan
Importance: High

Good afternoon all,

I apologize for the late email and short notice in regard to the HUD Continuum of Care (CoC) Notice of Funding Availability (NOFA) Collaborative Application for St. Paul/Ramsey CoC. I believe this is the group that I reached out to last year for assistance regarding PHA’s near/in the St. Paul/Ramsey CoC area. Therefore, I’m emailing quick to follow-up on the “homeless preference” designation from last year, as well as possibly two other areas asked by HUD in the Collaborative Application for St. Paul/Ramsey CoC.

First, like last year, HUD is asking if any PHA’s have a homeless preference or designation in their public housing or HCV programs. Therefore, HUD is asking the chart below to be completed on the top 5 PHA’s (Public Housing Agency of the City of St. Paul, Metropolitan Council, Mental Health Resources, Radians Health, and Dakota County CDA):

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?</th>
</tr>
</thead>
</table>

I do have responses from last year – please let me know if you need to know how you all responded last year. And for those that have any homeless preference, please send me a copy of your policy!

Secondly, and new this year is the Emergency Transfer Plan that HUD issued last June 2017 for PHA’s to have a safety protocol in place that prioritizes safety and trauma-informed, victim-centered services to prioritize safety, and how the plan maximizes client choice for housing and services while ensuring safety and confidentiality for those fleeing domestic violence. I’m hoping you all can share what process or policy each of your agency drafted as a Transfer Policy regarding Emergency Transfers for your programs.
Mental Health Resources

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

Mental Health Resources, Inc. (MHR) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), MHR allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of MHR to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether MHR has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that Mental Health Resources, Inc. is in compliance with VAWA.
Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify MHR’s management office and submit a written request for a transfer. MHR will provide reasonable accommodations to this policy for individuals with disabilities. The tenant’s written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under MHR’s program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant’s request for an emergency transfer.
Confidentiality

MHR will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives MHR written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants (attached) for more information about MHR’s responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

MHR cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. MHR will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. MHR may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If MHR has no safe and available units for which a tenant who needs an emergency is eligible, MHR will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant’s request, MHR will also assist
tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

**Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network’s National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking:

Minnesota Coalition for Battered Women [MCBW] - 60 East Plato Blvd., Suite 130- St. Paul, MN 55107  
(651) 646-6177 or (800) 289-6177

Minnesota Coalition Against Sexual Assault (MNCASA) - 161 St. Anthony Ave., Suite 1001, St. Paul, MN 55103  651-209-9993

Minnesota Day One Crisis - 1000 E 80th St. Bloomington MN 55420  Crisis Hotline:1.866.223.1111
Aadalen, Loni B

From: Anna Judge <AJudge@dakotacda.state.mn.us>
Sent: Monday, September 10, 2018 9:18 AM
To: Aadalen, Loni B
Attachments: Emergency Transfer Plan VAWA PH huddoc 5381.docx
Categories: CoC NOFA

External message alert: This message originated from outside the Ramsey County email system. Use caution when clicking hyperlinks, downloading pictures or opening attachments.

Loni,

I am responding on behalf of the Dakota County CDA’s Public Housing department only. You will receive information regarding the HCV side from Sarah Rensenbrink.

- The Dakota County CDA does NOT have a preference for homelessness on the Public Housing side.
- Attached you will find the Property Management’s Public Housing Emergency Transfer Policy
- We have not adopted the “Move on” in the last year on the Public Housing side.

Regards,
Anna

Anna Judge
651.675.4501
ajudge@dakotacda.state.mn.us

From: Aadalen, Loni B <loni.aadalen@CO.RAMSEY.MN.US>
Sent: Friday, September 7, 2018 3:19 PM
To: glloyd@mresources.com; rcondon@mresources.com; matt.lewis@radiashealth.org; Jennifer.Keogh@metc.state.mn.us; Dominic.Mitchell@stpha.org; al.hester@stpha.org; Sarah Rensenbrink <SarahRensenbrink@dakotacda.state.mn.us>; Anna Judge <AJudge@dakotacda.state.mn.us>
Cc: Hylton, Zachary <zachary.hylton@CO.RAMSEY.MN.US>
Subject: HUD NOFA - PHA Homeless Preference/Move On Strategy/Emerg. Transfer Plan
Importance: High

Good afternoon all,

I apologize for the late email and short notice in regard to the HUD Continuum of Care (CoC) Notice of Funding Availability (NOFA) Collaborative Application for St. Paul/Ramsey CoC. I believe this is the group that I reached out to last year for assistance regarding PHA’s near/in the St. Paul/Ramsey CoC area. Therefore, I’m emailing quick to follow-up on the “homeless preference” designation from last year, as well as possibly two other areas asked by HUD in the Collaborative Application for St. Paul/Ramsey CoC.

First, like last year, HUD is asking if any PHA’s have a homeless preference or designation in their public housing or HCV programs. Therefore, HUD is asking the chart below to be completed on the top 5 PHA’s (Public Housing Agency of the City of St. Paul, Metropolitan Council, Mental Health Resources, Radias Health, and Dakota County CDA):
Good afternoon Loni,

Attached are the VAWA policies.

I’m fairly certain that our answers will mirror what we answered last year. There have been no policy or practice changes of note on homelessness since then.

We do not have a move-on policy at this point.

Please let me know if you require additional clarification.

Thanks,

Dominic

From: Aadalen, Loni B [mailto:loni.aadalen@CO.RAMSEY.MN.US]
Sent: Friday, September 7, 2018 3:19 PM
To: glloyd@mhrources.com; rcondon@mhrources.com; matt.lewis@radianshealth.org; Jennifer.Keogh@metc.state.mn.us; Dominic.Mitchell@stpha.org; Al Hester <AHester@stpha.org>; Sarah.Rensenbrink@ Dakotacda.state.mn.us; AnnaJudge@dakotacda.state.mn.us
Cc: Hylton, Zachary <zachary.hylton@CO.RAMSEY.MN.US>
Subject: HUD NOFA - PHA Homeless Preference/Move On Strategy/Emerg. Transfer Plan
Importance: High

Good afternoon all,

I apologize for the late email and short notice in regard to the HUD Continuum of Care (CoC) Notice of Funding Availability (NOFA) Collaborative Application for St. Paul/Ramsey CoC. I believe this is the group that I reached out to last year for assistance regarding PHA’s near/in the St. Paul/Ramsey CoC area. Therefore, I’m emailing quick to follow-up on the “homeless preference” designation from last year, as well as possibly two other areas asked by HUD in the Collaborative Application for St. Paul/Ramsey CoC.

First, like last year, HUD is asking if any PHA’s have a homeless preference or designation in their public housing or HCV programs. Therefore, HUD is asking the chart below to be completed on the top 5 PHA’s (Public Housing Agency of the City of St. Paul, Metropolitan Council, Mental Health Resources, Radians Health, and Dakota County CDA):
Hi Loni,

I am following up on the earlier messages about homeless preferences and about counting “homeless at admission” entries to the St Paul PHA’s public housing and Section 8 programs.

We simply do not have reliable numbers on “homeless at admission”. I ran custom reports on the tenant data we submit to HUD (Form HUD-50058 in PIC-MTCS) and they confirm that there are no good data in that field. We are looking at ways to improve our data collection for this, but even if we get precise numbers, they will be small. The fact is, very few applicants in St Paul are actually homeless at the point they are approved as eligible for Section 8/Housing Choice Voucher assistance or for admission to public housing.

I believe the PHA and the CoC should get partial credit for a limited admission preference for HCV/Section 8 assistance, which operates through our PBV (Project-based voucher) program. Of our 4707 HCVs and related Section 8 subsidies, 515 are allocated as PBVs to 24 projects. Of those, 327 PBVs for supportive housing are in the following 19 projects:

1. 7th Landing - 12
2. Crestview (New Foundations) - 31
3. Delancey - 13
4. Fort Road Flats - 8
5. Jackson Street Village - 24
6. Lexington Commons - 47
7. Model Cities/Sankofa - 4
8. Prior Crossing - 32
9. Renaissance Box - 10
10. Rivertown - 6 units for Long-Term Homeless
11. St. Christopher’s - 14
12. Ujamaa - 12
13. YWCA M.L. King Court - 8
14. YWCA Transitional Housing - 36
15. YWCA Cleveland-Saunders - 10
16. Uni-Dale - 15 units for Long-Term Homeless
17. Western U Plaza - 6
18. Winnipeg Apartments - 6
19. Rivertown Commons - 6 units for Long-Term Homeless

Some of those supportive housing projects are required by their other funding to fill their vacancies with families or individuals coming directly out of homeless shelters. That was one of the criteria on which the PHA awarded the long-term PBV HAP contracts to those agencies. Many other residents of those supportive housing projects have experienced homelessness. In effect, therefore, the PHA has set aside a substantial number of HVC subsidies for homeless families and individuals. That set aside operates in a way that is similar to a waiting list admission preference, and in our opinion
it is more effective providing the housing subsidy and supportive services that can keep families and individuals from experiencing homelessness again.

The PHA also administers the HUD subsidies for 75 units for formerly homeless singles at Mary Hall. The units were created (rehabbed) under the Section 8 Mod Rehab SRO program, which is now part of the CoC funding, I believe. Another 6 S8-MR-SRO units for homeless youth are at Salvation Army’s Booth Brown House Foyer, also subsidies administered by the PHA.

I believe all of the units listed above that serve homeless persons have been reported to you by the agencies that own or manage the units, so the PHA reporting “new admissions” would result in double counting.

As you know, the PHA also administers 100 HCV units/subsidies under the Family Unification Program (FUP) and another 176 under the Veterans Affairs Supportive Housing (VASH) programs. Those numbers are reported to you by our partner agencies, RCCHS and the VA, I believe.

I hope this information helps you. If you would like more information or clarification, please feel free to contact me or Dominic Mitchell or Lisa Feidler.

- Al

[Signature]

Al Hester
Housing Policy Director
St Paul Public Housing Agency
555 Wabasha St N., Suite 400
St Paul MN 55102
(w) 651-292-6173 (f) 651-298-4258

---

From: Lisa Feidler
Sent: Wednesday, September 13, 2017 4:46 PM
To: Al Hester
Subject: CoC Homeless Status at Admission- Request for Information

Hi Al-

This is regarding the data for the CoC application that Loni had requested. Sorry for not following up sooner, I am still catching up after the software demo meetings. Her impression that we don’t track this at all is still stemming from Dominic’s initial response; my follow up emails regarding the PIC data etc. went only to you and Dominic, not to Loni.

Dominic and I spoke late last week about a response to Loni and it sounded like he intended to defer to you on this. It appears that Jennifer ended up providing some numbers from Metro HRA after all. I am wondering if we can respond with the numbers from PIC that I sent last week, if there is a way that we can generate this number for the applicable date range, or if there is somewhere else where this would be tracked. Please let me know.

Thanks!

Lisa Feidler
Rental Administrator
St. Paul Public Housing Agency
555 Wabasha St N
Appendix L
VAWA Emergency Transfer Policy

I. Emergency Transfers
In accordance with the Violence Against Women Act (VAWA), the Public Housing Agency of the City of St. Paul (PHA) allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of the PHA to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the PHA has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the programs administered by the PHA are in compliance with VAWA.

II. Eligibility for Emergency Transfers
A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations at 24 CFR Part 5, Subpart L is eligible for an emergency transfer, if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

III. Emergency Transfer Request Documentation
To request an emergency transfer, the tenant must notify the PHA’s management office and submit a written request for a transfer to another PHA location. The PHA will provide reasonable accommodations to this policy for individuals with disabilities. The tenant’s written request for an emergency transfer should include either:

1 Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.
2 Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.
Public Housing Admission & Occupancy Policies

A. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the PHA’s program; OR
B. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant’s request for an emergency transfer.

IV. Confidentiality
The PHA will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless
A. The tenant gives the PHA written permission to release the information on a time limited basis, or
B. Disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program.

This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the “Notice of Occupancy Rights under the Violence Against Women Act For All Tenants” for more information about the PHA’s responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

V. Emergency Transfer Timing and Availability
The PHA cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The PHA will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The PHA may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the PHA has no safe and available units for which a tenant who needs an emergency is eligible, the PHA will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant’s request, the PHA will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

VI. Safety and Security of Tenants
Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.
Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).
Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network’s National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.
Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

Local organizations in Ramsey County offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking. The list of agencies below is maintained on the website of Minnesota Coalition for Battered Women - http://www.mcbw.org

**Ain Dah Yung Center**
Business Line: (651) 227-4184

**Asian Women United of MN**
Business Line: (612) 724-4538
Crisis Line: (612) 724-8823
www.awum.org

**Breaking Free**
Business Line: (651) 645-6557
Crisis Line: (651) 645-6557
www.breakingfree.net

**Bridges to Safety**
Business Line: (651) 266-9901
www.bridgestosafety.org

**Casa De Esperanza**
Business Line: (651) 646-5553
Crisis Line: (651) 772-1611
www.casadesesperanza.org

**CSD of MN Deaf Domestic Violence Program**
TTY Business Line: (651) 487-8867
dvhelp@skytel.com
www.e-s-d.org

**Jewish Family Services of St. Paul**
Business Line: (651) 698-0767
www.jfssp.org

**SEWA-AIFW (Asian Indian Family Wellness)**
Business Line: (952) 912-9100
Crisis Line: (952) 912-9100
www.sewa-aifw.org

**The St. Paul & Ramsey County Domestic Abuse Intervention Project**
Business Line: (651) 645-2824
Crisis Line: (651) 645-2824
www.stpaulintervention.org

**Tubman Center East**
Business Line: (651) 789-6770
Crisis Line: (612) 825-0000
www.tubman.org

**Women of Nations/Eagles Nest Shelter and Community Advocacy Program**
Business Line: (651) 251-1603
Crisis Line: (651) 222-5836
www.women-of-nations.org

**Women's Advocates**
Business Line: (651) 227-9966
Crisis Line: (651) 227-8284
www.wadvocates.org
Here is the CDA's Information~

1) We do not have a homeless preference for the HCV Program. In addition, I don’t know that I can get you the “homeless at admission information” without having to do some serious manual work on this and would not be able to meet your deadline. The individual that did our HUD submissions is no longer with the organization and we have no one in place that has taken over her tasks or that could get the report. I would propose using our data from last year. Our percentage of these is very low.

2) I have attached our HCV Administrative Plan that references VAWA. Exhibit 16-3 is the Emergency Transfer Plan. We however need to, update language to include ESG, COC Program and HOPWA as additional programs that this applies to. We must also update language in the COC program policies that reference these specific requirements.

3) We did not adopt a “move-on” strategy. We are revisiting the service component of our COC Program and are potentially thinking about transferring it to a provider who could do both the services and housing pieces. Having said that and if we do transfer it, whomever takes it on may be interested, especially given the most recent conversations that participation in PSH programs is really not meant to be forever.....

Sarah

Sarah Rensenbrink
Assistant Director of Housing Assistance

Dakota County
Community Development
Agency

1228 Town Centre Drive | Eagan, MN 55123
P: 651-675-4538 | F: 651-287-8068
www.dakotacda.org

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Transition Age Youth - 
Vulnerability Index - 
Service Prioritization Decision Assistance Tool 
(TAY-VI-SPDAT) 

“Next Step Tool for Homeless Youth” 

AMERICAN VERSION 1.0

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1 (800) 355-0420 info@orgcode.com  www.orgcode.com
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:
- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at


SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor’s ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:
- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

**Current SPDAT training available:**
- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

**Other related training available:**
- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at [http://www.orgcode.com/product-category/training/spdat/](http://www.orgcode.com/product-category/training/spdat/)

**The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth**

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.
Administration

Interviewer’s Name

Agency

☐ Team
☐ Staff
☐ Volunteer

Survey Date

Survey Time

Survey Location

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name

Nickname

Last Name

In what language do you feel best able to express yourself?

Date of Birth

Age

Social Security Number

Consent to participate

DD/MM/YYYY

SCORE:

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Couch surfing
   - Outdoors
   - Other (specify):

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

0

2. How long has it been since you lived in permanent stable housing?
   - Years
   - Refused

3. In the last three years, how many times have you been homeless?
   - Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

0

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room?
   b) Taken an ambulance to the hospital?
   c) Been hospitalized as an inpatient?
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
   f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

0

5. Have you been attacked or beaten up since you've become homeless?
   - Y
   - N
   - Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?
   - Y
   - N
   - Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

0
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  □ Y □ N □ Refused
8. Were you ever incarcerated when younger than age 18?  □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.

SCORE: 0

9. Does anybody force or trick you to do things that you do not want to do?  □ Y □ N □ Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE: 0

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  □ Y □ N □ Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?  □ Y □ N □ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE: 0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  □ Y □ N □ Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE: 0

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  □ Y □ N □ Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE: 0
15. Is your current lack of stable housing...
   a) Because you ran away from your family home, a group home or a foster home?  
      Y  N  Refused
   b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  
      Y  N  Refused
   c) Because your family or friends caused you to become homeless?  
      Y  N  Refused
   d) Because of conflicts around gender identity or sexual orientation?  
      Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.  

SCORE: 0

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  
      Y  N  Refused

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  
      Y  N  Refused

18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  
      Y  N  Refused

19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help?  
      Y  N  Refused

20. When you are sick or not feeling well, do you avoid getting medical help?  
      Y  N  Refused

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  
      Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.  

SCORE: 0
22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? 🗡️ Y 🗡️ N 🗡️ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? 🗡️ Y 🗡️ N 🗡️ Refused

24. If you’ve ever used marijuana, did you ever try it at age 12 or younger? 🗡️ Y 🗡️ N 🗡️ Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

SCORE: 0

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern? 🗡️ Y 🗡️ N 🗡️ Refused

   b) A past head injury? 🗡️ Y 🗡️ N 🗡️ Refused

   c) A learning disability, developmental disability, or other impairment? 🗡️ Y 🗡️ N 🗡️ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? 🗡️ Y 🗡️ N 🗡️ Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

SCORE: 0

**IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.**

SCORE: 0

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? 🗡️ Y 🗡️ N 🗡️ Refused

28. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication? 🗡️ Y 🗡️ N 🗡️ Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

SCORE: 0

---

Scoring Summary

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<th>SUBTOTAL</th>
<th>RESULTS</th>
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</thead>
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<td>🗡️</td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
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<td>🗡️</td>
</tr>
<tr>
<td>B. RISKS</td>
<td>0</td>
<td>🗡️</td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
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<td>🗡️</td>
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<tr>
<td>D. WELLNESS</td>
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<tr>
<td><strong>GRAND TOTAL:</strong></td>
<td>1</td>
<td>🗡️</td>
</tr>
</tbody>
</table>

**Score:** Recommendation:

0-3: no moderate or high intensity services be provided at this time

4-7: assessment for time-limited support with moderate intensity

8+: assessment for long-term housing with high service intensity
### Follow-Up Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
</table>
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: ____________________  
  time: ___ : ____ or Night |
| Is there a phone number and/or email where someone can get in touch with you or leave you a message? | phone: (____) ____ - _______  
  email: ____________________ |
| Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? | ☐ Yes  ☐ No  ☐ Refused |

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning
Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.
The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don’t worry, we can provide instructions on how these relate to results from Version 1).
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.
A partial list of continua of care (Cocs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**
- Parts of Alabama Balance of State

**Arizona**
- Statewide

**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**
- District of Columbia

**Florida**
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**
- Atlanta County
- Fulton County
- Columbus-Muscogee/Kell County
- Marietta/Cobb County
- Dekalb County

**Hawaii**
- Honolulu

**Illinois**
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**
- Parts of Iowa Balance of State

**Kansas**
- Kansas City/Wyandotte County

**Kentucky**
- Louisville/Jefferson County

**Louisiana**
- Lafayette/Acadia
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County
- Montpelier
- Baltimore City
- Montgomery County

**Maine**
- Statewide

**Michigan**
- Statewide

**Minnesota**
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota
- St. Louis County
- St. Louis City
- Hopkins/Jasper, Newton Counties
- Kansas City/Independence/Lee’s Summit/Jackson County
- Parts of Missouri Balance of State

**Missouri**
- Jackson/Johnston, Madison Counties
- Gulf Port/Gulf Coast Regional
- Winston Salem/Forsyth County
- Ashe County/Unconter County
- Greensboro/High Point

**North Dakota**
- Statewide

**Nebraska**
- Statewide

**New Mexico**
- Statewide

**New York**
- New York City
- York/Beacon/Verona/New Rochelle/Westchester County

**Ohio**
- Toledo/Lucas County
- Canton/Massillon/Alliance/Youngstown
- Stark County

**Oklahoma**
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**
- Philadelphia
- Lower Marion/Norristown/Abington/Germantown
- Allentown/North East Pennsylvania
- Lancaster County & City
- Bristol/Bensalem/Bucks County
- Pittsburgh/Kenner/Penn Hills/Allegheny County

**Rhode Island**
- Statewide

**South Carolina**
- Charleston/Low Country
- Columbia/Midlands

**Tennessee**
- Chattanooga/Southwest Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City & County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**
- Statewide

**Virginia**
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**
- Seattle/King County
- Spokane City & County

**Wisconsin**
- Statewide

**West Virginia**
- Statewide

**Wyoming**
- Wyoming Statewide is in the process of implementing
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS
Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:
- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor’s ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:
- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/
SPDAT Training Series
To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:
- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:
- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/
### Administration

<table>
<thead>
<tr>
<th>Interviewer's Name</th>
<th>Agency</th>
<th>Team</th>
<th>Staff</th>
<th>Volunteer</th>
</tr>
</thead>
</table>

**Survey Date**

DD/MM/YYYY ___/___/_____

**Survey Time**

___:___

**Survey Location**

---

### Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point In Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

### Basic Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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**In what language do you feel best able to express yourself?**

---

**Date of Birth**

DD/MM/YYYY ___/___/_____

**Age**

___

**Social Security Number**

___

**Consent to participate**

□ Yes  □ No

**No second parent currently part of the household**

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<table>
<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
</tr>
</thead>
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</tbody>
</table>

**In what language do you feel best able to express yourself?**

---

**Date of Birth**

DD/MM/YYYY ___/___/_____

**Age**

___

**Social Security Number**

___

**Consent to participate**

□ Yes  □ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.  

| SCORE: |
Children

1. How many children under the age of 18 are currently with you? _______ □ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _______ □ Refused
3. If HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? □ Y □ N □ Refused
4. Please provide a list of children’s names and ages:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If there is a single parent with 2+ children, and/or a child aged 11 or younger, and/or a current pregnancy, then score 1 for Family Size.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Outdoors
   - Other (specify):
   □ Refused

If the person answers anything other than “shelter”, “transitional housing”, or “safe haven”, then score 1.

<table>
<thead>
<tr>
<th>SCORE:</th>
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<tbody>
<tr>
<td>1</td>
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</table>

6. How long has it been since you and your family lived in permanent stable housing? _______ □ Refused

7. In the last three years, how many times have you and your family been homeless?

If the family has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.

<table>
<thead>
<tr>
<th>SCORE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
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</table>
B. Risks

8. In the past six months, how many times have you or anyone in your family...
   a) Received health care at an emergency department/room? ✓ Refused
   b) Taken an ambulance to the hospital? ✓ Refused
   c) Been hospitalized as an inpatient? ✓ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ✓ Refused
   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ✓ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ✓ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ✓ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ✓ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ✓ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ✓ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don’t know, share a needle, or anything like that? ✓ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?  
- Y, N, Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  
- Y, N, Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.  
SCORE: 0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  
- Y, N, Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.  
SCORE: 0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  
- Y, N, Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.  
SCORE: 0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  
- Y, N, Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.  
SCORE: 0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  
- Y, N, Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  
- Y, N, Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?  
- Y, N, Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  
- Y, N, Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  
- Y, N, Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.  
SCORE: 0
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern?  Y  N  Refused
   b) A past head injury?  Y  N  Refused
   c) A learning disability, developmental disability, or other impairment?  Y  N  Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?  Y  N  N/A or Refused

**IF "YES", SCORE 1 FOR TRI-MORBIDITY.**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?  Y  N  Refused

30. Are there any medications like painkillers that you or anyone in your family don’t take the way the doctor prescribed or where they sell the medication?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

31. **YES OR NO:** Has your family’s current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  Y  N  Refused

**IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.**

SCORE: 0
E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?

35. Has any child in the family experienced abuse or trauma in the last 180 days?

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older?

b) 2 or more hours per day for children aged 12 or younger?

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER OR 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.
Scoring Summary

| DOMAIN                                | SUBTOTAL | RESULTS
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>PRE-SURVEY</td>
<td>0</td>
<td>/2</td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>1</td>
<td>/2</td>
</tr>
<tr>
<td>B. RISKS</td>
<td>0</td>
<td>/4</td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>0</td>
<td>/4</td>
</tr>
<tr>
<td>D. WELLNESS</td>
<td>0</td>
<td>/6</td>
</tr>
<tr>
<td>E. FAMILY UNIT</td>
<td>0</td>
<td>/4</td>
</tr>
<tr>
<td><strong>GRAND TOTAL:</strong></td>
<td><strong>2</strong></td>
<td><strong>/22</strong></td>
</tr>
</tbody>
</table>

**Score:** Recommendation:
- 0-3 no housing intervention
- 4-8 an assessment for Rapid Re-Housing
- 9+ an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

place: ____________________________
time: ___ : ___ or Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

phone: (___) ______-__________
email: ____________________________

Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?  
☐ Yes  ☐ No  ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning
Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:
• it is shorter, usually taking less than 7 minutes to complete;
• subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
• medical, substance use, and mental health questions are all refined;
• you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
• the scoring range is slightly different (Don’t worry, we can provide instructions on how these relate to results from Version 1).
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.
A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**
- Parts of Alabama Balance of State
- Statewide

**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**
- District of Columbia

**Florida**
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

**Hawaii**
- Honolulu

**Illinois**
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**
- Parts of Iowa Balance of State

**Kansas**
- Kansas City/Wyandotte County

**Kentucky**
- Louisville/Jefferson County

**Louisiana**
- Lafayette/Acadia
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

**Maryland**
- Baltimore City
- Montgomery County

**Maine**
- Statewide

**Michigan**
- Statewide

**Minnesota**
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota
- St. Louis County
- St. Louis City
- Joliet/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional
- Winston Salem/Forsyth County
- Asheburg/Buncombe County
- Greensboro/High Point

**North Dakota**
- Statewide

**Nebraska**
- Statewide

**New Mexico**
- Statewide

**Nebraska**
- Las Vegas/Clark County

**New York**
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

**Ohio**
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

**Oklahoma**
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**
- Philadelphia
- Lower Mariner/Norristown/Abington/Montgomery County
- Allentown/North East Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

**Rhode Island**
- Statewide

**South Carolina**
- Charleston/Low Country
- Columbia/Midlands

**Tennessee**
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**
- Statewide

**Virginia**
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**
- Seattle/King County
- Spokane City & County

**Wisconsin**
- Statewide

**Wyoming**
- Wyoming Statewide is in the process of implementing
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Prescreen Triage Tool for Single Adults

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SPDAT Training Series
To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:
- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:
- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/
Administration

| Interviewer's Name | Agency | ☐ Team  
|--------------------|-------|---------
|                    |       | ☐ Staff 
|                    |       | ☐ Volunteer |

Survey Date

DD/MM/YYYY ___/___/_____ __ __ __

Survey Time

Survey Location

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed To assess your current needs and eligibility for services
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored On the central wait list (Housing coordinators in Scott & Carver)
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In what language do you feel best able to express yourself?

Date of Birth

DD/MM/YYYY ___/___/_____ __ __ __

Age

Social Security Number

Consent to participate

☐ Yes   ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

0
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Outdoors
   - Other (specify):
   [ ] Refused


2. How long has it been since you lived in permanent stable housing?
   ___ Years  [ ] Refused

3. In the last three years, how many times have you been homeless?
   ___ Times  [ ] Refused

   IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room?  [ ] Refused
   b) Taken an ambulance to the hospital?  [ ] Refused
   c) Been hospitalized as an inpatient?  [ ] Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?  [ ] Refused
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?  [ ] Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?  [ ] Refused

   IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

5. Have you been attacked or beaten up since you’ve become homeless?  [Y] [N] [ ] Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  [Y] [N] [ ] Refused

   IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

   SCORE: 0
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  
- Yes (Y)  
- No (N)  
- Refused (R)

**IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.**  
**SCORE:** 0

8. Does anybody force or trick you to do things that you do not want to do?  
- Yes (Y)  
- No (N)  
- Refused (R)

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that?  
- Yes (Y)  
- No (N)  
- Refused (R)

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.**  
**SCORE:** 0

**C. Socialization & Daily Functioning**

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  
- Yes (Y)  
- No (N)  
- Refused (R)

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  
- Yes (Y)  
- No (N)  
- Refused (R)

**IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.**  
**SCORE:** 0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  
- Yes (Y)  
- No (N)  
- Refused (R)

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.**  
**SCORE:** 0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  
- Yes (Y)  
- No (N)  
- Refused (R)

**IF "NO," THEN SCORE 1 FOR SELF-CARE.**  
**SCORE:** 0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  
- Yes (Y)  
- No (N)  
- Refused (R)

**IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.**  
**SCORE:** 0
D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? ☐ Y ☐ N ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

If "YES" to any of the above, then score 1 for Physical Health.

Score:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

If "YES" to any of the above, then score 1 for Substance Use.

Score:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
   b) A past head injury? ☐ Y ☐ N ☐ Refused
   c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? ☐ Y ☐ N ☐ Refused

If "YES" to any of the above, then score 1 for Mental Health.

Score:

0

If the respondent scored 1 for Physical Health and 1 for Substance Use and 1 for Mental Health, score 1 for Tri-Morbidity.

Score:

0
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  □ Y □ N □ Refused

26. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

**SCORE:** 0

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?

**IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.**

**SCORE:** 0

### Scoring Summary

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-SURVEY</td>
<td>0 / 1</td>
<td>Score:</td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>1 / 2</td>
<td>0-3:</td>
</tr>
<tr>
<td>B. RISKS</td>
<td>0 / 4</td>
<td>no housing intervention</td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>0 / 4</td>
<td>4-7:</td>
</tr>
<tr>
<td>D. WELLNESS</td>
<td>0 / 6</td>
<td>an assessment for Rapid Re-Housing</td>
</tr>
</tbody>
</table>

**GRAND TOTAL:** 0 / 17

### Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

place: ____________________________

time: ___ : ___ or Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

phone: (___) ___ - _________

e-mail: ____________________________

Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?  □ Yes □ No □ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning
Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don’t worry, we can provide instructions on how these relate to results from Version 1).
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.
VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**
- Parts of Alabama Balance of State

**Arizona**
- Statewide

**California**
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendora
- San Luis Obispo County

**Colorado**
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**
- District of Columbia

**Florida**
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville/Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Macon/Bibb County
- DeKalb County

**Hawaii**
- Honolulu

**Illinois**
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**
- Parts of Iowa Balance of State

**Kansas**
- Kansas City/Wyandotte County

**Kentucky**
- Louisville/Jefferson County

**Louisiana**
- Lafayette/Acadia
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

**Maryland**
- Baltimore City
- Montgomery County

**Maine**
- Statewide

**Michigan**
- Statewide

**Minnesota**
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

**Missouri**
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

**North Dakota**
- Statewide

**Nebraska**
- Statewide

**New Mexico**
- Statewide

**Nevada**
- Las Vegas/Clark County

**New York**
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

**Ohio**
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

**Oklahoma**
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**
- Philadelphia
- Lower Mariner/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeenstwn/Penn Hills/Allegheny County

**Rhode Island**
- Statewide

**South Carolina**
- Charleston/Low Country
- Columbia/Midlands

**Tennessee**
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City & County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**
- Statewide

**Virginia**
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**
- Seattle/King County
- Spokane City & County

**Wisconsin**
- Statewide

**Wyoming**
- Wyoming Statewide is in the process of implementing

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1 (800) 355-0420 info@orgcode.com www.orgcode.com
# Coordinated Entry for Everyone: Supplemental Questions

## Assessment Information (Assessor Only)

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Client HMIS ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Completed:</td>
<td>Date/ Time Completed:</td>
</tr>
</tbody>
</table>

## 1. Assessor Information (Assessor Only)

<table>
<thead>
<tr>
<th>Assessor Name:</th>
<th>Assessor Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor Agency:</td>
<td>Assessor Phone:</td>
</tr>
</tbody>
</table>

## 2. Client Demographic Information:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race: (check all that apply)</th>
<th>Gender (check all that apply)</th>
<th>Relationship to Head of Household:</th>
<th>Ethnicity: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>□ Female □ Male □ Other</td>
<td>□ Transgender - Male to Female</td>
<td>□ Non Latino/Hispanic</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td>Male to Female</td>
<td>□ Latino/Hispanic</td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
<td>Female to Male</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Gender Pronouns:</th>
<th>Are you enrolled in a Minnesota Tribe?</th>
<th>Legal Marital Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ No □ Yes Please list Tribe:</td>
<td>□ Never Married □ Married</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Divorced □ Separated □ Widowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What county are you staying in? (county of residence):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single Adult (Age 25 and over) (Should receive the VI-SPDAT)</td>
</tr>
<tr>
<td>□ Youth Headed Family (head of household age 24 and under with dependents) (Should receive the VI-F-SPDAT)</td>
</tr>
<tr>
<td>□ Adult Headed Family (head of household age 25 and over with dependents) (Should receive the VI-F-SPDAT)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single Adult (Age 25 and over) (Should receive the VI-SPDAT)</td>
</tr>
<tr>
<td>□ Youth Headed Family (head of household age 24 and under with dependents) (Should receive the VI-F-SPDAT)</td>
</tr>
<tr>
<td>□ Adult Headed Family (head of household age 25 and over with dependents) (Should receive the VI-F-SPDAT)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of Persons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Unaccompanied Youth (Age 24 and under) (Should receive the Next Steps Assessment [TAY-VISPDAT])</td>
</tr>
<tr>
<td>□ Total Number of Persons:</td>
</tr>
<tr>
<td>□ Total Number of Children (Age 17 and under):</td>
</tr>
<tr>
<td>□ Number of Adults (Age 18 and over):</td>
</tr>
</tbody>
</table>

## 3. Client Contact Information

<table>
<thead>
<tr>
<th>Client Phone:</th>
<th>Client Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Can we leave a confidential voicemail or text for you at the phone number provided? □ No □ Yes
4. **Alternate Contact Information**

If we are unable to contact you, do you have anyone else that you would like to list as secondary contacts? □ No □ Yes  *Please list below:*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Cell:</td>
<td>Cell:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

Can we speak with the contacts you listed as to leave information for you? □ Yes □ No

Can we leave a confidential voicemail/text for you at the phone numbers provided? □ Yes □ No

---

5. **All Dependents in Household** *(For families with dependents only. Otherwise skip to Section 6)*

Please provide the following information for each child within your household:

<table>
<thead>
<tr>
<th>1</th>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age:</td>
<td>DOB:</td>
<td>SSN:</td>
</tr>
<tr>
<td></td>
<td>Race: <em>(check all that apply)</em></td>
<td>Gender: <em>(check all that apply)</em></td>
<td>Ethnicity:</td>
</tr>
<tr>
<td></td>
<td>□ American Indian/Alaskan Native</td>
<td>□ Black/African American</td>
<td>□ Non Latino/Hispanic</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian/Pacific Islander</td>
<td>□ White/Caucasian</td>
<td>□ Latino/Hispanic</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
<td>□ Transgender</td>
<td>□ Other</td>
</tr>
<tr>
<td>School/Daycare:</td>
<td>Grade:</td>
<td>Location: <em>(City/State)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age:</td>
<td>DOB:</td>
<td>SSN:</td>
</tr>
<tr>
<td></td>
<td>Race: <em>(check all that apply)</em></td>
<td>Gender: <em>(check all that apply)</em></td>
<td>Ethnicity:</td>
</tr>
<tr>
<td></td>
<td>□ American Indian/Alaskan Native</td>
<td>□ Black/African American</td>
<td>□ Non Latino/Hispanic</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian/Pacific Islander</td>
<td>□ White/Caucasian</td>
<td>□ Latino/Hispanic</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
<td>□ Transgender</td>
<td>□ Other</td>
</tr>
<tr>
<td>School/Daycare:</td>
<td>Grade:</td>
<td>Location: <em>(City/State)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age:</td>
<td>DOB:</td>
<td>SSN:</td>
</tr>
<tr>
<td></td>
<td>Race: <em>(check all that apply)</em></td>
<td>Gender: <em>(check all that apply)</em></td>
<td>Ethnicity:</td>
</tr>
<tr>
<td></td>
<td>□ American Indian/Alaskan Native</td>
<td>□ Black/African American</td>
<td>□ Non Latino/Hispanic</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian/Pacific Islander</td>
<td>□ White/Caucasian</td>
<td>□ Latino/Hispanic</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
<td>□ Transgender</td>
<td>□ Other</td>
</tr>
<tr>
<td>School/Daycare:</td>
<td>Grade:</td>
<td>Location: <em>(City/State)</em></td>
<td></td>
</tr>
</tbody>
</table>
6. **Veteran Status**

Have you ever served in a branch of the United States Military?  
☐ No (skip to section 8)  ☐ Yes

Approx. how many months did you serve?  

Did you enter Active Duty before 9/7/1980?  
☑ No  ☐ Yes

Did you serve on Active Duty, in the National Guard or Reserves?  
☐ No  ☐ National Guard  ☐ Reserves

☐ Yes, Active Duty (regardless of Guard or Reserves responses)  ☐ Both Guard and Reserves

(if Guard or Reserve) Were you ever called into active duty as a member of the National Guard of Reservists?  
☐ No  ☐ Yes

What kind of discharge did you have?  
☐ Honorable or under honorable conditions  ☐ Other than honorable but not dishonorable  ☐ Dishonorable

Has the client been referred to the Homeless Veteran Registry?  
☐ No  ☐ Yes

SQUARES Confirmation: (assessor only)  
☐ No, could not confirm veteran status  ☐ Yes, client is a confirmed veteran  ☐ Did not check SQUARES

7. **Housing History** *(include all housing, hospital, institution, and emergency shelter visits. Start with the most recent)*

Let's go through every place you've stayed for at least one night in the last five years:

<table>
<thead>
<tr>
<th>Move-In Date</th>
<th>Move-Out Date</th>
<th>Residence Type <em>(ie: client rental, shelter, camping, psychiatric hospital, etc...)</em></th>
<th>State</th>
<th>City</th>
<th>Lease Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Do you have any existing housing vouchers or rental subsidies?  
☐ No  ☐ Yes (clients may be expected to revoke their voucher/subsidy)

Is it possible for you to live safely with a relative or a friend? *(for youth only)*  
☐ No  ☐ Yes

**MN Homeless Status:** *(for assessors only - please review the Supplemental Questions Reference Sheet for Housing Status definitions)*

☐ Not currently homeless  ☐ 1st time homeless and less than one year without a home

☐ Multiple times homeless, but NOT long term homeless  ☐ Long Term Homeless: At least 1 year OR at least 4 times in the last three years

**Chronic Homeless Status:** *(for assessors only - please review the Supplemental Questions Reference Sheet for Housing Status definitions)*

Residence prior to assessment:

Length of stay in previous place:

Chronic Homeless?  ☐ Yes  ☐ No

**HUD Homeless Status:** *(for assessors only - please review the Supplemental Questions Reference Sheet for Housing Status definitions)*

☐ Category 1 – unsheltered or staying in emergency shelter

☐ Category 2 – imminent risk of homelessness/ will lose primary residence within 14 days

☐ Category 3 – RHY homeless (youth only)  ☐ Category 4 – fleeing domestic violence (only if all other categories do not apply and fleeing)

☐ At Risk of Homelessness  ☐ Stably Housed

---

*Supplemental Questions for Ramsey County Residents (version 4.1) - July 2017*
8. **TERMINATIONS/ DISQUALIFICATIONS**

Have you been terminated or disqualified from a housing program, Section 8, or public housing?

<table>
<thead>
<tr>
<th>□ No</th>
<th>□ Yes Please list below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **EVictions/ UNLAWFUL DETAINERS**

Do you have a current eviction notice?  □ No □ Yes  Court Date:

Do you have any previous unlawful detainees or evictions?  □ No □ Yes Please list below;

<table>
<thead>
<tr>
<th>Previous Unlawful Detainer or Eviction</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **SYSTEMS INVOLVEMENT** *(FOR YOUTH AGE 24 AND UNDER ONLY)*

Are you currently in foster care or a ward of the state?  □ No □ Yes

Are you currently a ward of the state due to involvement with the criminal justice system?  □ No □ Yes

Have you ever been in foster care/out of home placement for more than 30 days after age 14?  □ No □ Yes

Will your parent or guardian give you permission to live independently?  □ No □ Yes

11. **DEBTS/ MONEY OWED** *(PLEASE LIST ALL RELEVANT DEBTS AND AMOUNTS)*

Do you owe any money to public housing (PHA)  □ No □ Yes

12. **FOSTER CARE/ CHILD PROTECTION**

Were you ever in foster care?  □ No □ Yes

Have any of your children ever been in foster care?  □ No □ Yes  Names:

Do you have a child protection case open?  □ No □ Yes  Case worker name:

Case worker organization:

Case worker contact info:
### 13. INCOME/EMPLOYMENT

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount (approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-employed</td>
<td>$</td>
</tr>
<tr>
<td>Social Security (RSDI)</td>
<td>$</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td>$</td>
</tr>
<tr>
<td>MN Family Investment Program (MFIP)</td>
<td>$</td>
</tr>
<tr>
<td>MN Supplemental Aid (MSA)</td>
<td>$</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>$</td>
</tr>
<tr>
<td>Food Support only</td>
<td>$</td>
</tr>
<tr>
<td>Veteran Benefit</td>
<td>$</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Tribal Payments</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Child support or spousal support</td>
<td>$</td>
</tr>
<tr>
<td>Other earned income</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOAL MONTHLY INCOME:**

**Non Cash Benefits:**
- SNAP
- TANF Child Care
- TANF Transportation
- Temporary Rent Assistance
- Medical Assistance
- WIC
- Section 8/Rental Assistance
- Other:

*(If receiving non cash benefits) From which county are you receiving non cash benefits?*

### 14. EDUCATION

**Highest level of education attained:**
- Some High School
- Technical Certificate
- High School Diploma
- Bachelor’s Degree – BA/BS
- GED
- Master’s Degree
- Associates Degree – AA/AS
- Doctorate or post-doctorate

**Are you currently enrolled in school?**
- No
- Yes

- Name of school:
- Level of education:
- Area of study (if applicable):

**Are you currently applying for school?**
- No
- Yes

- Name of school:
- Level of education:
- Area of study (if applicable):

**Will you be enrolled in school in the next 6 months?**
- No
- Yes, Full Time
- Yes, Part Time
15. **LEGAL HISTORY**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a restraining order?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you subject to a restraining order?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently in a custody battle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been arrested, charged, or convicted?</td>
<td></td>
<td>Yes (skip to section 15)</td>
</tr>
<tr>
<td>Do have any felonies?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do have any misdemeanors?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of arson?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of a property crime?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of any violent offenses against people?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an active warrant?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of a sex offense?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If yes to previous question) Do you have to register as a sex offender?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Sex Offender Level:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of a drug crime?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of most recent offense:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If yes to previous question) Have you ever been convicted of methamphetamine production?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

16. **TRAFFICKING/DOMESTIC VIOLENCE**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been involved in dancing, stripping, prostitution, survival sex, or trafficking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Is anyone currently trying to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>How long have you been thinking about leaving? (To establish length of time homeless.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. **CHEMICAL/BEHAVIORAL HEALTH**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you pregnant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a disability of long duration?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Please list below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been determined to have a serious and persistent mental illness (SPMI) (not for youth under 18)</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Diagnosis</th>
<th>Type: (Physical/ Mental/ Chemical/Developmental)</th>
<th>Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of diagnosis:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of diagnosis:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date of diagnosis:</td>
</tr>
</tbody>
</table>
Do any of your dependents have a disability? (for families only)

<table>
<thead>
<tr>
<th>Name</th>
<th>Current Diagnosis</th>
<th>Type: (Physical/ Mental/ Chemical/Developmental)</th>
<th>Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been in chemical dependency treatment?  

Have you ever struggled with substance abuse?  

Have you ever struggled with alcohol abuse?  

Are you currently using drugs or alcohol?  

Are you working with ACT, CTI, TCM, mental health worker, or any other case manager?  

Case worker name:  
Case worker organization:  
Case worker contact info:

18. HOUSING PREFERENCE

Do you have a health condition that requires an accommodation?  

Would you like to live in sober housing?  

Would you be willing to live in shared housing (single resident occupancy)?  

Do you prefer to live in scattered or site based supportive housing?  

Would you prefer to live in culturally specific supportive housing?  

Is there any place in Ramsey County you would like to live?  

Is there any place in Ramsey County you cannot or would not like to live?  

Do you have a partner whom you plan to live with?  

Do you have any children you plan to live with? (singles only)  

Is there anyone else you plan to live with?  

Are there any children that do not live with you?  

Supplemental Questions for Ramsey County Residents (version 4.1) - July 2017
# Heading Home Ramsey: 2018 CoC Competition Project Evaluation and Scoring

**Organization:**
- Project Name: 
- Project Type: 
- Project Performance Report Start Date: 1/1/2017
- Project Performance Report End Date: 12/31/2017

## Measured Measures (Scoring)

<table>
<thead>
<tr>
<th>Measure (Scoring)</th>
<th>Definition</th>
<th>Source</th>
<th>Low</th>
<th>Mid</th>
<th>High</th>
<th>Achievement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Threshold Requirements (All Projects)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinated Entry Participation (0, 1)</td>
<td>Renewal projects currently report and fill vacancies from Ramsey Coordinated Entry. New projects agree to report and fill vacancies from Ramsey Coordinated Entry.</td>
<td>Pre Application</td>
<td>&quot;No&quot;</td>
<td>&quot;Yes&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documented Secure Minimum Match (0, 1)</td>
<td>Projects report securing minimum match and have supporting documentation.</td>
<td>Pre Application</td>
<td>&quot;No&quot;</td>
<td>&quot;Yes&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost (0, 1)</td>
<td>Project has reasonable costs per permanent housing exit.</td>
<td>Project Application Section 6E &amp; HMIS Report &quot;CoC Summary Data Completeness Report for Entry-Exit Programs V.2016.3&quot;</td>
<td>&quot;No&quot;</td>
<td>&quot;Yes&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Feasibility (0, 1)</td>
<td>Project has financial commitments equal to or exceeding their project budget.</td>
<td>Project Application Section 6E</td>
<td>&quot;No&quot;</td>
<td>&quot;Yes&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Stability (0, 1)</td>
<td>Applicant's financial statements for previous fiscal year demonstrates financial stability sufficient to support operation of the project during the next operating year.</td>
<td>Financials Submitted</td>
<td>&quot;No&quot;</td>
<td>&quot;Yes&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHR Participation (0, 1)</td>
<td>Renewal project agency actively participates in HHR Governing Board/Committee/Subcommittee meetings. New projects agree to participate in HRR Governing Board/Committee/Subcommittee meetings.</td>
<td>Pre Application</td>
<td>&quot;No&quot;</td>
<td>&quot;Yes&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Model (All Projects)</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Low Barrier Program Eligibility</strong> (-1, 0, 2)</td>
<td>Number of options selected indicating clients are not screened out from accessing project. (excludes &quot;None of the above&quot; as an option)</td>
<td>Project Application Section 3B.3.b + 3B.3.c</td>
<td>≤6 of 8 options</td>
<td>7 of 8 options</td>
<td>8 of 8 options</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing First</strong> (-1, 3)</td>
<td>Response to Housing First question (3B.3.d) (excludes &quot;None of the above&quot; as an option)</td>
<td>3B.3.d</td>
<td>&quot;No&quot;</td>
<td>N/A</td>
<td>&quot;Yes&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Performance - Operations (Renewal Projects Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bed Utilization</strong> (0, 1, 2)</td>
</tr>
<tr>
<td><strong>Funding Management: Unspent Funds</strong> (-1, 0, 1)</td>
</tr>
<tr>
<td><strong>Funding Management: Drawdowns</strong> (-1, 0, 1)</td>
</tr>
<tr>
<td><strong>HMIS Data Quality</strong> (-1, 0, 1)</td>
</tr>
<tr>
<td><strong>High Barrier Clients Served</strong> (0,1,3)</td>
</tr>
<tr>
<td><strong>Exits to Permanent Destinations</strong> (1, 0, 1)</td>
</tr>
<tr>
<td>Maintain or Increase Income From Employment (0, 1, 2)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Maintain or Increase Total Income (-1, 1, 2)</td>
</tr>
<tr>
<td>Return to Homelessness (0, 1, 2)</td>
</tr>
</tbody>
</table>

**Project Performance - Project (Renewal Permanent Supportive Housing Projects Only)**

<table>
<thead>
<tr>
<th>Chronic (-1, 1, 3)</th>
<th>Percentage of CoC-funded beds dedicated to serve chronically homeless households.</th>
<th>Project Application Section 4B.3</th>
<th>&lt;1% CoC-funded beds</th>
<th>1% ≤ and &lt;75% CoC-funded beds</th>
<th>≥75% CoC-funded beds (includes 100% Dedicated projects)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Stability: 6 Months (0, 1, 2)</td>
<td>Percent of participants who maintained housing stability within 180 days.</td>
<td>HMIS Report &quot;0625 - HUD CoC APR - v27&quot; OR APR Q27</td>
<td>All percentages less than one standard deviation from the mean percentages ((X&lt;\mu-\sigma)^2)</td>
<td>All percentages plus or minus one standard deviation from the mean percentages ((\mu-\sigma \leq X \leq \mu + \sigma)^2)</td>
<td>All percentages greater than one standard deviation from the mean percentages ((X&gt;\mu+\sigma)^2)</td>
</tr>
</tbody>
</table>

**Project Performance - Project (Renewal Rapid Re-Housing)**

| Length of Stay (0, 1, 2) | Average length of time from project entry to move in. | TBD | All percentages less than one standard deviation from the mean percentages \((X<\mu-\sigma)^2\) | All percentages plus or minus one standard deviation from the mean percentages \((\mu-\sigma \leq X \leq \mu + \sigma)^2\) | All percentages greater than one standard deviation from the mean percentages \((X>\mu+\sigma)^2\) |

**Total Score**

PSH Max Score: 32
RRH Max Score: 29
TH Max Score: 27
New Project Max Score: 12
Endnotes
1. ["Total Dedicated CH Beds" + "Total Beds"]
2. [(total leavers - leavers exiting within 6 months) + total clients]
3. [leavers exiting to permanent destinations + total leavers]
4. [L-(adult leavers and stayers who retained earned income category and no change at followup/exit as at entry to exit + adult leavers and stayers who retained earned income category and increased at followup/exit + adult leavers and stayers who did not have the earned income category at entry and gained it at followup/exit) + total adults]]
5. Permanent Destinations include the following HMIS exit destinations: Owned by client, no ongoing subsidy; Owned by client, with ongoing subsidy; Rental by client, no ongoing subsidy; Rental by client, VASH subsidy; Rental by client, other ongoing subsidy; PSH for homeless persons; Living with family, permanent tenure; Living with friends, permanent tenure; Foster care home or group foster care home; Psychiatric facility; Substance abuse or detox facility; Hospital (non-psychiatric); Deceased;
6. [(adult leavers and stayers who retained any income category and no change at followup/exit as at entry to exit + adult leavers and stayers who retained any income category and increased at followup/exit + adult leavers and stayers who did not have the any income category at entry and gained it at followup/exit) + total adults]
7. [leavers exiting to permanent destinations + total leavers]
8. [(adult leavers and stayers who retained earned income category and no change at followup/exit as at entry to exit + adult leavers and stayers who retained earned income category and increased at followup/exit + adult leavers and stayers who did not have the earned income category at entry and gained it at followup/exit) + total adults]
9. [(adult leavers and stayers who retained any income category and no change at followup/exit as at entry to exit + adult leavers and stayers who retained any income category and increased at followup/exit + adult leavers and stayers who did not have the any income category at entry and gained it at followup/exit) + total adults]
10. average persons served in one year/total beds
11. Cost per permanent housing exit can be determined by dividing total project costs by the number of permanent housing exits. These costs are averaged across all projects within a project type to determine the average cost per permanent housing exit for the community for that project type.
12. All scoring ranges for this indicator are set by project type (i.e. PSH project scoring ranges only apply to PSH projects, TH scoring ranges apply only to TH projects, etc.).
13. Due to lack of clarity around expectations for TH and PSH projects, length of stay indicators were excluded for these project types. In future competitions Housing Home Ramsey will add definition to standards and best practices regarding length of stay for all project types. Length of stay indicators for all project types will be added in future competitions.
St. Paul/Ramsey CoC - FY2018 Collaborative App and Priority Listing App
7 messages

Heading Home Ramsey Continuum of Care <hhramseycoc@gmail.com> Wed, Sep 12, 2018 at 9:53 PM
To: Heading Home Ramsey Continuum of Care <hhramseycoc@gmail.com>
Cc: Loni Aadal <loni.aadal@co.ramsey.mn.us>, "Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US)"

Bcc: Alan.ostergaard@radiashelth.org, Alexandra.piechowicz@co.ramsey.mn.us, Allison.shaul@cttwincities.org, "Ann M. Pollard" <ann.pollard@wild.org>, Chris Maida <cmaida@chdcmn.org>, Alanna Hinz <alanna.hinz@cttwincities.org>, ben3@nationalchecking.com, "Ben Weiss" <ben.weiss@smrsls.org>, Bethany Santema

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Good evening all,

This is the public email notification that the St. Paul/Ramsey CoC Collaborative Application and Priority Listing Application for FY2018 HUD CoC NOFA is publicly posted online at https://www.headinghomerramsey.org/documents

Additionally, here is the shareable link to the Heading Home Ramsey Google Drive folder: https://drive.google.com/open?id=1IE5_U_llytWj9dB2ZPKLpkb-9MmvBxui

For CoC funded projects and voting members (and non-voting members) of the Heading Home Ramsey Governing Board (HHRGB), please read through the Collaborative Application and please let Loni Aadalen and Zachary Hylton know of any edits **before 4pm on Friday, September 14th**. Loni will then edit and re-post that evening so that the Priority Listing Application and Collaborative Application can be submitted Monday morning (HUD requires a minimum 2 day posting of final application prior to submitting).

As always, please let us know of any questions or concerns!

Thank you,
Loni

P.S. The links are also posted on the Heading Home Ramsey Facebook page!!!! Please like us on social media!
FY 2018 CoC NOFA Documents

FY2018 CoC Public Posting of Project Selections and Ranking:
https://drive.google.com/file/d/1YXGuCbIUhsUr3wGFCBKohzZhQnaSgkXm/view
(https://drive.google.com/file/d/1YXGuCbIUhsUr3wGFCBKohzZhQnaSgkXm/view)

(https://drive.google.com/open?id=14Mn88DwVrM9dUbnZ2DXC-yWPxqGY3iVw)

(https://drive.google.com/open?id=1IE5_U1lytWJjdB2ZPKLpkb-9MmvBxu)
Attachment

- Heading Home Ramsey FY 2018 CoC Competition Ranking List.pdf
  (https://www.headinghomeramsey.org/sites/default/files/Heading%20Home%20Ramsey%20FY%202018%20CoC%20Competition%20Ranking%20List.pdf)

2017 NOFA Documents

2016 NOFA Documents

HHR Documents and Forms

Committee Folders & Documents

Continuum of Care Documents

Point in Time Count Documents

HHR Provider Meetings

State and Federal Initiatives

Helpful Links

Minnesota Housing Finance Agency

Minnesota National Association of Housing and Developer Officials
(http://www.mnnahro.org/)

(https://drive.google.com/drive/folders/0B6d7wCYHvU9mYjJoWGxSM01jdHM?usp=sharing)

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Support your Page and build trust with your audience on Heading Home Ramsey by letting them see who's on your team.

Add Yourself to Team

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Zachary Hylton
July 11 at 1:35 PM
Be sure to attend our next HHR Governing Board Meeting! Date: Frida... See More

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Zachary Hylton
July 11 at 1:26 PM
FY 2018 CoC Program Competition Now Open! Follow the link below for... See More

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Documents | Heading Home Ramsey County
FY2018 CoC Public Posting of Project Selections and Ranking:
https://drive.google.com/file/d/1YXGuGbUIhsUr8...

Heading Home Ramsey
Published by Loni Aadalen · Just now
St. Paul/Ramsey CoC FY2018 Priority List Application and Collaborative Application are posted online:
https://www.headinghomerramsay.org/documents

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FYII

https://www.facebook.com/pg/Heading-Home-Ramsey-418254845265628/posts/?ref=page_internal
Heading Home Ramsey Continuum of Care <hhramseyccoc@gmail.com>

CoC - Priority List app submitted & final posting of Collaborative App!

1 message

Heading Home Ramsey Continuum of Care <hhramseyccoc@gmail.com> Fri, Sep 14, 2018 at 8:22 PM
To: Heading Home Ramsey Continuum of Care <hhramseyccoc@gmail.com>
Cc: Loni Aadalen <loni.aadalen@co.ramsey.mn.us>, "Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US)"
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Good evening all,

Thank you again to those that responded in the last 24 hours with updates and willingness to resubmit consolidated project apps in e-snaps! (It has been quite the last few days.)

I'm emailing to confirm that the St. Paul/CoC Priority Listing Application has been submitted as of this evening and that the FINAL Collaborative Application has been posted online at www.headinhomeramsey.org

Again, here is a direct link to the 2018 Collaborative Application and Priority Listing Application in the google drive: https://drive.google.com/open?id=1IE5_U_llytWJdB2ZPklpbs9MmvBxui

As of today, we're on target to submit the Collaborative Application on Monday!

Thank you,
Loni Aadalen and Zachary Hylton
St. Paul/Ramsey CoC Program Competition - Pre-Application!

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Good afternoon all,

Below is an email announcing that the HUD Continuum of Care (CoC) Notice of Funding Availability (NOFA) was published on June 20, 2018. A link to the actual NOFA is listed below, but also can be accessed here: https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/

A link to the changes in this year’s NOFA compared to last year’s NOFA is listed below, but can be access here: https://www.hudexchange.info/resources/documents/fy-2018-coc-program-competition-nofa-whats-new-changes-and-highlights.pdf

For those that are interested in applying for any new projects or for those currently funded and wish to renew funding, please complete this online pre-application before Friday, July 13th: https://www.surveymonkey.com/r/RamseyCOCPreApp

The St. Paul/Ramsey CoC will be hosting a provider meeting on Monday, July 9th from 1pm-2:30pm in the 1st Floor Conference Center at 90 Plato Boulevard West, St. Paul. Any providers hoping to apply as a new HUD CoC funded project and any renewal projects (ie: currently funded providers) should attend. This meeting will be to review the 2018 HUD CoC NOFA and the St. Paul/Ramsey CoC specific timeline for providers (ie: project applicants).

As always, please don't hesitate to contact the St. Paul/Ramsey CoC Coordinator, Loni Aadalen, by phone at 651-266-4116 or by email at loni.aadalen@co.ramsey.mn.us with any questions or concerns.

Thank you,
Loni Aadalen

Loni Aadalen, LSW
Planner/Heading Home Ramsey Continuum of Care (CoC) Coordinator and Family Homelessness Prevention and Assistance Program (FHPAP) Coordinator
Ramsey County Health & Wellness Administrative Division
Office: 651-266-4116
Fax: 651-266-4438
Email: loni.aadalen@co.ramsey.mn.us

www.headinghomeramsey.org *NEW DOMAIN
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The FY 2018 CoC Program Competition is Now Open

The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition has been posted to the FY 2018 CoC Program Competition: Funding Availability page on the HUD Exchange. Additional resources are available on the e-snaps page on the HUD Exchange.

Submission Deadline: Tuesday, September 18, 2018 at 8:00 PM EDT

The electronic application e-snaps will be available on or after Thursday, June 28, 2018. In the meantime, HUD strongly encourages CoCs, Collaborative Applicants, project applicants, and stakeholders to:

- Carefully and thoroughly read the FY 2018 CoC Program Competition NOFA to understand the information; and

- Begin to plan local competitions based on the information, new and changed, from the previous Competition, provided in the FY 2018 CoC Program Competition NOFA.

Additionally, HUD will post the FY 2018 Estimated Annual Renewal Demand (ARD) Report to the HUD Exchange on or after Thursday, June 28, 2018 that will include the amounts a CoC may apply for: CoC planning, Bonus, and Domestic Violence (DV) Bonus. This report will also provide the Preliminary Pro Rata Need (PPRN) and the estimated ARD for each CoC.

What's New for the FY 2018 CoC Program Competition

The list below highlights some important information regarding new concepts CoCs should consider while planning for the FY 2018 CoC Program Competition. This list is not exhaustive and additional details are in the FY 2018 CoC Program Competition NOFA. A full list of new, changed, and highlighted information is on the HUD Exchange and can also be found on the FY 2018 CoC Program Competition: Funding Availability page.

https://mail.google.com/mail/u/0?ik=c16c8baf0b&view=pt&search=all&permmsgid=msg-a%3A4925440244832765619&simpl=msg-a%3A...
- **Transition Grants.** Project applicants can transition their project(s) from one CoC Program Component to another during the CoC Program Competition using the funds to wind down the previous project while ramping up the new project. (Section II.B.2).

- **Domestic Violence Bonus.** CoCs can apply for up to 10 percent of their PPRN or a minimum of $50,000, whichever is greater, or a maximum of $5 million, whichever is less, to create up to three DV Bonus Projects to serve survivors of domestic violence, dating violence, and stalking. (Section II.B.3). CoCs may create up to one of each of the following project types:
  - Permanent Housing-Rapid Rehousing (PH-RRH);
  - Joint Transitional Housing (TH) and Permanent Housing-Rapid Rehousing (PH-RRH) component project; and
  - Supportive Services Only-Coordinated Entry (SSO-CE).

- **Consolidated Project.** Eligible renewal project applicants will have the ability to consolidate two or more (limit of four) eligible renewal projects into one project application during the application process. (Section II.B.4).

- **CoC Merger.** CoCs that merged between the FY 2016 CoC Program Registration and FY 2018 CoC Program Registration process are eligible for merger bonus points. (Section II.B.5).

**Listserv Communications**

All information related to the FY 2018 CoC Program Competition is communicated via the HUD Exchange Mailing List. Join the mailing list to receive important updates and reminders.

If you are aware or suspect that the Collaborative Applicant, CoC members, or interested stakeholders are not currently receiving these listserv messages, please forward the following link, https://www.hudexchange.info/mailinglist/., to them so that they may register for the listserv messages as this is the only form of communication used by HUD to the public.

If you have questions related to subscribing to the HUD Exchange mailing list or have issues receiving listserv messages in your inbox please contact info@hudexchange.info. Please be sure to add news@hudexchange.info and info@hudexchange.info to your contact list or safe senders list. This ensures that messages from the HUD Exchange go to your inbox and are not filtered to your spam or junk folder.

**Questions**

If you have questions pertaining to e-snaps technical issues, please submit your questions to the e-snaps Ask A Question (AAQ) portal on the HUD Exchange website. To submit a question to the e-snaps AAQ portal, select “e-snaps” from the “My question is related to” drop down list on Step 2 of the question submission process.

If you have questions related to the CoC Program interim rule or a policy related question, please submit your questions to the CoC Program AAQ portal. To submit a question to the CoC Program AAQ portal, select “CoC Program” from the “My question is related to” drop down list on Step 2 of the question submission process.

The AAQ portal accepts question submissions 24/7. However, responses are usually provided between 8:00 AM and 5:00 PM Eastern Time, Monday through Friday, except for federal holidays. Additionally, per the FY 2017 CoC Program Competition NOFA, starting 2 days prior to the application deadline for FY 2018 funds, the AAQ will respond only to emergency technical support questions up to the deadline of Tuesday, September 18, 2018 at 8:00 PM EDT.
Visit the HUD Exchange at https://www.hudexchange.info

This email was sent to lori.aedalen@co.ramsey.mn.us by news@hudexchange.info. Do not reply to this message.

Contact the HUD Exchange at info@hudexchange.info.

U.S. Department of Housing and Urban Development 
451 7th Street S.W. | Washington | D.C. | 20410
FY 2018 Continuum of Care (CoC) Program Competition NOFA Overview (7/9/18)

Funding Opportunity Number: FR-6200-N-25 - CFDA Number: 14.267

The FY2018 Notice of Funding Availability has been released as of June 20, 2018. Projects that make the selection list will advance to the federal application process. Applicants are responsible for the preparation of the eventual electronic submission of their project application if the project is approved locally for funding. This document outlines the local application process.

This year both NEW and RENEWAL applicants (i.e., projects) will be asked to submit an Intent (pre-application) to apply form by 3pm on July 13, 2018. This short form, as well as the timeline and process will be available on the Heading Home Ramsey website after today: http://www.headinghomeramsey.org

Approximate FY2018 HUD funding availability for Ramsey County

$7,001,581 – Estimated Total Annual Renewal Demand (ARD)

$6,581,486 – Tier 1 (94%)

$420,095 – Tier 2 (6%)

$ - Permanent Housing Bonus (up to 6% of Final Pro Rata Need (FPRN))

$ - Domestic Violence Bonus (up to 10% of Preliminary Pro Rata Need (PPRN))

Highlights of the 2018 CoC NOFA:

• About $2.1 billion is available for the FY18 CoC Program NOFA. This funding may not be sufficient to fund all anticipated renewals.

• An additional of up to $50 million available for Domestic Violence (DV) Bonus projects.

• HUD will continue to CoCs to rank all projects, except CoC planning, and is requiring placing projects in Tier 1 and Tier 2. Tier 1 is equal to the greater of the combined amount of Annual Renewal Amount (ARA) for all permanent housing and HMIS projects eligible for renewal up to $1,000,000 or 94 percent of the CoC’s FY 2017 Annual Renewal Demand (ARD).

• Project Applicants must abide by the CoC deadline, meet HUD eligibility criteria, request eligible activities (listed under 24 CFR, part 578), adequately answer all questions, and attach all required documents to be considered eligible for funding.

• The CoC is required to rank projects in order of priority and identify projects rejected. Ranking is based on capacity, priorities, and performance. Reallocation will be strongly considered for underperforming projects. Projects with outstanding HUD audit findings, history of ineligible
participants, evidence of untimely expenditures, or financial management concerns, may be eliminated from competition.

- **Performance-Based Decision:**
  
  - CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance. HUD is increasing the share of the CoC score that is based on performance criteria. HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

- **Transition Grants:** The ability of renewal projects to transition from one CoC component to another. If interested, contact Loni Aadalen at loni.aadalen@co.ramsey.mn.us to discuss further.
  
  - No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded.
  
  - Transition grants are eligible for renewals in future years.
  
  - To be eligible to receive a transition grant, renewal projects must have consent of its CoC and meet the standards outlined in Section III.C.3.r. of the NOFA.

- **Domestic Violence Bonus projects** can be created up to 10% of CoC FPRN and a CoC can only submit one project application for each of the following project type:
  
  - Rapid re-housing (PH-RRH) projects that must follow a housing first approach.
  
  - Joint TH and PH-RRH projects that must follow a housing first approach.
  
  - SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

- **Consolidated Project**—eligible renewal project applicants will have the ability to consolidate two or more eligible renewal projects (but not more than four projects) into one project application.
  
  - Interested project applicants must consult with their local HUD Field Office representative prior to beginning the consolidation process.
  
  - To be eligible for consolidation, projects must have the same recipient and be for the same component.
  
  - Agencies with the following characteristics will NOT be eligible to consolidate:
    - Outstanding audit or monitoring findings
    - Outstanding obligation to HUD that is in arrears
    - Unresolved construction delays
    - History of poor financial management/drawdown issues
    - History of low occupancy levels, or lack experience in administering the project type
    - Other capacity issues

- **New reallocation or Bonus projects** may include:
  
  - New Permanent Housing-Permanent Supportive Housing (PH-PSH) projects that meet the requirements of Dedicate PLUS as defined in Section III.C.3.f of the NOFA or where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness;
  
  - New Permanent Housing-Rapid Rehousing (PH-RRH) projects that will service homeless individuals and families, including unaccompanied youth;
New Joint TH & PH-RRH as defined in Section III.C.3.m of the NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who meet the following criteria:
- Residing in a place not meant for human habitation;
- residing in an emergency shelter;
- person meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking;
- residing in a transitional housing project that is being eliminated;
- residing in transitional housing funded by a Join TH and PH-RRH component project; or
- receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system

New HMIS for the costs of 24 CFR 578.37 carried out by HMIS Lead;
- Supportive services only (SSO-CE) project to develop or operate a centralized or coordinated assessment system.

Expansion projects can be requested under the bonus or reallocation in order to expand its current operations by adding units, beds, persons serve, services provided to existing program participants, or in the case of HMIS, increase the current HMIS grant activities within the CoC's geographic area. There are two types of expansion:
- Expanding CoC Program Projects – expansion in which a project applicant submits a new project application to expand the current operations of an eligible renewal project for which it is the recipient by adding additional CoC program funds.
- Expanding a non-CoC Program funded project – expansion in which a project applicant submits a new project application that requests CoC Program funds to add to a current homeless project that is funded from sources other than CoC Program funds (cannot replace state and local funds).

Important links:
- HUD Ask A Questions (AAQ): www.hudexchange.info/get-assistance/

HUDs’ Homeless Policy and Program Priorities:

1. Ending homelessness for all persons.
   a. Identify, engage, and effectively serve all persons experiencing homelessness.
b. Measure performance based on data taking into account the challenges faced by all subpopulations experiencing homelessness in the geographic area.

c. Comprehensive outreach strategy in place to identify and engage.

d. Use data to understand the population and develop services tailored to their needs.

e. Use the reallocation process to create new projects that improve the overall performance and better respond to the needs of person who are homeless.

2. Create a systemic response to homelessness.
   a. Use system performance measures (SPMs) to determine how effectively they are serving people experiencing homelessness.
   b. Use Coordinated Entry to promote participant choice, coordinate services, ensure rapid access, and make homelessness assistance open, inclusive, and transparent.

3. Strategically allocating and using resources.
   a. Use cost, performance, and outcome data to improve resources allocation to end homelessness.
   b. Review project quality, performance, and cost effectiveness.
   c. Maximize the use of mainstream and other community-based resources.
   d. Review all projects eligible for renewal in FY 2018 to determine their effectiveness in serving people experiencing homelessness as well as their cost effectiveness.

4. Use a Housing First approach.
   a. Prioritize rapid placement and stabilization in permanent housing.
   b. Does NOT have service participation requirements or preconditions.
   c. Projects should help individuals and families move quickly into permanent housing.
   d. Measure to help projects reduce the length of time people experience homelessness.
   e. Engage landlords and property owners.
   f. Remove barriers to entry.
   g. Adopt client-centered service methods.

**APPLICATION MATERIALS**

All the application materials listed below can be found on Heading Home Ramsey County's website http://www.headinhomeramsey.org. Please share this information with any organization that you think may be interested.

The application materials include:

- FY2018 Ramsey County process/timeline
- 2018 Intent to apply
- HUD Match doc
Any new or renewal project wishing to apply for Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding in the 2018 FY HUD CoC competition must completed the following information and submit to the CoC by the deadline. Your project will not be eligible to apply in the FY18 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. Deadline to submit this intent for new and/or renewal applicants is 3pm on July 13, 2018. Complete one application per project. Please direct questions or concerns to Loni Aadalen (loni.aadalen@co.ramsey.mn.us)

OK

PLEASE COMPLETE ONE APPLICATION FOR EACH PROJECT (expansion projects are counted as new projects)

* 1 Name of Agency

0 of 28 answered
3. Primary Contact Name

4. Primary Contact Email

5. Primary Contact Phone

6. Type of Funding Requested
   - Renewal (previously funded projects)
   - Reallocation (new projects reallocate funds or expansion)
   - Expansion (new expansions to existing entities/projects)
   - Bonus (including new permanent housing and other bonus projects)

7. Project Component
   0 of 28 answered
Heading Home Ramsey® Charter and By-Laws
Heading Home Ramsey*

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

BYLAWS

Revised January 2018

I. Vision Statement: By working together, we will create a more livable community, where shelters are used only for emergency transitions and every family and individual has a permanent place to live.

II. Mission Statement: Heading Home Ramsey, through community-wide strategic planning, data collection and analysis, project performance evaluation, community capacity-building, and resource development, shall design and implement comprehensive strategies for the elimination of homelessness in our community.

ARTICLE I: ORGANIZATION AND PURPOSE

Section 1: Name
Heading Home Ramsey MN-501

Section 2: Geographic Area of Coverage
Ramsey County

Section 3: Oversight Responsibility:
Heading Home Ramsey, is responsible for planning and implementing the homeless response system in Ramsey County and carrying out the duties identified in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the Continuum of Care Interim Final Rule (24 CFR 578).

Specifically, those duties are to:
1. Operate the Continuum of Care
2. Designate a Homeless Management Information System for the Continuum of Care; and
3. Plan for the Continuum of Care

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

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

Heading Home Ramsey shall meet monthly at a regular time. A schedule of Heading Home Ramsey meetings shall be made available to the public with an open invitation for any interested person to attend and participate.
With the exception of the Executive Committee of the GB, all other committees of the Board may include any HHR members or members from the community at large who are not HHR Board members. Each Committee shall be composed of a chairperson appointed by such committee and shall have unlimited membership.

Each Committee shall meet at a minimum on a quarterly basis, but as frequently as monthly, if necessary for the purposes of the group. Each Committee will develop a meeting schedule and select a central meeting location for all meetings. Meeting locations must be accessible to all interested participants.

The GB and Standing Committees may form and give specific assignments to additional subcommittees and workgroups. All responsibilities assigned to the committees apply to the subcommittees and workgroups as well. Each Committee shall report the results of its meetings to HHR in the form of agendas, notes, meeting minutes posted to the HHR web site and provide monthly updates to the GB at the monthly HHR Board meeting.

Standing Committees are designated in Addendum A of the By-Laws. Addendum A of the By-Laws will provide the Purpose, Committee Responsibilities, Committee Members Roles/Responsibilities agreed upon by the Committee members. Standing Committees will be reviewed annually in connection with updating and revising the HHR By-Laws. Standing Committees are expected to review their Purpose, Committee Responsibilities and Committee Member Roles/Responsibilities and provide revisions to Addendum A of the By-Laws annually. Committee’s will provide recommended changes to the HHR Executive Committee for inclusion in the By-Laws which will be revised and voted on annually by the GB.

(Reallocation Process)

ARTICLE VI: FUNDING DECISIONS

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

Section 2: Ranking Committee: Annually, based on the HUD application schedule, no fewer than five (5) people shall be selected by the governing board membership to serve on the Continuum of Care Ranking Committee. The role of the Ranking Committee is to read and evaluate all proposals for inclusion in that year’s Ramsey County Continuum of Care application to HUD. Decisions will be based on HUD eligibility, the quality of the proposal, project idea, program outcomes, for existing programs, and the amount of money available through the Continuum pro-rata share, potential bonus funding, and the amount approved by the Board for reallocation.

Board members or members of the community at large may serve on the Ranking Committee. Potential members will be asked to sign a conflict of interest disclosure form prior to participating.
Representatives of organizations with new or renewal applications competing for funding are barred from participation on the ranking committee or on Board voting on Ranking Committee funding recommendations.

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

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

Section 4: Appeals Process

The application of any applicant agency which a) is unranked, or b) receives less funding than they applied for may appeal
Applicants that have been found not to meet the threshold requirements are not eligible for an appeal
Appeals cannot be based upon the judgment of the Review & Ranking Committee
Applicants may appeal if they can:
Prove their score is not reflective of the application information provided; or
Describe bias or unfairness in the process, which warrants the appeal
All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.
The Appeal Committee has flexibility as a governing board to allow for more options if it fits the deadlines of each particular funding stream
The decision of the Appeal Committee will be final.

The Appeal Committee
The Appeal Committee will be made up of three (3) voting members of the Governing Board and should be identified before the Ranking committee meets.
Two members will not have participated on the original Rating & Ranking Committee
One committee member must be a member of the original Review & Ranking Committee
No member of the Appeal Committee may have a conflict of interest with any of the agencies applying for funding and must sign a conflict of interest statement
The role of the Appeal Committee is to read and review only those areas of the application that are being appealed

Appeal Process Timeline

Any agency aggrieved by the final decision of the Governing Board has the right within 30 days after the date of the decision, to appeal the decision in writing to the Governing Board. The full Executive Committee will hear the appeal within 30 days. The aggrieved will have the right to appear in person or ask for a review of the decision without appearing. The Governing Board will render a decision in writing within 30 days. The decision reached at this stage shall become the final decision of the Governing Board not subject to further appeal.

ARTICLE VII: ADOPTION AND AMENDMENTS TO THE BY-LAWS
Section 1: Adoption:
Adoption of these by-laws shall be adopted by a two-thirds majority of the members of the governing board.

Section 2: Amendments:
A two-thirds majority vote of the governing board will be required to adopt a motion to amend the by-laws. Amendments must be submitted, presented and discussed with the Board membership at least one meeting prior to the meeting at which they will be voted on and adopted.

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

Section 4: Heading Home Ramsey Priorities for Administering Assistance voted on yearly

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

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

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

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

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

Focus on ending veteran homelessness

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

Addendum A: Committees
Addendum B: Nomination Form
Addendum C: Calendar
Coc's Reallocation Process

Headging Home Ramsey Continuum of Care <hhramseycoc@gmail.com>

Ramsey CoC NOFA Process & Overview, Timeline, and Draft Scoring Tool

Tue, Jul 10, 2018 at 5:59 PM

To: Heading Home Ramsey Continuum of Care <hhramseycoc@gmail.com>

Cc: Loni Aaadalen <loni.aadalen@co.ramsey.mn.us>, "Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US)"
<zachary.hylton@co.ramsey.mn.us>

Bcc: Alan.ostergaard@radiahealth.org, Alexandra.piechoicz@co.ramsey.mn.us, Allison.shaul@ccctwincities.org, "Ann M. Pollard" <ann.pollard@wildernet.org>, Chris Maida <cmaida@chdmn.org>, Alanna Hinz <alanna.hinz@ccctwincities.org>, ben3@nationalchecking.com, "Ben (MDVA)" <ben.wilson@state.mn.us>, "Ben Weiss" <ben.weiss@smris.org>, betty.nolt@ymcann.org, Bob Bruton <bob@brutons.org>, Cs Project <csproject501dale@gmail.com>, Carina Alekson <carina.alekson@ccctwincities.org>, Courtney Knoll <courtney@ymcann.org>, Christie.lauer@ymcann.org, corina.serrano@stpha.org, "David Katzenmeyer" <david.katzenmeyer@peopleincorporated.org>, Deborah Smith <deborah.smith@pplinc.org>, deborahpadgett@mac.com, "Debbie Cricks" <Debbie.Cricks@usc.salvationarmy.org>, dejffries@beaconinterfaith.org, Debra Palquist <dpalquist@chdc.org>, "Deena Zubulake" <dzubulake@ywcaofstpaul.org>, Kizzy <kdowndie@modelcities.org>, dominic Mitchell <Dominic.Mitchell@stpha.org>, emma.akers@va.gov, freinheit@westsidechs.org, geoffrey.meyer@gmeyer271977@gmail.com, Angela Gauthier <angela.gauthier@adycenter.org>, gerard.lauer@ccctwincities.org, gilles@breakingfree.net, glloyd@mhresources.com, getachew-kreusser@face2face.org, hassens@face2face.org, Heather Duchesner <heather@hearthconnection.org>, hfreinit@westsidechs.org, Al Hester <al.ester@stpha.org>, hua.moua@ramseycounty.us, jstampley@ywcaofstpaul.org, jucker@ugmnc.org, Jennifer Moon <jmoon@emnnontract.org>, Jane Rollwing King <janerollwingking@yahoo.com>, Jen Brunstett <jen.brunstett@cs.spaul.us>, Jennifer Hering <jhering@usc.salvationarmy.org>, Jazi Foreman <jforeman@solidgroundmn.org>, jenny.gaines@gaines@breakingfree.net, Joan Schlecht <joan.schlecht@spaul.org>, Jodi Nottger <jodi.nottger@peopleincorporated.org>, "Joe (Ci-StPaul)" <joe.collins@cs.spaul.us>, Jacqueline <jacqueline.jones@wildernet.org>, Julie Grothe <jgrothe@gimincorporated.org>, June Jordan <june.jordan@ccctwincities.org>, Kasey Gerkovich <kgerkovich@emnnontract.org>, kate.probert@ramseycounty.us, katiebells1973@yahoo.com, kelby@hearthconnection.org, kim.lierben@mnaisdproject.org, Jennifer <jennifer.keogh@metc.state.mn.us>, Karen Peterson <karen.kolb.peterson@cs.spaul.us>, landerson@gimincorporated.org, Lindsay Bacher <lindsay.bacher@wildernet.org>, "Stanger, Lynn" <lynn.stanger@co.ramsey.mn.us>, Lori Thomas <MirrorReflectionInc@hotmail.com>, malena.vang@spaul.org, Marianne.Harrick@va.gov, mark@openaccessconnections.org, Marsha Cressy <mnstep.marsha@gmail.com>, marysue.hansen@isd6223.org, Elizabeth.Kraemer@peopleincorporated.org, Marsha L <marsha.marsha@co.ramsey.mn.us>, Matt Lewis <matt.lewis@radiahealth.org>, Mike Manhard <mike@nontheforge.org>, Margaret Lovejoy <mlovejoy@famplace.org>, "Moerke, Gail" <Gail.Moerke@co.ramsey.mn.us>, massuye2004@yahoo.com, Nathaniel Saltz <nsaltz@mac-v.org>, pdavis@breakingfree.net, NONA E Fergusson@nonga.fergusson@wildernet.org, pWatkins@ugmnc.org, Annie.mccabe@commonbond.org, mary.mcroy@180degrees.org, Erica <erica.schmacher@co.ramsey.mn.us>, Shaneell Hall <shall@capw.org>, Rhonda Bell <rbell@emnnontract.org>, spip@spaulintervention.org, srodriques@modelcities.org, Shellie Rowe <srowe@northmetro-stn.org>, steve@southmetro-stn.org, stamolucyshepard@att.net, Tamara Stark <tstark@ubman.org>, Tanisha Davis <tanisha.davis@pplinc.org>, Thom Hart <ThomHart@beaconinterfaith.org>, Tonya Brownlow <brownlow@emnnontract.org>, tracyberglund@ccctwincities.org, Cheryl <cheryl@listinghouse.org>, Patricia James <victory7@live.com>, Terry_Hildebrandt@usc.salvationarmy.org, Trisha Kauffman <tkkauffman@solidgroundmn.org>, Teresa Forlini <tforlini@breakingfree.net>, Inanita.Hatley@ymcann.org, Erin Gregoria <ergregoria@wadovocates.org>, demetri.vincze@icalliances.org, Leah Tornquist <leah.tornquist@icalliances.org>, Laura Birdsong <laura.birdsong@icalliances.org>, amy.highness@icalliances.org, matthew@hmong.org, "ANNE.MCINERNEY@spaul.org" <nann.mcinerney@spaul.org>, "Blomer, Bridget" <bridget.bomer@co.ramsey.mn.us>, Lucy Zanders <lucy.zanders.tlc@gmail.com>, Mallory Hansen <mallory.hansen@avivomn.org>, ebastian@resource-mn.org, rcondon@mhresources.com, dparker@beaconinterfaith.org, mthirston@phoenixresidence.org, dscoott@phoenixresidence.org, erin_foss@usc.salvationarmy.org, Mario.Ruberto@metrotransit.org, kberkert@isd622.org, jane.king@state.mn.us, "Farden, Vicki (MHFA)" <vicki.farden@state.mn.us>, "Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US)" <Zachary.Hylton@co.ramsey.mn.us>, Naly <naly.yang@co.ramsey.mn.us>, Mark <mark.herzfeld@co.ramsey.mn.us>, "Wetherall, Maria" <maria.wetherall@co.ramsey.mn.us>, erin.lewis@ccctwincities.org, Kyra_LovesMilly@missionsinc.org, julie.duncan@co.ramsey.mn.us, Janelle.Nelson@peopleincorporated.org, Sarah.Grabill@ccctwincities.org, gregg.bell@ccctwincities.org, john.spieker@ccctwincities.org, Christine.Michels@ccctwincities.org, tiffany.malone@ccctwincities.org, Angie.Beissel@angie.beissel@commonbond.org, anthony@hearthconnection.org, Tyronia.watson@pplinc.org, Barbara.mccormick@pplinc.org, Sarah.Koschinska <sarah.koschinska@pplinc.org>, deb.foster@adycenter.org, Trippey@rippeyrich.com, haysd@face2face.org, Jennifer Fairbourne <jennifer.fairbourne@lssmn.org>, tammy.wiger@metc.state.mn.us, Kynda Stull <kstull@rsed.org>, Lois Mueller <lmueller@rsed.org>, wgrannes@breakingfree.net, mhall@modelcities.org

Good evening all,

https://mail.google.com/mail/u/0?ik=c18c8ba0f0&view=pt&search=all&permmsgid=msg-a%3As%3A7315768476539928610&simpi=msg-a%3As%3A7 ...
Thank you again to those that were able to attend yesterday's meeting. To re-cap, please consider applying for a new bonus project or Domestic Violence (DV) bonus project (please refer to the attached Overview or the NOFA.)

I did just post the attachments to Heading Home Ramsey's website, www.headinghomeramsey.org, but it will take a few hours to update.

Lastly, all letters of intent to apply/pre-applications through the below survey monkey link for any NEW bonus projects and/or any RENEWAL projects are due by 3pm on Friday, July 13th.

As usual, please contact me at loni.aadalen@co.ramsey.mn.us with any questions or concerns.

Thank you,
Loni Aadalen

Planner/Heading Home Ramsey Continuum of Care (CoC) Coordinator and Family Homelessness Prevention and Assistance Program (FHPAP) Coordinator
Ramsey County Health & Wellness Administrative Division
Office: 651-266-4116
Fax: 651-266-4438
Email: loni.aadalen@co.ramsey.mn.us

3 attachments

- FY2018 NOFA Overview & RC Process.docx 34K
- FY2018 RC NOFA Timeline.docx 17K
- FFY 2018 CoC Competition Project Score Tool Draft.xlsm 103K
Provider Resources

The FY 2018 CoC Program Competition is Now Open to learn more on the HUD website Click Here (https://www.hudexchange.info/news/fy-2018-coc-program-competition-opening-and-updates/)

FY 2018 NOFA Whats New Changes and Highlights Click Here (https://)


FY 2018 CoC Program Estimated ARD Click Here (https://drive.google.com/open?id=17HWK9OrIrnth2C6m-SeHq63lMw-zsqP3P)

FY 2018 NOFA Overview & Ramsey County Process - revised 7/13/18 Click Here
FY 2018 Ramsey County tentative Timeline - revised 7/26/

FY 2018 Ramsey County CoC Program Competition Scoring Tool Click Here (https://drive.google.com/open?id=1ekOst-0ljjzUP4qV5zeKK2Ec3JN9dB4T)

(https://drive.google.com/open?id=1mj3z38ZI0sKBRqqF5hsh3fqINHMZYArK)

HUD AAQ Responses folder Click Here (https://drive.google.com/open?id=16YKM1s)

Ramsey CoC Grant Inventory Worksheet (GIW) Click Here

FY 2017 NOFA Links and Documents

FY2016 NOFA Links and Documents

Sage Information and Registration Links

FHPAP Information and Links
St. Paul/Ramsey CoC Notification to Project Applicants

 Heading Home Ramsey Continuum of Care <hhramseycoc@gmail.com>  Thu, Aug 30, 2018 at 4:57 PM

Good evening everyone,

This email is to confirm, in writing and outside of e-snaps, that all project applicants who submitted their project applications to the CoC by the established deadline of August 6th (pdf draft form) and August 17th (in e-snaps), have all been accepted and ranked on the CoC Priority Listing. I’m happy to write that no project applications were rejected or reduced.

The link below will take you directly to the Ramsey FY 2018 CoC Local Competition Rate, Rank, Review and Selection Criteria:  
https://drive.google.com/file/d/1YXGuCblUhsU3wGFCBkohZzQnaSqqXm/view

This information has been publicly posted to the CoC’s website: https://www.heading homeramsey.org/documents

As always, please Zachary and me know if you have any questions or concerns.

Thank you,

Loni
Documents

FY 2018 CoC NOFA Documents

FY2018 CoC Public Posting of Project Selections and Ranking:  https://drive.google.com/file/d/1YXGuCbiUhsUr3wGFCBKohzZhQnaSgkXm/view
(https://drive.google.com/file/d/1YXGuCbiUhsUr3wGFCBKohzZhQnaSgkXm/view)

Attachment
§ Heading Home Ramsey FY 2018 CoC Competition Ranking List.pdf
(https://heading homeramsey.org/sites/default/files/Heading%20Home%20R...
Point in Time Count Documents

HHR Provider Meetings

State and Federal Initiatives

Helpful Links


Minnesota Housing Finance Agency

Minnesota National Association of Housing and Developer Officials
(http://www.mnnahro.org/)

_(https://drive.google.com/drive/folders/0B6d7wCYHvU9mYjJoWGxSM01jdHM?usp=sharing)_

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This information has been publicly posted to the CoC’s website: https://www.heading homeramsey.org/documents

As always, please Zachary and me know if you have any questions or concerns.

Thank you,

Loni
Heading Home
RAMSEY
A regional initiative to end homelessness in Saint Paul and Ramsey County

EXPLORE Heading Home Minnesota (http://www.headinghomeminnesota.org)

Home (/) HHR (/about-us) Help (/where-find-help) Calendar (/calendar)
Join (/join) Stats (/stats-data) Documents (/documents) Contact (/contact)

Documents

FY 2018 CoC NOFA Documents

FY2018 CoC Public Posting of Project Selections and Ranking: https://drive.google.com/file/d/1YXGuCblUhsUr3wGFCBKohzZhQnaSgkXm/view
(https://drive.google.com/file/d/1YXGuCblUhsUr3wGFCBKohzZhQnaSgkXm/view)

Attachment
✓ Heading Home Ramsey FY 2018 CoC Competition Ranking List.pdf
(https://headinghomeramsey.org/sites/default/files/Heading%20Home%20R...
Helpful Links


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Minnesota National Association of Housing and Developer Officials
(http://www.mnnahro.org/)

_(https://drive.google.com/drive/folders/0B6d7wCYHV9mYjJoWGxSM01jdJM?usp=sharing)
Ramsey CoC NOFA Process & Overview, Timeline, and Draft Scoring Tool

Heating Home Ramsey Continuum of Care <hhramseycoc@gmail.com>

Tue, Jul 10, 2018 at 5:59 PM

To: Heating Home Ramsey Continuum of Care <hhramseycoc@gmail.com>
Cc: Loni Aaadalen <loni.aadalen@co.ramsey.mn.us>, "Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US)"
   <zachary.hylton@co.ramsey.mn.us>

Bcc: Alan.ostergaard@radioshealth.org, Alexandra.piechowicz@co.ramsey.mn.us, Allison.shautil@cttwincities.org, "Ann M.
   Pollard" <ann.pollard@wilderg.org>, Chris Maida <cmaida@chdcmn.org>, Alanna Hinz <Alanna.hinz@cttwincities.org>,
   ben3@nationalchecking.com, "Ben (MDVA)" <ben.wilson@state.mn.us>, "Ben Weiss" <ben.weiss@smrsls.org>,
   betty.notto@ymcarn.org, Bbruton <bbruton@ntrs.org>, Cs Project <csp501dale@gmail.com>, Carina Alexkson
   <Carina.Alexkson@cttwincities.org>, Courtney Knoll <courtney@mesh-mn.org>, Christie.lauer@ymcarn.org,
   corina.serrano@stpha.org, "David Katzenmeyer" <david.katzenmeyer@peopleincorporated.org>, Deborah Smith
   <deborah.smith@ppl-inc.org>, deborahapdggett@mac.com, "Debbie Cricks" <Debbie_Cricks@usc.salvationarmy.org>,
   dfjeffries@beaconinterfaith.org, Debra Palmquist <dpalmquist@tchdc.org>, "Deena Zubealake"<
   dzubealake@ywcaspaul.org>, Kizzy <kdivonne@modelcities.org>, dominic Mitchell <Dominic.Mitchell@stpha.org>,
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   <angela.gauthier@adycenter.org>, gerard.lauer@cttwincities.org, ggiles@breakingfree.net, glloyd@mhrresources.com,
   getachew-kresser@face2face.org, hassener@face2face.org, Heather Duchscher <heather@hearthconnection.org>,
   hfreint@westsidechs.org, Al Hester <aheester@stpha.org>, hua.moua@ramseycounty.us, istample@ywcaspaul.org,
   jtcuer@ugmto.org, Jennifer Monroe <jmonroe@emmanorton.org>, Jane Rollwagen <jane-rollwagen@ymcarn.org>, Jen
   Brunstett <jen.brunstett@ci.stpaul.mn.us>, Jessica Hering <Jessica_Hering@usc.salvationarmy.org>, Jazzi Foreman
   <jforeman@solidgroundmn.org>, jenny gains <jgaines@breakingfree.net>, Joa Schlecht <joan.schlecht@spss.org>, Jodi
   Nottger <jodi.nottger@peopleincorporated.org>, "Joe (CI-SPaul)" <joe.collins@ci.stpaul.mn.us>, Jacqueline
   <jacqueline.jones@wilderc.org>, Julia Grothe <jgrothe@guildincorporated.org>, June Jordan <jordan@cttwincities.org>,
   Kasey Gerkovich <kgerkovich@emmanorton.org>, Kate.probert@ramseycounty.us, katelbells1973@yahoo.com,
   kelby@hearthconnection.org, kim.Lieberman@maidsproject.org, Jennifer <Jennifer.Keogh@metc.state.mn.us>, Karen
   Peterson <karen.kolb.peteri@ci.stpaul.mn.us>, landerson@guildincorporated.org, Lindsey Bacher
   <lindsay.bacher@wilderc.org>, "Stanger, Lynne" <lynn.stanger@co.ramsey.mn.us>, Lori Thomas
   <MirrorReflectionsInc@hotmai.com>, malena.vang@spss.org, Marianne.Hamrick@va.gov, mark@openaccessconnections.org,
   Marsha Cressy <mcmmar.sh@msn.com>, marysue.hansen@isd623.org, Elizabeth.kraemer@peopleincorporated.org,
   Marsha L <marsha.milgrom@co.ramsey.mn.us>, Matt Lewis <matt.lewis@radioshealth.org>, Mike Manhard
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   masssey24@yahoo.com, Nathaniel Saltz <nsaltz@mac-v.org>, pdavis@breakingfree.net, None Fergusson
   <nferguson@wilderc.org>, pwatkins@ugmto.org, Annie.mccabe@commonbond.org, mary.mccoy@180degrees.org, Erica
   <ericaschumacher@co.ramsey.mn.us>, Shanelle Hall <shall@cappw.org>, Rhonda Bell <bell@emmanorton.org>, spip@staffintervention.org,
   srodrigues@modelcities.org, Shellie Rowe <srowe@neighbo.org>, stevel@south-metro.org, stanlyshipeard@att.net, Tamara Stark
   <tstark@tubman.org>, Tanisha Davis <Tanisha.Davis@ppl-inc.org>, Thom Hart <THart@beaconinterfaith.org>, Tonya Brownlow
   <tbrownlow@emmanorton.org>, tracy.berglund@cttwincities.org, Cheryl <cheryl@listeninghouse.org>, Patricia James
   <victory7@live.com>, Terry Hildebrandt <usc.salvationarmy.org>, Trisha Kauffman <tkauffman@solidgroundmn.org>, Teresa
   Forliti <forliti@breakingfree.net>, tranita.hatley@ymcarn.org, Erin Gregorja <egregorja@wadvocates.org>,
   demetri.vince@calliances.org, Leah Tomquist <leah.tomquist@calliances.org>, Laura Birdsong
   <laura.birdsong@calliances.org>, amy.highness@calliances.org, matthew@hmong.org, ANNE.MCINERNEY@spss.org
   <anne.mcinerney@spss.org>, "Blomer, Bridget" <blomer@co.ramsey.mn.us>, Lucy Zanders
   <lucyzanders.tlc@gmail.com>, Mallory Hansen <mallory.hansen@aviamon.org>, ebastian@resource-mn.org,
   rcondon@mhrresources.com, dparker@beaconinterfaith.org, mthirston@phoenixresidence.org,
   dscott@phoenixresidence.org, erin_foss@usc.salvationarmy.org, Marco.Ruberto@metrotransit.org, kberkas@isd622.org,
   jane.king@state.mn.us, "Farden, Vicki (MHPA)" <vicki.farden@state.mn.us>, "Hylton, Zachary"
   (zachary.hylton@CO.RAMSEY.MN.US) "Zachary.hylton@co.ramsey.mn.us", Naly <naly.yang@co.ramsey.mn.us>, Mark
   <Mark.herzfeld@co.ramsey.mn.us>, "Wetherell, Maria" <maria.wetherell@co.ramsey.mn.us>, erin.baechter@cttwincities.org,
   krya_LovesMilly <mpresley@missionsinc.org>, julie.duncan@co.ramsey.mn.us, Janelle.nelson@peopleincorporated.org,
   Sarah.Grabell@cttwincities.org, gregg.bell@cttwincities.org, john.spieker@cttwincities.org, Christine.
   Michels@cttwincities.org, tiffany.malone@cttwincities.org, Angie Beissel <angie.beissel@commonbond.org>,
   anthony@hearthconnection.org, Tyronia.watson@ppl-inc.org, Barbra.mccormick@ppl-inc.org, Sarah Koschinska
   <sarah.koschinska@ppl-inc.org>, deb.foster@adycenter.org, trippley@ripleyrich.com, haysd@face2face.org, Jennifer
   Fairbourne <jennifer.fairbourne@lssmn.org>, tammy.wiger@metc.state.mn.us, Kynda Stull <kstull@rsedenc.org>, Lois Mueller
   <lmuller@rsedenc.org>, wgrannes@breakingfree.net, mhall@modelcities.org

Good evening all,

https://mail.google.com/mail/u/0?ik=c18c8ba4f0b&view=pt&search=all&permmsgid=msg-a%3As%3A7315768476539928601&simipi=msg-a%3As%3A7...
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Lastly, all letters of intent to apply/pre-applications through the below survey monkey link for any NEW bonus projects and/or any RENEWAL projects are due by 3pm on Friday, July 13th.

As usual, please contact me at loni.aadalen@co.ramsey.mn.us with any questions or concerns.

Thank you,
Loni Aadalen

Planner/Heading Home Ramsey Continuum of Care (CoC) Coordinator and Family Homelessness Prevention and Assistance Program (FHPAP) Coordinator
Ramsey County Health & Wellness Administrative Division
Office: 651-266-4116
Fax: 651-266-4438
Email: loni.aadalen@co.ramsey.mn.us

3 attachments

- FY2018 NOFA Overview & RC Process.docx
  34K

- FY2018 RC NOFA Timeline.docx
  17K

- FFY 2018 CoC Competition Project Score Tool Draft.xlsm
  103K
**FY2018 NOFA - Ramsey County MN-501**

**Timeline and Important dates (6/26/2018)**

*Timeline is subjective to change based on HUD notifications.*

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 20, 2018</td>
<td>FY 2018 NOFA Released</td>
</tr>
<tr>
<td>June 27, 2018</td>
<td>CoC Coordinator release pre-application for all new project applicants and renewal project applicants</td>
</tr>
<tr>
<td>July 9th 1pm-2:30pm</td>
<td>✔ FY2018 NOFA review</td>
</tr>
<tr>
<td>Plato Conference Center</td>
<td>✔ Priorities review</td>
</tr>
<tr>
<td>Ramsey County CoC</td>
<td>✔ RC Timeline</td>
</tr>
<tr>
<td>July 13th at 3pm</td>
<td>Signed Intent to apply for all new and/or renewal Project Applicants due to CoC Coordinator via survey monkey: <a href="https://www.surveymonkey.com/r/RamseyCOCPreApp">https://www.surveymonkey.com/r/RamseyCOCPreApp</a></td>
</tr>
<tr>
<td>July 19th</td>
<td>1. Ranking committee to review any new project applications or reallocation requests</td>
</tr>
<tr>
<td></td>
<td>2. CoC Coordinator confirms project applicants to start project application in e-snaps</td>
</tr>
<tr>
<td>July 24th</td>
<td>✔ First draft of Scoring Sheets Project Performance to be shared with renewal projects</td>
</tr>
<tr>
<td>TBD (Week of July 23rd)</td>
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Ramsey CoC NOFA Process - update!

Heading Home Ramsey Continuum of Care <hramseycoc@gmail.com>

Fri, Jul 13, 2018 at 2:35 PM

To: Heading Home Ramsey Continuum of Care <hramseycoc@gmail.com>
Cc: Loni Aadalen <loni.aadalen@co.ramsey.mn.us>, "Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US)" <zachary.hylton@co.ramsey.mn.us>
Bcc: Angela Gauthier <angela.gauthier@adycenter.org>, Catherine Fair <cfair@caprw.org>, Christine.Michels@ctwctwincities.org, hathessen@face2face.org, deb.foster@adycenter.org, getachew-kreusserh@face2face.org, hfreint@westsidechs.org, Jacqueline <jacqueline.jones@wilderc.org>, Jennifer Fairbourne <jennifer.fairbourne@lssmn.org>, kristin_kinney@ainc.net, Lindsay Bacher <lindsay.bacher@wilderc.org>, maim@hmong.org, maix@hmong.org, mgeissler@neighb.org, Shellie Rowe <srowe@neighb.org>, tameka.miller@lssmn.org, June Jordan <JUNE.JORDAN@ctwctwincities.org>, Alanna Hinze <Alanna.hinze@ctwctwincities.org>, "Deena Zudubale" <zudubale@ywcqofspaul.org>, Laura_Dorn@ainc.net, jschlech@neighb.org, kruckebergn@face2face.org, holly.henning@adycenter.org, "Ann M. Pollard" <ann.pollard@wilderc.org>, LAURITA.MACHER@ctwctwincities.org, esther@hmong.org, Marcia Paulson <mpaulson@caprw.org>, Kevin Adams <kadam@caprw.org>, Melissa.Adams@ctwctwincities.org, mailie.vang@co.ramsey.mn.us, paul.yang@lssmn.org, natasha.oreskovich@lssmn.org, jasmine.grika@adycenter.org, nbeasley@ywcqofspaul.org, Alan.ostergaard@radiashealth.org, Alexandra.piechowicz@co.ramsey.mn.us, Allison.shauli@ctwctwincities.org, Chris Maida <cmaida@chdcmn.org>, ben3@nationalchecking.com, "Ben (MDVA)" <ben.wilson@state.mn.us>, "Ben Weiss" <ben.weiss@smlrs.org>, betty.nott@ymcmn.org, Bob Bruton <bob@brutons.org>, Cs Project <csp501dalen@gmail.com>, Carina Alexkon <Carina.Aleckson@ctwctwincities.org>, Courtney Knoll <courtney@rashmn.org>, Christie.lauer@ymcmn.org, corina.serrano@stpha, "David.Katzenmeyer@peopleincorporated.org", Deborah Smith <deborah.smith@plp-inc.org>, Deborah Padgett <deborahpadgett@mac.com>, "Debbie Cricks" <Debbie_Cricks@uscsalvationarmymn.org>, djfjeffries@beaconinterfaith.org, Debra Palmquist <dpalmquist@tcchdc.org>, Kizzy <kdownie@modecitie.org>, dominic Mitchell <Dominic.Mitchell@stpha.org>, emma.akers@va.gov, freint@westsidechs.org, geoffrey mayer <gmayer271977@gmail.com>, gerard.lau@ctwctwincities.org, ggilles@breakingfree.net, gloyd@mhresources.com, Heather Dutschcher <heather@hearthconnection.org>, Al Hester <al.hester@stpha.org>, hua.moua@ywcqofspaul.org, jstemple@ywcqofspaul.org, jflucker@ugmctc.org, Jennifer Moon <jmoon@emanonorton.org>, Jane Rollwagen <janerollwagenking@yahoo.com>, JenBrunft <jen.brunft@ct.stpaul.mn.us>, Jessica Heron <Jessica_Heron@uscsalvationarmy.org>, Jaz Foreman <jforeman@solidgroundmn.org>, jenny gaines <jgaines@breakingfree.net>, Joan Schlecht <joan.schlee@spss.org>, Jodi Nottger <jodi.nottger@peopleincorporated.org>, "Joe (CI-StPaul)" <joe.collins@ci.stpaul.mn.us>, Julie Grothe <jgrothe@giincorporated.org>, kate.probert@ramseycountys.us, katiebell1973@yahoo.com, kelby@hearthconnection.org, kim.bleberman@mnicaidproject.org, Jennifer <Jennifer.Keogh@mect.state.mn.us>, Karen Peterson <karen.kolb.petersen@ci.stpaul.mn.us>, landerson@giincorporated.org, "Stanger, Lynn" <lynn.stanger@co.ramsey.mn.us>, Lori Thomas <MirroringReflectionsInc@hotmail.com>, malena.vang@spss.org, Marianne.Hamrick@va.gov, mark@openaccessconnections.org, Marsha.Crissy <mthestep.marsha@gmail.com>, marysue.hansen@isd623.org, Elizabeth.kraemer@peopleincorporated.org, Marsha L <marsha.milgrim@co.ramsey.mn.us>, Matt Lewis <matt.lewis@radiashealth.org>, Mike Manhard <mike@mesh-mn.org>, Margaret Lovejoy <mlovejoy@famplace.org>, "Moorer, Gail" <gail.moorer@co.ramsey.mn.us>, massseyal2004@yahoo.com, Nathaniel Saltz <nsaltz@mac-v.org>, pdavis@breakingfree.net, Nona E Ferguson <nona.ferguson@wilderc.org>, pwatkins@ugmctc.org, Annie.mccabe@commonbond.org, mary.mccroy@180degrees.org, Erica <erica.schumacher@co.ramsey.mn.us>, Shanelle Hall <shall@caprw.org>, Rhonda Bell <rbell@emnnon.org>, splp@spaulpmlntion.org, srodriguez@modecitie.org, steve@south-metro.org, stanlucyshaped@att.net, Tamara Stark <tstark@tubman.org>, Tanisha Davis <Tanisha.Davis@plp-inc.org>, Thom Hart <Th@ebeaconinterfaith.org>, Tonya Brownlow <brownlow@emnnon.org>, tracy.berglund@ctwctwincities.org, Cheryl <cheryl@listeninghouse.org>, Patricia James <victory7@live.com>, Terry.Hildebrandt@uscsalvationarmy.org, Trisha Kauffman <tkauffman@solidgroundmn.org>, Teresa Forliti <tforliti@breakingfree.net>, tranita.hatley@ycmcmn.org, Erin Gregoria <egregoria@wadvcocates.org>, demetri.vincze@icalliances.org, Leah Tornquist <leah.tornquist@icalliances.org>, amy.highness@icalliances.org, matthew@hmong.org, "ANNE.MCINERNEY@spss.org" <anne.mcinerney@spss.org>, "Blomer, Bridget" <blomer@co.ramsey.mn.us>, Lucie Zanders <lucy.zanders.tlc@gmail.com>, Mallory Hansen <mallory.hansen@aviomn.org>, estbastian@resource-mn.org, rcondon@mhresourcs.com, dparker@beaconinterfaith.org, mthristen@phoenixresourced.org, dscott@phoenixresourced.org, erin_foss@uscsalvationarmy.org, Mario.Ruberto@metrotomtransit.org, kberkas@isd622.org, jane.king@state.mn.us, "Farden, Vicki" (MFHA) <vicki.farden@state.mn.us>, "Hylton, Zachary (zachary.hylton@CO.RAMSEY.MN.US)" <zachary@co.ramsey.mn.us>, Naly <naly.yang@co.ramsey.mn.us>, Mark <mark.hertz@co.ramsey.mn.us>, "Wetherell, Maria" <maria.wetherall@co.ramsey.mn.us>, erin.lewis@ctwctwincities.org, Kyra_LovesMilly <m presley@missionsinc.org>, Sarah.Grabi@ctwctwincities.org, gregg.bell@ctwctwincities.org, john.spieker@ctwctwincities.org, tiffany.malone@ctwctwincities.org, Angie Beissel <angie.beissel@commonbond.org>, anthony@hearthconnection.org, Tyriona.watson@plp-inc.org.
Good afternoon all,

I hope this email finds you all well! I'm emailing quick to remind everyone that all pre-applications to apply for any renewal HUD CoC project applicants and/or any new BONUS project applicants are due at 3pm today! Again, the form is set up online through Survey Monkey: [https://www.surveymonkey.com/r/RamseyCOCPreApp](https://www.surveymonkey.com/r/RamseyCOCPreApp)

Also, I wanted to let you all know that I updated the ARD amounts for St. Paul/Ramsey CoC in the "FY 2018 NOFA Overview & RC Process" document. There should be a revised version as of 7/13/18 online under 'FY 2018 NOFA Links and Documents' online: [https://www.headinghomeramsey.org/provider-resources](https://www.headinghomeramsey.org/provider-resources)

In case the website hasn't updated yet, I did attach a copy to this email.

As always, please don't hesitate to contact me at 651-266-4116 or by email at loni.aadalen@co.ramsey.mn.us with any questions or concerns.

Thank you,
Loni Aadalen

Planner/CoC Coordinator
Ramsey County

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FY2018 NOFA Overview & RC Process - revised 7-13-2018.docx

35K
FY 2018 Continuum of Care (CoC) Program Competition NOFA Overview (7/9/18)

Funding Opportunity Number: FR-6200-N-25 - CFDA Number: 14.267

Revised 7/13/18

The FY2018 Notice of Funding Availability has been released as of June 20, 2018. Projects that make the selection list will advance to the federal application process. Applicants are responsible for the preparation of the eventual electronic submission of their project application if the project is approved locally for funding. This document outlines the local application process.

This year both NEW and RENEWAL applicants (ie: projects) will be asked to submit an Intent (pre-application) to apply form by 3pm on July 13, 2018. This short form as well as the timeline and process will be available on the Heading Home Ramsey website after today:  http://www.heading homeramsey.org

Approximate FY2018 HUD funding availability for Ramsey County

$5,441,329 – Preliminary Pro Rata Need (PPRN)  
$6,966,364 $7,001,581 – Estimated Total Annual Renewal Demand (ARD)  
$6,548,382 $6,581,486 – Tier 1 (94%)  
$417,982 $420,095 – Tier 2 (6%)  

$417,982 - Permanent Housing Bonus (up to 6% of Final Pro Rata Need (FPRN))  
$544,133 - Domestic Violence Bonus (up to 10% of Preliminary Pro Rata Need (PPRN))

Highlights of the 2018 CoC NOFA:

- About $2.1 billion is available for the FY18 CoC Program NOFA. This funding may not be sufficient to fund all anticipated renewals.
- An additional of up to $50 million available for Domestic Violence (DV) Bonus projects.
- HUD will continue to CoCs to rank all projects, except CoC planning, and is requiring placing projects in Tier 1 and Tier 2. Tier 1 is equal to the greater of the combined amount of Annual Renewal Amount (ARA) for all permanent housing and HMIS projects eligible for renewal up to $1,000,000 or 94 percent of the CoC’s FY 2017 Annual Renewal Demand (ARD).
- Project Applicants must abide by the CoC deadline, meet HUD eligibility criteria, request eligible activities (listed under 24 CFR, part 578), adequately answer all questions, and attach all required documents to be considered eligible for funding.
- The CoC is required to rank projects in order of priority and identify projects rejected. Ranking is based on capacity, priorities, and performance. Reallocation will be strongly considered for underperforming projects. Projects with outstanding HUD audit findings, history of ineligible
participants, evidence of untimely expenditures, or financial management concerns, may be eliminated from competition.

- **Performance-Based Decision:**
  - CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance. HUD is increasing the share of the CoC score that is based on performance criteria. HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

- **Transition Grants:** The ability of renewal projects to transition from one CoC component to another. If interested, contact Loni Aadalen at loni.aadalen@co.ramsey.mn.us to discuss further.
  - No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded.
  - Transition grants are eligible for renewals in future years.
  - To be eligible to receive a transition grant, renewal projects must have consent of its CoC and meet the standards outlined in Section III.C.3.r. of the NOFA.

- **Domestic Violence Bonus projects** can be created up to 10% of CoC FPRN and a CoC can only submit one project application for each of the following project type:
  - Rapid re-housing (PH-RRH) projects that must follow a housing first approach.
  - Joint TH and PH-RRH projects that must follow a housing first approach.
  - SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

- **Consolidated Project** — eligible renewal project applicants will have the ability to consolidate two or more eligible renewal projects (but not more than four projects) into one project application.
  - Interested project applicants must consult with their local HUD Field Office representative prior to beginning the consolidation process.
  - To be eligible for consolidation, projects must have the same recipient and be for the same component.
  - Agencies with the following characteristics will NOT be eligible to consolidate:
    - Outstanding audit or monitoring findings
    - Outstanding obligation to HUD that is in arrears
    - Unresolved construction delays
    - History of poor financial management/drawdown issues
    - History of low occupancy levels, or lack experience in administering the project type
    - Other capacity issues

- **New reallocation or Bonus projects** may include:
  - New Permanent Housing-Permanent Supportive Housing (PH-PSH) projects that meet the requirements of Dedicate PLUS as defined in Section III.C.3.f of the NOFA or where 100% of the beds are dedicated to individuals and families experiencing chronic homelessness;
  - New Permanent Housing-Rapid Rehousing (PH-RRH) projects that will service homeless individuals and families, including unaccompanied youth;
- New Joint TH & PH-RRH as defined in Section III.C.3.m of the NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who meet the following criteria:
  - Residing in a place not meant for human habitation;
  - residing in an emergency shelter;
  - person meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking;
  - residing in a transitional housing project that is being eliminated;
  - residing in transitional housing funded by a Joint TH and PH-RRH component project; or
  - receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system
- New HMIS for the costs of 24 CFR 578.37 carried out by HMIS Lead;
- Supportive services only (SSO-CE) project to develop or operate a centralized or coordinated assessment system.

- **Expansion** projects can be requested under the bonus or reallocation in order to expand its current operations by adding units, beds, persons serve, services provided to existing program participants, or in the case of HMIS, increase the current HMIS grant activities within the CoC’s geographic area. There are two types of expansion:
  - Expanding CoC Program Projects – expansion in which a project applicant submits a new project application to expand the current operations of an eligible renewal project for which it is the recipient by adding additional CoC program funds.
  - Expanding a non-CoC Program funded project – expansion in which a project applicant submits a new project application that requests CoC Program funds to add to a current homeless project that is funded from sources other than CoC Program funds (cannot replace state and local funds).

**Important links:**
- The entire 2018 NOFA can be found at: https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/ and on a link at the CoC website home page, http://www.headinghomeramsey.org/
- HUD Ask A Questions (AAQ): www.hudexchange.info/get-assistance/

**HUDS’ Homeless Policy and Program Priorities:**

1. Ending homelessness for all persons,
   a. Identify, engage, and effectively serve all persons experiencing homelessness.
b. Measure performance based on data taking into account the challenges faced by all subpopulations experiencing homelessness in the geographic area.

c. Comprehensive outreach strategy in place to identify and engage.

d. Use data to understand the population and develop services tailored to their needs.

e. Use the reallocation process to create new projects that improve the overall performance and better respond to the needs of person who are homeless.

2. **Create a systemic response to homelessness.**
   a. Use system performance measures (SPMs) to determine how effectively they are serving people experiencing homelessness.
   b. Use Coordinated Entry to promote participant choice, coordinate services, ensure rapid access, and make homelessness assistance open, inclusive, and transparent.

3. **Strategically allocating and using resources.**
   a. Use cost, performance, and outcome data to improve resources allocation to end homelessness.
   b. Review project quality, performance, and cost effectiveness.
   c. Maximize the use of mainstream and other community-based resources.
   d. Review all projects eligible for renewal in FY 2018 to determine their effectiveness in serving people experiencing homelessness as well as their cost effectiveness.

4. **Use a Housing First approach.**
   a. Prioritize rapid placement and stabilization in permanent housing.
   b. Does NOT have service participation requirements or preconditions.
   c. Projects should help individuals and families move quickly into permanent housing.
   d. Measure to help projects reduce the length of time people experience homelessness.
   e. Engage landlords and property owners.
   f. Remove barriers to entry.
   g. Adopt client-centered service methods.

**APPLICATION MATERIALS**

All the application materials listed below can be found on Heading Home Ramsey County’s website http://www.headinghameramsey.org. Please share this information with any organization that you think may be interested.

The application materials include:

- FY2018 Ramsey County process/timeline
- 2018 Intent to apply: https://www.surveymonkey.com/r/RamseyCOCPreApp
- HUD Match doc
## FY2018 NOFA - Ramsey County MN-501

### Timeline and Important dates (Updated 7/18/2018 7/26/2018)

*Timeline is subjective to change based on HUD notifications.*

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<td>September 10th</td>
<td>Final decision will be e-mailed to CoC and posted on HHR website before August 31st.</td>
</tr>
<tr>
<td>September 12th</td>
<td>1. CONSOLIDATED APPLICATION AND PRIORITY LIST POSTED ON HHR WEBSITE FOR REVIEW</td>
</tr>
<tr>
<td>September 18th</td>
<td>1. FINAL RAMSEY COUNTY COLLABORATIVE APPLICATION + PRIORITY LIST COMPLETED AND SUBMITTED IN E-SNAPS AND POSTED ON HHR WEBSITE</td>
</tr>
<tr>
<td></td>
<td>NOFA closes at 7:59:59 PM EDT</td>
</tr>
</tbody>
</table>
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 CHO;

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 CHO;

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.
3. Regional System Administrators:
   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.

<table>
<thead>
<tr>
<th>Deliverable Definition</th>
<th>Begin Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>On-going</td>
</tr>
<tr>
<td>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.</td>
<td>On-going</td>
</tr>
<tr>
<td>Adhere to MN HMIS Policies and Procedures. Make recommendations to HMIS Governance on improvements to policies related to compliance, system quality or functionality.</td>
<td>On-going</td>
</tr>
<tr>
<td>Deliverable Definition</td>
<td>Begin Date</td>
</tr>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Participation: Review, monitor and report HMIS coverage rates to the CoC and HMIS Governance, making recommendations and supporting improved coverage.</td>
<td>Initial quarterly review by 9/1/2016, then annual with additional reviews as designed by HMIS Governance.</td>
</tr>
<tr>
<td>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.</td>
<td>9/1/2016</td>
</tr>
<tr>
<td>Manage Bowman Vendor contract.</td>
<td>On-going</td>
</tr>
<tr>
<td>State meetings: Staff and engage in Statewide HMIS, CoC, and Homeless meetings at the request of HMIS Governance.</td>
<td>8/1/2016</td>
</tr>
<tr>
<td>Website: host the MN HMIS website</td>
<td>6/1/2016</td>
</tr>
<tr>
<td>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.</td>
<td>9/1/2016</td>
</tr>
<tr>
<td>HMIS updates: provide email blasts to HMIS users and stakeholders for the purpose of compliance, education, awareness or input.</td>
<td>7/1/2016</td>
</tr>
<tr>
<td>Customized Assessments: Support State agencies and CoCs in developing customized assessments.</td>
<td>9/1/2016</td>
</tr>
<tr>
<td>CES assessments, visibility, workflow and reports will be set-up in the live site and demo site according to the state CES plan.</td>
<td>6/2016</td>
</tr>
<tr>
<td>Modules: Support the immediate addition, set-up, training, and customization for HMIS Modules into system functions including Call Point and Fund Manager.</td>
<td>7/1/2016</td>
</tr>
<tr>
<td>Modules: Support the addition, set-up, training, and customization for HMIS Modules into system functions for Eligibility Point.</td>
<td>10/1/2016</td>
</tr>
<tr>
<td>Customized reports: Meet with Continuums to assess needs for additional unified reports quarterly.</td>
<td>9/1/2016</td>
</tr>
<tr>
<td>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.</td>
<td>9/1/2016</td>
</tr>
<tr>
<td>Customized reports: Work with MICH and state agencies to annually create and/or update customized reports.</td>
<td>TBD</td>
</tr>
<tr>
<td>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.</td>
<td>On-going</td>
</tr>
<tr>
<td>Deliverable Definition</td>
<td>Begin Date</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>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.</td>
<td>6/1/2016 (Hennepin &amp; Ramsey)</td>
</tr>
<tr>
<td>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.</td>
<td>On-going</td>
</tr>
<tr>
<td>New User Trainings: Provide both online and/or in-person new user trainings on a monthly basis.</td>
<td>On-going</td>
</tr>
<tr>
<td>Program specific training: Provide customized trainings for specific programs to help assure all data elements and other funder requirements are understood and reported.</td>
<td>On-going</td>
</tr>
<tr>
<td>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.</td>
<td>9/1/2016</td>
</tr>
<tr>
<td>Provide budget reports that clearly compare fiscal year-to-date actuals (income and expenses), summarized by categories, to original and revised budgets.</td>
<td>Monthly 1 week prior to HMIS Governance meetings beginning 9/2016</td>
</tr>
</tbody>
</table>

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.

Ramsey County Minnesota Continuum of Care MN-501

BY: Continuum of Care Coordinator/Collaborative Applicant Date: May 18, 2016

NAME: Laura DeRosier
Signature:

The Institute for Community Alliance

BY Date 6-1-16

NAME: David Eberbach, Executive Director
AGREEMENT TO EXTEND THE MEMORANDUM OF UNDERSTANDING
FOR
LEAD AGENCY AND SYSTEM ADMINISTRATOR DUTIES

A Memorandum of Understanding (MOU) for Lead Agency and System Administrator duties exists between the 10 Continuums of Care in Minnesota and the Institute for Community Alliances (ICA). The MOU is effective June 1, 2016 to December 31, 2017.

In view of the continuing need for cooperation, the Parties have agreed to extend the Memorandum of Understanding (MOU) for the Lead Agency and System Administrator duties of the Minnesota Homeless Management Information System (HMIS) as follows:

1. The period of validity of the MOU shall be extended for six (6) months, effective January 1, 2018, or until a new MOU is executed and signed by all Parties.
2. Other provisions of the MOU, unless mentioned otherwise in this Agreement, shall remain in full force.
3. This Agreement may be amended or extended further by written agreement by all Parties.

This Agreement shall enter into force upon signature of the duly authorized representatives of the Parties.

For the  St. Paul/ Ramsey MN Continuum of Care MN-501:

BY: [Signature]
NAME: Leon Aadalen
DATE: 12/21/17
TITLE: CoC Coordinator

For the Institute of Community Alliances:

BY: [Signature]
NAME: [Signature]
DATE: 12/22/17
TITLE: Project Director
AGREEMENT TO EXTEND THE MEMORANDUM OF UNDERSTANDING FOR LEAD AGENCY AND SYSTEM ADMINISTRATOR DUTIES

A Memorandum of Understanding (MOU) for Lead Agency and System Administrator duties exists between the 10 Continuums of Care in Minnesota and the Institute for Community Alliances (ICA). The MOU is effective June 1, 2016 to December 31, 2017, with an extension agreed by all Parties for the period January 1, 2018 through June 30, 2018.

In view of the continuing need for cooperation, the Parties have agreed to extend the Memorandum of Understanding (MOU) for the Lead Agency and System Administrator duties of the Minnesota Homeless Management Information System (HMIS) as follows:

1. The period of validity of the MOU shall be extended for six (6) months, effective July 1, 2018 through December 31, 2018, or until a new MOU is extended and signed by all Parties, whichever occurs first.
2. Other provisions of the MOU, unless mentioned otherwise in this Agreement, shall remain in full force.
3. This Agreement may be amended or extended further by written agreement by all Parties.

The Agreement shall enter into force upon signature of the duly authorized representatives of the Parties.

For the [St. Paul/Ramsey CoC, MN-501]:

BY /s/ Loni Andreasen
NAME Loni Andreasen
TITLE Planner/Coc Coordinator
DATE 6/25/18

For the Institute for Community Alliances:

BY /s/]
NAME DEMETRI VINCZE
TITLE Project Director
DATE 07/04/2018
1. INTRODUCTION

The Minnesota Homeless Management Information System (HMIS)\(^1\) is a collaborative project of the ten Minnesota Continua of Care (CoC), the State of Minnesota, and participating Partner Agencies. The HMIS is an internet-based database that is used by homeless service organizations across Minnesota to record and store client-level information to better understand the numbers, characteristics, and needs of homeless persons and those at risk of homelessness. Mediware Information Systems, Inc. administers the central server and provides the HMIS software, ServicePoint. As of June 2016, the Institute for Community Alliances (ICA) is the Lead Agency/State System Administrator administering the system and managing user and agency licensing, training, and compliance. (Note: ICA is hereinafter referred to as simply the “Lead Agency.”)

HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps. Information that is gathered from clients via interviews conducted by service providers is aggregated and made available to policy makers, researchers, service providers, and advocates. Data about the extent and nature of homelessness in the state of Minnesota are used to inform public policy decisions aimed at addressing and ending homelessness at local, state, and federal levels.

Guidance for the implementation of Minnesota’s HMIS is provided by a broad-based Governing Board. Board committees work closely with the Lead Agency to secure funding, set and manage priorities within available funding, collect and incorporate user feedback, and provide appropriate oversight and guidance. The Continua of Care, Minnesota Tribal Collaborative, and State Agencies select, and users elect, representatives to serve on the Governing Board, while committees are open to all stakeholders who may wish to participate in the direction of Minnesota’s HMIS. Meeting information is available on the Minnesota HMIS website.

This document provides the policy guidelines and standards that govern HMIS operations, as executed by the Lead Agency and Local System Administrators,\(^2\) and also describes the responsibilities of Partner Agencies and users. It was approved by the HMIS Governing Board on January 8, 2018 and replaces two earlier documents: “Minnesota’s HMIS Policies and Procedures” (November 2014) and “Minnesota HMIS System Administrator Policies & Procedures” (December 2014). It will be reviewed annually by the Lead Agency and the HMIS Governing Board.

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1 A glossary of terms is provided in Appendix A.
2 Local System Administrators include both Continuum of Care Coordinators and designated Local System Administrators, as they both have the same level of access in HMIS and are often one and the same.
1.1 Contact Information

Minnesota HMIS website:  hmismn.org
HMIS Help Desk:  MNHMIS@icalliances.org
Lead Agency:  icalliances.org
1508 E. Franklin Ave.
Suite 100
Minneapolis, MN 55404

1.2 Participating Entities

Regardless of funding source, entities which may use HMIS include, but are not limited to:

- Coordinated Entry Assessors and Priority List Managers
- Day Shelters and Drop-In Centers for persons who are homeless
- Emergency Shelters serving homeless adults, families, and youth
- Transitional Housing programs
- Rapid Re-housing programs
- Supportive Housing programs (whether scattered site or on-site)
- Street and Community Outreach programs to persons who are homeless
- 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 service and housing providers that receive funding through the following agencies and funding sources:

Department of Housing and Urban Development (HUD)

- Continuum of Care Program (CoC)
- Emergency Solutions Grant (ESG)
- Housing for Persons with AIDS (HOPWA)4

Department of Health and Human Services (HHS)

- Projects for Assistance in the Transition from Homelessness (PATH)
- Runaway and Homeless Youth Program (RHY)

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

4 Only competitively-funded HOPWA projects serving homeless individuals are required to use the HMIS. HOPWA block grants are not required to use the HMIS.
Department of Veterans Affairs (VA)

- Supportive Services for Veteran Families (SSVF)

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

- Emergency Services Program (ESP)
- Emergency Solutions Grant Program (ESG)\(^5\)
- Long-Term Homelessness Supportive Services Fund (LTHSSF)
- Healthy Transitions and Homeless Prevention (HTHP)
- Housing Support (HS)
- Runaway and Homeless Youth Act (HYA)
- Transitional Housing Program (THP)

Minnesota Housing Finance Agency

- Family Homeless Prevention and Assistance Program (FHPAP)
- Long-Term Homelessness (LTH)

1.3 Federal HMIS Policies

In addition to the Minnesota HMIS Policies contained herein, Minnesota’s HMIS must also comply with federal HMIS requirements. These requirements are detailed in a suite of HMIS Data Standard resources, an overview\(^6\) of which is provided below:

<table>
<thead>
<tr>
<th>Manual Name &amp; Link</th>
<th>Intended Audience</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Data Standards Dictionary</td>
<td>HMIS Vendors &amp; HMIS Lead Agencies</td>
<td>The manual provides the detailed information required for system programming on all HMIS elements and responses required to be included in HMIS software. It delineates data collection requirements, system logic, and contains the XML and CSV tables and numbers.</td>
</tr>
</tbody>
</table>

\(^5\) The Minnesota Department of Human Services distributes ESG funding as a sub-grantee of HUD. This funding has the same data collection requirements as other ESG funding in the state, which is distributed through cities and counties.

The manual also includes critical information about data collection stages, federal partner data collection required elements, and metadata data elements.

| HMIS Data Standards Manual | HMIS Lead Agencies & HMIS Users | The manual provides a review of all of the Universal Data Elements and Program Descriptor Data Elements. It contains information on data collection requirements, instructions for data collection, and descriptions that the HMIS User will find as a reference. |
| HMIS Project Descriptor Data Elements Manual | HMIS Lead Agencies | The Project Descriptor Manual is designed to provide specific information about the Project Descriptors required to be set up in the HMIS by the HMIS Lead Agency. |

These documents are typically reviewed and updated each year, and changes tend to be effective October 1, in line with the Federal Fiscal Year.

HMIS Federal Partner Program Manuals contain additional detailed information on HMIS project setup and data collection for federally-funded programs:

- CoC Program Manual
- ESG Program Manual
- HOPWA Program Manual
- PATH Program Manual
- RHY Program Manual
- VA Program Manual
2. JOINING THE HMIS

While HMIS participation is open to homeless service organizations regardless of funding source, all Partner Agencies and users must agree to and abide by HMIS policies and procedures and related requirements. These requirements are described throughout this document, whereas this section focuses specifically on the process of new agencies, projects, and users joining the HMIS.

2.1 Partner Agency Requirements

Agency-Level Documents

In order to obtain and maintain access to the HMIS, Partner Agencies must complete and adhere to the following documents:

1. **Agency Agreements** underwrite the legal relationship between a Partner Agency and the Lead Agency as it relates to HMIS responsibilities and compliance with policies and procedures. The Agency Agreement must be signed by the Partner Agency’s executive director. The Lead Agency will retain the original document.

2. **Local HMIS Data Use and Administration Agreements (LSA Agreements)** underwrite the legal relationship between a Partner Agency and Local System Administrator as it relates to HMIS responsibilities and compliance with policies and procedures. The Lead Agency will retain the original document.

3. **Business Associate Agreements** are required for Partner Agencies covered under HIPAA and protect personal health information in accordance with HIPAA guidelines.

4. **Qualified Service Organization Agreements** are required for Partner Agencies covered under Federal Drug and Alcohol Confidentiality Regulations (42 CFR Part 2).

Minimum Technology Requirements

For proper access to the HMIS, Partner Agencies should meet the following minimum technology requirements:

Minimum Computer Requirements

- A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 7 (or later)
- The most recent version of Google Chrome, Safari, Internet Explorer, or Firefox. No additional plug-in is required. It is recommended that your browser have a 128 cipher / encryption strength installed. The browser’s cache should be set to “Check for new version of the stored pages: Every visit to page.”
- A broadband Internet connection or LAN connection. Dial-up modem connections are not sufficient.
- Virus protection updates
- Mobile devices used for HMIS data entry must use the Mozilla Firefox, Google Chrome, or Apple Safari internet browsers. Apple Safari must be used on the latest version of iOS.
Additional Recommendations

Memory
- Windows 7: 4Gig recommended (2 Gig minimum)

Monitor
- Screen Display: 1024x768 (XGA) or higher; 1280x768 strongly advised

Processor
- A Dual-Core processor is recommended.

Slow system response times that may arise as a result of slow internet connections cannot be controlled by the HMIS Lead Agency.

Staff or Volunteers Eligible to Become HMIS Users
The Partner Agency must have at least one staff member or volunteer who is eligible to become an HMIS user. Users must be paid staff or official volunteers of a Partner Agency. An official volunteer must complete a volunteer application with the Partner Agency, undergo agency training, and record volunteer hours with the agency. Individuals who are solely contracting with a Partner Agency must be subject to the same vetting and training as staff and volunteers who become HMIS users. All users must be at least 18 years old and possess basic computer skills. The Partner Agency is responsible for the actions of its users and for their training and supervision, in accordance with the Agency Agreement.

Designated Agency HMIS Contact
The Partner Agency’s Executive Director or their designee must select at least one person to act as the Designated Agency HMIS Contact. Multiple Contacts are most appropriate for large agencies that operate in multiple Continuum of Care regions or have multiple departments. The responsibilities of the Contact are to:

1. Provide updated agency information in a timely manner to the Lead Agency for update in the HMIS. This includes providing notification about new projects, new users, closed projects, and users that no longer work at the agency.
2. Understand and comply with funder data collection and reporting requirements.
3. Ensure that the Partner Agency obtains a unique user license for each user at the agency, and that HMIS access is granted only to staff members that have received training, have completed the User Agreement, and are authorized to use the HMIS. This includes making the Lead Agency aware of any changes to the users of the Partner Agency in accordance with the Agency Agreement.
4. Inform the Lead Agency of any violations of HMIS policies and procedures.

Use of a Comparable Database by Victim Service Providers
Victim service providers, as defined at 24 CFR 576.3, are agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Victim service providers must not directly enter or provide data for entry into the HMIS if they are legally prohibited from participating in the HMIS. Individual projects that meet the definition of victim service providers are subject to the same restriction, even if they are a part of an

7 Victim service providers in Minnesota have historically entered anonymous data into the HMIS. Update (11/1/2017): The HMIS Governing Board and the Lead Agency are working with the Minnesota Coalition for Battered Women on a plan to transition all victim service providers out of the HMIS in order to fully comply with the policy above.
agency whose primary mission is not to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

Victim service providers that are recipients of funds requiring participation in the HMIS, but are prohibited from entering data in the HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by the HMIS.

Persons fleeing domestic violence, dating violence, sexual assault, or stalking who are served by non-victim service providers are not prohibited from having their data entered into the HMIS. However, a client may refuse to answer HMIS questions in accordance with the Baseline Privacy Policy outlined in Section 5 of these policies. Data sharing is permitted if the client agrees to release their information by signing the Release of Information (ROI) form.

2.2 New Projects

A **Project Descriptor Elements Form** is required for new Partner Agencies and existing Partner Agencies with new projects. The form, which gathers information such as project funding source, target population(s), and beds, allows the Lead Agency to configure data collection appropriately for the agency in the database. Forms should be submitted at least 10 business days prior to the start of the project to allow enough time for processing.

2.3 New Users

In addition to completing New User Training as described in the following section, the following are required for each new user.

**License Fee**

An annual license fee is required for each user at the Partner Agency. Upon registration for New User Training, the new user will indicate whether the Partner Agency wishes to purchase an additional license or transfer a license from another user at no cost.

**User Agreement**

A User Agreement listing user policies and responsibilities is electronically signed by each authorized user. An electronic or hard copy of the original document must be kept by the Partner Agency.
3. USER TRAINING REQUIREMENTS

3.1 New User Training

All users are required to attend New User Training with the Lead Agency prior to receiving access to the system. The New User Training Series requires users to take program- and/or project-specific training related to the programs and projects administered by their agency.

Timely Completion
Once a new user begins the HMIS New User Training Series, the user has 20 business days to complete the training series and all required assignments. Lead Agency staff will review the user’s assignments and determine if corrections are needed.

Successful Completion
Lead Agency staff may determine that a new user failed to grasp the necessary data entry concepts based on the quality of the user’s assignments. Lead Agency staff may use their discretion to require new users to repeat New User Training. If a new user fails to successfully complete their assignments after repeated attempts, Lead Agency staff may use their discretion to determine that the new user is not capable of accurate and complete data entry and may refuse to issue the new user a Minnesota HMIS user license.

Exceptions
If a user requesting a new user license had a license for the Minnesota HMIS in the past 365 days, the user will be given the option to test out of New User Training through a demonstration of fundamental data entry knowledge. The Lead Agency has sole discretion to determine whether the user has successfully tested out of this requirement.

3.2 Ongoing Training

Annual Security Training
All users are required to attend annual security training provided by the Lead Agency to retain their user license.

Recertification Training
At the discretion of the Lead Agency, users may be required to complete a recertification training in the event of significant changes to data collection requirements, data entry workflow, or HMIS policies and procedures. Users who do not complete recertification training in a timely fashion may have their licenses suspended until training has been completed.

New User Training as Remedial Training
If the Lead Agency determines that data entered by a current user does not meet minimum data quality standards, or if a user has not accessed the system within three months of completing New User Training, users may be required to repeat this training.
4. DATA SECURITY

The Lead Agency, Local System Administrators, and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS security policies and procedures. When a security standard conflicts with other federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact the Lead Agency to collaboratively update the applicable policies for the Partner Agency to accurately reflect the additional protections.

4.1 Passwords

Passwords are the individual’s responsibility and users cannot share passwords. Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.

4.2 Procedure for Reporting Security Incidents

Users and Designated Agency HMIS Contacts should report all unlawful access of the HMIS and unlawful attempted access of the HMIS. This includes borrowing, loaning, sharing, or theft of usernames and passwords. Security incidents should be reported to the Lead Agency within 24 hours of their discovery. The Lead Agency will use the HMIS user audit trail report to determine the extent of the breach of security.

4.3 Violation of Security Procedures

All potential violations of any security protocols will be investigated by the Lead Agency and/or the HMIS Governing Board, and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

All confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the Lead Agency and placed in the client’s file at the Agency that originated the client’s record.

Any Agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked, as described in Section 10.

4.4 Disaster Recovery Plan

Minnesota’s HMIS is covered under Mediware Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Mediware Information Systems provides the following disaster recovery plan. Plan highlights include:
• Database tape backups occur nightly.
• Tape backups are stored offsite.
• Seven-day backup history is stored locally on instantly accessible Raid 10 storage.
• One-month backup history is stored offsite.
• Access to a Mediware Information Systems emergency line to provide assistance related to “outages” or “downtime” 24 hours a day.
• Data is backed up locally on instantly accessible disk storage every 24 hours.
• The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
• Backups of the application site are near-instantaneous (no files older than five minutes).
• The database is replicated nightly at an offsite location in case of a primary data center failure.
• Priority-level response (ensures downtime will not exceed four hours).
5. **DATA PRIVACY**

The Lead Agency, Local System Administrators, and Partner Agencies are jointly responsible for complying with HMIS privacy policies and procedures. When a privacy standard conflicts with other federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact the Lead Agency to collaboratively update the applicable policies for the Partner Agency to accurately reflect the additional protections.

5.1 Baseline Privacy Policy

**Collection of Personal Information**

Personal information will be collected for the HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Personal information may also be collected from:

- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in the HMIS

Only lawful and fair means are used to collect personal information. Personal information is collected with the knowledge and consent of clients. While some information may be required by projects or public or private funders to determine eligibility for housing or services, or to assess needed services, clients generally should not be denied assistance if they refuse or are unable to supply certain pieces of information.  

**Posted Data Privacy Notice**

This Notice must be posted and viewable by clients at intake to provide information on their rights and HMIS policies related to personal data. This Notice provides a brief overview of data privacy.

**HMIS Data Privacy Notice**

This Notice must be reviewed with all clients at intake to provide information on their rights and HMIS policies related to personal data. This Notice provides more detailed information about why HMIS data is collected, when and to whom data may be released, privacy protections, and client rights.

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8 HMIS intake forms include ‘Client refused’ response categories to allow programs to track refusals. The HMIS Data Standards Manual provides additional information about handling client refusals for federally-required questions.

9 The HMIS Data Privacy Notice is included as the first page of the Release of Information (ROI) packet.
Inspection and Correction of Personal Information
Clients may inspect and receive a copy of their personal information maintained in the HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in the HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one’s personal information may be denied if:
- The information was compiled in reasonable anticipation of litigation or comparable proceedings,
- The information was obtained under a promise of confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a client’s request to view or correct their personal information is denied, the Agency where the client receives services will explain the reason for the denial. The client’s request and the reason for the denial will be included in the client’s record.

Client requests to view or correct their personal information may be denied if they are made in a repeated and/or harassing manner.

5.2 Statewide Data Sharing
As of October 2016, Minnesota’s HMIS employs statewide data sharing as a means to implement Coordinated Entry, reduce data collection and entry burden, and facilitate other coordination between Partner Agencies.

Client Release of Information
Statewide Data Sharing is a process guided by the client through the Release of Information (ROI). It is therefore imperative that the client understand the ROI, and that the Partner Agency address any questions the client may have, while respecting the client’s right to decline to share data.

Prior to designating any information for sharing with other Agencies, the Partner Agency will obtain the informed consent of the Client, using Minnesota’s HMIS Release of Information. If a client does not consent pursuant to Minnesota’s HMIS Release of Information form, information may be entered into Minnesota’s HMIS, but may not be shared with other Partner Agencies. It is the responsibility of the Partner Agency entering information about a client to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for sharing or prohibit information sharing; and to implement any restrictions on information sharing.

Agency Responsibilities
At a minimum, the Partner Agency must meet the following standards:
1. The Partner Agency will use the Minnesota’s HMIS Release of Information form (ROI), for all clients where written or verbal consent is required.
   a. If the Partner Agency does not share data with other Agencies, the ROI form is not required. However, the Partner Agency will provide Minnesota’s HMIS Data Privacy Notice for review by all clients and provide clients with copies as requested.
   b. If questions arise (for example questions on which programs within the Partner Agency share data with other agencies), the Partner Agency will contact the Lead Agency.
2. The Partner Agency will note any limitations or restrictions on information sharing on a client's ROI with appropriate data entries into Minnesota’s HMIS. If questions arise (for example, questions on how to implement restrictions on information sharing), the Partner Agency will contact the Lead Agency.
3. The Partner Agency will be responsible for ensuring that consent is knowing, informed and given by a person competent to provide consent. For example, in the case of a minor, The Partner Agency will comply with applicable laws regarding minor consent by obtaining the consent of a parent or guardian, unless consent of the minor is acceptable under the Minor Consent law (e.g. Minn. Stat. §144.341–144.347). In cases of incompetent adults, the Partner Agency must obtain consent from a person authorized to consent under Minnesota law.
4. If a client withdraws or revokes consent for release of information, the Partner Agency is responsible for immediately contacting the Lead Agency to ensure that client's information will not be shared with other Agencies from that date forward.
5. The Partner Agency that received the client’s initial ROI form will scan and upload the signed copy of the form to the HMIS. Partner Agencies may be required to keep the original copy for a period of seven years, as dictated by Partner Agency policy or funder requirements. ROI forms will be available for inspection and copying by the Lead Agency at any time.
6. If an ROI has been properly recorded in the client’s HMIS record by another Partner Agency, the Partner Agency need not present the client with another ROI form. However, Covered Entities must always present a ROI form, as detailed in the section below. Other Partner Agencies may elect to do so at their discretion.

**Additional Responsibilities of Covered Entities**

Partner Agencies that are also Covered Entities under HIPAA and any program subject to 42 CFR Part 2 must obtain a signed Minnesota’s HMIS Release of Information form before authorizing the Lead Agency to use or disclose information entered into the HMIS. If a client does not sign Minnesota’s HMIS Release of Information form, information may be entered into Minnesota’s HMIS, but may not be further disclosed. The information may be used by the Lead Agency as permitted by law and the HMIS Data Privacy Notice. It is the responsibility of the Partner Agency entering information about a client to ensure compliance with HIPAA including ensuring that all appropriate HIPAA Notices have been provided to clients, to determine whether consent has been obtained; making appropriate entries to either designate the information as appropriate for use or disclosure by the Lead Agency or to prohibit such use or disclosure; and implementing any restrictions on the use of the information.

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10 The requirement to scan and upload signed Consent forms is effective as of the date these policies were first adopted. Client records created prior to that date that recorded Consent according to the guidance from that time are considered to have Consent properly recorded.
Covered Entities may utilize their own forms but shall supplement these forms with the information conveyed in "Minnesota’s HMIS: Data Privacy Notice & Client Release of Information."

Covered Entities must present a separate ROI form to each adult that is seeking services, regardless of whether a ROI form has been presented to them in the past.

**No Conditioning of Services**

Agency will not condition any services upon or decline to provide any services to a client based upon a client's refusal to sign a form for the sharing of information in Minnesota’s HMIS, unless a program funder or internal management practices require the entry of identified information into the HMIS to deliver services. Further, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from the HMIS. Partner Agencies may not penalize a client based on historical data contained in the HMIS.

5.3 Research Uses and Publication of HMIS Data

Research uses and publication of HMIS data are governed by HMIS policies, including Minnesota’s HMIS Data Privacy Notice, Minnesota’s HMIS Release of Information, Agency Agreements, Local HMIS Data Use and Administration Agreements (LSA Agreements), and Business Associate Agreements.

Data may not be released in an aggregated report from a data set that is small enough or unique enough to allow identification of an individual client's information to be extracted from the report. If it is determined that a preliminary report may not be published due to concerns of release of identifiable data, the Lead Agency or Local System Administrator will remove postings, shred paper copies of the report, and notify review partners to destroy any copies of the report.

A Local System Administrator may not access or use regional, Tribal- or agency-specific data for the purpose of providing their agency or any partner agency a competitive advantage. Data collection and reporting of Tribal-specific information will only be done with the written permission of the Minnesota Tribal Council or its authorized representative.

If a report identifies one or more specific agencies or programs, agencies will be given a period of 15 business days to review and comment on the information as presented in the report. Agency and Continuum of Care review periods may be waived if prior approval is obtained by the Lead Agency or the Local System Administrator.

Data may be released to external stakeholders for research purposes by the Lead Agency, as approved by the HMIS Governing Board. The HMIS Governing Board will approve or deny requests to release data based on the potential benefits and costs to clients, Partner Agencies, and other stakeholders. If at all possible, the release of identified data will be avoided. If identified data is needed, the HMIS Governing Board will work with the Lead Agency to ensure that proper procedures and precautions are in place prior to releasing data.
5.4 Client Complaints, Grievances, and Questions

If a client believes that their rights have been violated related to their personal or private data held in the HMIS, a written complaint may be filed. The complaint may be filed with the Partner Agency serving the client and forwarded to the Lead Agency if resolution is not found. If the client believes that their shelter or services may be threatened due to the complaint, a complaint may be made directly to the Lead Agency. The Lead Agency will report all grievances to the Governing Board, which will act as a final arbiter of any complaints not resolved by the Partner Agency or the Lead Agency.

The Partner Agency and the Lead Agency are prohibited from retaliating against clients for filing a complaint. Identifying information will be kept confidential, unless the client gives express permission for such information to be shared between the Partner Agency and the Lead Agency.

The Partner Agency must make Minnesota's HMIS Service Recipient Grievance Form available to clients upon request.
6. DATA QUALITY

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. No data collection system has a quality rating of 100%. However, to present accurate and consistent information on homelessness, it is critical that the HMIS have the best possible representation of reality as it relates to persons experiencing homelessness and the projects that serve them. Specifically, the goal is to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact on the homeless service system.

6.1 Minimum Data Collection Standards

All Partner Agencies are responsible for asking all clients a minimum set of questions, or data elements. These required data elements include: (1) the Universal Data Elements required federally and at the state level by the HMIS Governing Board; and (2) Program-Specific Data elements, which depend on the funder and may not be required at all if a program is not funded by a program that requires the use of the HMIS. The minimum expectations for data entry for all programs entering data in the HMIS are the focus of New User Training.

Partner Agency programs are configured by the Lead Agency to collect the required data elements based on information provided by the Partner Agency and its Designated Agency HMIS Contact. Lead Agency staff will consult with the Designated Agency HMIS Contact in attempts to ensure proper setup, but responsibility for complying with funder requirements lies with the Partner Agency.

Agencies may collect additional information beyond the minimum required data elements, as long as the collection of these questions does not interfere with the minimum required data elements.

6.2 Data Quality Plan

To ensure high-quality data, the Lead Agency, Minnesota’s ten Continua of Care, Partner Agencies, and users will regularly and collectively assess and address the quality of data by examining characteristics such as timeliness, completeness, and accuracy. This effort is detailed in the Minnesota HMIS Data Quality Plan, which is approved by the HMIS Governing Board and can be found on the Minnesota HMIS Website.

6.3 XML Imports

While HMIS databases are required to have the capacity to accept XML imports, the Lead Agency and the HMIS Governing Board reserve the right to not allow XML imports into Minnesota’s HMIS. Allowing XML imports may impact data integrity and increase the likelihood of duplication of client files in the system.

However, as noted in the Baseline Privacy Policy in the prior section, clients may still refuse to answer certain questions.
7. HMIS SOFTWARE VENDOR REQUIREMENTS

Physical Security
Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection
The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication
Users may only access the HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security
HMIS users will be assigned a system access level that restricts their access to only necessary and appropriate data.

Database Security
Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support
The vendor will assist Lead Agency staff to resolve software problems, make necessary modifications for special programming, and will explain system functionality to the Lead Agency.

Technical Performance
The vendor maintains the system, including data backup, data retrieval, and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal
Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.
8. LOCAL SYSTEM ADMINISTRATION

Minnesota’s HMIS is a collaborative partnership with partners at all levels working to advance HMIS as a tool to inform and support efforts to end homelessness. Continuum of Care Coordinators and designated Local System Administrators, jointly referred to herein as “Local System Administrators,” are key partners in analyzing data and meeting needs at a local level. While Local System Administrators must adhere to all policies contained in this document, this section enumerates roles, responsibilities, and policies specific to their work.

8.1 Coordination with the Lead Agency

As local needs and local capacity vary, coordination between the Lead Agency and Local System Administrators is key. The Lead Agency and Local System Administrators will jointly develop and approve a written annual plan for each Continuum of Care that delineates roles and responsibilities of both parties.

Responsibilities may include in-depth support for the following:

- Annual Homeless Assessment Report
- Annual Performance Reports
- Communicating HMIS updates to the Continuum of Care
- Continuum of Care Program Competition
- Housing Inventory Chart
- Maintaining and increasing bed coverage (participation of homeless programs in the HMIS)
- Point in Time Homelessness Count
- Quarterly Data Quality Process
- Supporting continuous quality improvement efforts
- Supporting HMIS user group meetings in the Continuum of Care
- Other projects or tasks as jointly approved by the parties

In the event that the Lead Agency and Local System Administrators cannot agree to a written annual plan, the matter will be escalated to the HMIS Governing Board for discussion and resolution.

8.2 System Configuration

Local System Administrators will not make changes to HMIS providers without prior approval from the Lead Agency and the Designated Agency HMIS Contact for that provider. However, Local System Administrators are allowed to create their own reporting groups in the HMIS for purposes of aggregate reporting.

8.3 Local System Administrator Expanded Reporting Access Agreement

Due to technical issues with a prior database restructure, Local System Administrators (LSA) are currently unable to view all data within their Continua of Care. To address this problem, the Lead Agency and Policy and Prioritization Committee of the HMIS Governing Board developed the Local System Administrator Expanded Reporting Access Agreement. This agreement,
between the Lead Agency and the LSA, technically grants the LSA full visibility to statewide HMIS information in the Advanced Reporting Tool (“ART”) which is used to report on HMIS data. However, the agreement reaffirms that the LSA may only view data from their Continuum of Care as needed for legitimate business purposes.
9. AGENCY SYSTEM ADMINISTRATION

Minnesota HMIS Partner Agencies may elect to develop internal capacity for system administration. Partner Agency System Administrators are trained by the Lead Agency and granted system administration access at the sole discretion of the Lead Agency. While Partner Agency System Administrators must adhere to all policies contained in this document, this section enumerates roles, responsibilities, and policies specific to their work.

9.1 Coordination with the Lead Agency

As Partner Agency needs and capacity vary, coordination between the Lead Agency and Partner Agency System Administrators is key. The Lead Agency and Partner Agency System Administrators will jointly develop and approve a written annual plan for the Partner Agency that delineates roles and responsibilities of both parties. In the event that the Lead Agency and Partner Agency System Administrators cannot agree to a written annual plan, the matter will be escalated to the HMIS Governing Board for discussion and resolution.

9.2 System Configuration

Partner Agency System Administrators will not make changes to HMIS providers without prior approval from the Lead Agency.
10. SPECIAL POLICIES

10.1 User Conflict of Interest

Users who are also clients with files in the HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the Minnesota User Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Designated Agency HMIS Contact. The Lead Agency may run an HMIS user audit trail report to determine if there has been a violation or suspected violation of the conflict of interest agreement.

10.2 Users Entering or Reporting on Data for Another Partner Agency

**Coordinated Services Agreements** allow a specifically named HMIS user to enter client data as, or on behalf of, another specifically named Partner Agency and/or to report on behalf of a specifically named Partner Agency. The signed agreement will be maintained by the Lead Agency. The named HMIS User will have access to the designated HMIS Providers.
11. VIOLATION OF HMIS POLICIES

HMIS users and Partner Agencies must abide by all HMIS policies and procedures found in the HMIS Policies and/or Procedures manuals, the User Agreement, and the Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action. Any user or Partner Agency violations may be appealed to the HMIS Governing Board.

- **First Violation** – the user and Partner Agency will be notified of the violation in writing by the Lead Agency. The user’s license will be suspended for 30 days, or until the Partner Agency notifies the Lead Agency of action taken to remedy the violation. The Lead Agency will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. The Lead Agency will notify the HMIS Governing Board of the violation during the next scheduled Governing Board meeting following the violation.

- **Second Violation** – The user and Partner Agency will be notified of the violation in writing by the Lead Agency. The user’s license will be suspended for 30 days. The user and/or Partner Agency must take action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies the Lead Agency of the action taken to remedy the violation. The Lead Agency will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. The Lead Agency will notify the HMIS Governing Board of the violation during the next scheduled Governing Board meeting following the violation.

- **Third Violation** – the user and Partner Agency will be notified of the violation in writing by the Lead Agency. Lead Agency will notify the HMIS Governing Board of the violation and convene a review panel made up of Governing Board members who will determine if the user’s license should be terminated. The user’s license will be suspended for a minimum of 30 days, or until the Governing Board review panel notifies the Lead Agency of their determination, whichever occurs later. If the Governing Board determines the user should retain their user license, the Lead Agency will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Governing Board review panel.

Any user or other fees paid by the Partner Agency will not be returned if a user’s or Partner Agency’s access to the HMIS is revoked.

**Notifying the HMIS Lead Agency of a Violation**

It is the responsibility of each Designated Agency HMIS Contact and user to notify the HMIS Lead Agency within 24 hours of when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy, or procedure. A complaint about a potential violation must include the User and Partner Agency name and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency.
Lead Agency at mnhmis@icalliances.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law
Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Potential to Escalate
All violations will be assessed by the Lead Agency and depending on their severity may be subject to the consequences listed under the Third Violation above as determined by the Lead Agency.

Multiple Violations within a 12-Month Timeframe
During a 12-month calendar year, if there are multiple users (three or more) with multiple violations (two or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.
12. APPENDIX A: GLOSSARY

**Designated Agency HMIS Contact** – The individual responsible for HMIS use at each partner agency.

**Homeless Management Information System (HMIS)** – an internet-based database that is used by homeless service organizations across Minnesota to record and store client-level information to better understand the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

**HMIS Governing Board** – the group of HMIS stakeholders who are responsible for approving and implementing the HMIS Policies and Procedures, and for funding, planning, and overseeing improvements to Minnesota’s HMIS. Information on board composition, committee responsibilities, and meeting times can be found on the Minnesota HMIS Website.

**HMIS Lead Agency** – The HMIS Lead Agency is responsible for the technical design, implementation, and operation of the HMIS. In doing so, the Lead Agency provides Partner Agencies and users with training and technical support, ensures compliance with HMIS policies and procedures, and plans and jointly approves with the HMIS Governing Board an annual budget and work plan. Minnesota’s HMIS Lead Agency is the Institute for Community Alliances.

**HMIS Vendor** – The HMIS Vendor designs the HMIS software and provides ongoing support to the System Administrators. Minnesota’s HMIS Vendor is Mediware Information Systems.

**Local System Administrators** – Persons trained and approved by the HMIS Lead Agency who provide reporting or system administration support.

**Partner Agencies** – The homeless service organizations that use the HMIS.

**Program-Specific Data Elements** – Questions that are designed, managed, and required by at least one of the HMIS federal or state partner programs. Federal Program-Specific Data Elements are subject to change every year on October 1, whereas State Program-Specific Data elements are subject to change every year on July 1.

**Universal Data Elements (UDEs)** – The minimum set of questions that all homeless programs in the HMIS, regardless of funding source, must complete for all clients served. Federal UDEs are outlined in the [HMIS Data Dictionary](#) and the [HMIS Data Standards Manual](#), and are subject to change every year on October 1. Minnesota UDEs are determined by the HMIS Governing Board and are subject to change every year on July 1.

**Victim Service Provider** – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.
## Total Population PIT Count Data

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## Chronically Homeless PIT Counts

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</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>179</td>
<td>163</td>
<td>179</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>31</td>
<td>106</td>
<td>56</td>
</tr>
</tbody>
</table>
### Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>180</td>
<td>183</td>
<td>176</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>177</td>
<td>181</td>
<td>171</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

### Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>73</td>
<td>48</td>
<td>69</td>
<td>60</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>59</td>
<td>47</td>
<td>59</td>
<td>57</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>14</td>
<td>1</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>
## HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2018 HIC</th>
<th>Total Beds in 2018 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>859</td>
<td>190</td>
<td>464</td>
<td>69.36%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>609</td>
<td>40</td>
<td>243</td>
<td>42.71%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>474</td>
<td>0</td>
<td>348</td>
<td>73.42%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>2,753</td>
<td>0</td>
<td>2,409</td>
<td>87.50%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>362</td>
<td>12</td>
<td>306</td>
<td>87.43%</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td><strong>5,057</strong></td>
<td><strong>242</strong></td>
<td><strong>3,770</strong></td>
<td><strong>78.30%</strong></td>
</tr>
</tbody>
</table>
PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>443</td>
<td>473</td>
<td>547</td>
</tr>
</tbody>
</table>

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>120</td>
<td>143</td>
<td>143</td>
</tr>
</tbody>
</table>

Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>424</td>
<td>514</td>
<td>474</td>
</tr>
</tbody>
</table>
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.
### FY2017 - Performance Measurement Module (Sys PM)

#### Table: Universe, Average LOT Homeless, Median LOT Homeless

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>3193</td>
<td>3225</td>
<td>3650</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>3463</td>
<td>3733</td>
<td>4021</td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Revised FY 2016</td>
<td>FY 2017</td>
<td>Revised FY 2016</td>
<td>FY 2017</td>
<td>% of Returns</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>33</td>
<td>77</td>
<td>4</td>
<td>12</td>
<td>16%</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>106</td>
<td>211</td>
<td>5</td>
<td>38</td>
<td>18%</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>322</td>
<td>247</td>
<td>8</td>
<td>11</td>
<td>4%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>826</td>
<td>728</td>
<td>24</td>
<td>12</td>
<td>2%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>1287</td>
<td>1263</td>
<td>41</td>
<td>73</td>
<td>6%</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th></th>
<th>January 2016 PIT Count</th>
<th>January 2017 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>1346</td>
<td>1438</td>
<td>92</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>761</td>
<td>784</td>
<td>23</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>449</td>
<td>488</td>
<td>39</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1210</td>
<td>1272</td>
<td>62</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>136</td>
<td>166</td>
<td>30</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>3901</td>
<td>3829</td>
<td>4229</td>
<td>400</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>3299</td>
<td>3297</td>
<td>3849</td>
<td>552</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>683</td>
<td>607</td>
<td>428</td>
<td>-179</td>
</tr>
</tbody>
</table>
2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>441</td>
<td>601</td>
<td>568</td>
<td>-33</td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>33</td>
<td>36</td>
<td>61</td>
<td>25</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>7%</td>
<td>6%</td>
<td>11%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>441</td>
<td>601</td>
<td>568</td>
<td>-33</td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>93</td>
<td>133</td>
<td>138</td>
<td>5</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>21%</td>
<td>22%</td>
<td>24%</td>
<td>2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>441</td>
<td>601</td>
<td>568</td>
<td>-33</td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>121</td>
<td>159</td>
<td>187</td>
<td>28</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>27%</td>
<td>26%</td>
<td>33%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>273</td>
<td>276</td>
<td>210</td>
<td>-66</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>63</td>
<td>64</td>
<td>60</td>
<td>-4</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>23%</td>
<td>23%</td>
<td>29%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>273</td>
<td>276</td>
<td>210</td>
<td>-66</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>61</td>
<td>61</td>
<td>52</td>
<td>-9</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>22%</td>
<td>22%</td>
<td>25%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>273</td>
<td>276</td>
<td>210</td>
<td>-66</td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>107</td>
<td>108</td>
<td>102</td>
<td>-6</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>39%</td>
<td>39%</td>
<td>49%</td>
<td>10%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries</td>
<td>3460</td>
<td>3435</td>
<td>3858</td>
<td>423</td>
</tr>
<tr>
<td>into ES, SH or TH during the</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reporting period.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those</td>
<td>1269</td>
<td>1227</td>
<td>1116</td>
<td>-111</td>
</tr>
<tr>
<td>who were in ES, SH, TH or any</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH within 24 months prior to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>their entry during the reporting year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those</td>
<td>2191</td>
<td>2208</td>
<td>2742</td>
<td>534</td>
</tr>
<tr>
<td>who did not have entries in ES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or PH in the previous 24 months.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. Number of persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>experiencing homelessness for</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the first time)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries</td>
<td>4371</td>
<td>4442</td>
<td>5099</td>
<td>657</td>
</tr>
<tr>
<td>into ES, SH, TH or PH during</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the reporting period.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those</td>
<td>1450</td>
<td>1422</td>
<td>1411</td>
<td>-11</td>
</tr>
<tr>
<td>who were in ES, SH, TH or any</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH within 24 months prior to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>their entry during the reporting year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those</td>
<td>2921</td>
<td>3020</td>
<td>3688</td>
<td>668</td>
</tr>
<tr>
<td>who did not have entries in ES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or PH in the previous 24 months.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e. Number of persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>experiencing homelessness for</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the first time.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>299</td>
<td>300</td>
<td>513</td>
<td>213</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>77</td>
<td>84</td>
<td>169</td>
<td>85</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>69</td>
<td>69</td>
<td>91</td>
<td>22</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>49%</td>
<td>51%</td>
<td>51%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</td>
<td>3315</td>
<td>3407</td>
<td>3823</td>
<td>416</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>798</td>
<td>863</td>
<td>767</td>
<td>-96</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>24%</td>
<td>25%</td>
<td>20%</td>
<td>-5%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2016</th>
<th>Revised FY 2016</th>
<th>FY 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td>3184</td>
<td>3138</td>
<td>3364</td>
<td>226</td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>2933</td>
<td>2882</td>
<td>3021</td>
<td>139</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>92%</td>
<td>92%</td>
<td>90%</td>
<td>-2%</td>
</tr>
</tbody>
</table>
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
## 2018 HDX Competition Report
### FY2017 - SysPM Data Quality

<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of non-DV Beds on HIC</td>
<td>529</td>
<td>555</td>
<td>604</td>
<td>657</td>
<td>724</td>
</tr>
<tr>
<td>2. Number of HMIS Beds</td>
<td>370</td>
<td>179</td>
<td>180</td>
<td>488</td>
<td>620</td>
</tr>
<tr>
<td>3. HMIS Participation Rate from HIC (%)</td>
<td>69.94</td>
<td>32.25</td>
<td>29.80</td>
<td>74.28</td>
<td>85.64</td>
</tr>
<tr>
<td>4. Unduplicated Persons Served (HMIS)</td>
<td>2164</td>
<td>2486</td>
<td>2467</td>
<td>3792</td>
<td>620</td>
</tr>
<tr>
<td>5. Total Leavers (HMIS)</td>
<td>1917</td>
<td>2207</td>
<td>2207</td>
<td>3359</td>
<td>303</td>
</tr>
<tr>
<td>6. Destination of Don't Know, Refused, or Missing (HMIS)</td>
<td>37</td>
<td>95</td>
<td>119</td>
<td>2120</td>
<td>23</td>
</tr>
<tr>
<td>7. Destination Error Rate (%)</td>
<td>1.93</td>
<td>4.30</td>
<td>5.39</td>
<td>63.11</td>
<td>7.59</td>
</tr>
</tbody>
</table>

9/12/2018 6:25:33 AM
## 2018 HDX Competition Report

Submission and Count Dates for MN-501 - Saint Paul/Ramsey County CoC

### Date of PIT Count

<table>
<thead>
<tr>
<th>Date CoC Conducted 2018 PIT Count</th>
<th>1/24/2018</th>
</tr>
</thead>
</table>

### Report Submission Date in HDX

<table>
<thead>
<tr>
<th>Submitted On</th>
<th>Met Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PIT Count Submittal Date</td>
<td>4/27/2018</td>
</tr>
<tr>
<td>2018 HIC Count Submittal Date</td>
<td>4/27/2018</td>
</tr>
<tr>
<td>2017 System PM Submittal Date</td>
<td>5/30/2018</td>
</tr>
</tbody>
</table>
Ramsey County Homelessness Response Continuum Needs Assessment

AN ASSESSMENT OF HEADING HOME RAMSEY'S GAPS AND NEEDS IN 2018
COMPiled by ramsey county health and wellness
administrative division
Executive Summary

Based on the results of our needs assessment, households with at least one adult and one child, to be referred to as families, have emerged as the highest priority for Ramsey's Homelessness Response Continuum.

Severe Underreporting

Due to their homelessness experience and the composition of our continuum, family homelessness is undercounted relative to other household types in our regular homeless reporting.

- Because family households often experience homelessness through doubling up with friends or family, they do not meet HUD homeless definition standards.
- Families who may be staying in vehicles often avoid reporting their homelessness status due to fear of child protection services intervention and eventual out of home placement of children.
- Families are also undercounted within the Homeless Management Information system (HMIS). A significant majority (61%) of family emergency shelter projects and 48% of transitional housing projects do not use HMIS to inventory their data, mostly due to agencies' victim service provider status. Thus, these populations are excluded from annual system performance measure reporting, indicators which heavily influence policy and priority decisions.

Higher Barriers

Barriers to housing for family households are exacerbated because of this general household type.

- If households have more than two people, they must manage larger units with higher rents. If these families are evicted with left over debt to previous landlords, this debt is accordingly larger than for those who are evicted from smaller units with lower rents.
- More often, family households experiencing homelessness are headed by single mothers with younger children. This suggest these larger households have only one income, which may be limited by child care obligations. Considering these households will have to rent larger units with higher rents, renting becomes even less affordable for households.
- If households do secure housing, because of the scarcity of affordable housing, they have a higher likelihood of finding predatory landlords and lower quality housing. Predatory landlords may exploit tenants through poor service and neglect, overly intrusive monitoring or harassment, blackmail, and other practices violating legal and ethical landlord obligations and tenant rights.
Relatively Limited Resources

*Within Ramsey’s homelessness response continuum’s emergency shelter, street outreach, and prevention projects there are limited resources for families in need of housing, relative to other household types.*

- There are no street outreach projects within the continuum serving families. Although coordinated entry staff can be mobile and McKinney Vento Liaisons work to engage families presenting in schools, there is no active street outreach assisting families on the street or doubled up.

- Family emergency shelter beds, especially non-domestic violence beds, are extremely limited. Beds are managed through a waitlist which can have up to 35 families and can require families in crisis to wait several weeks before gaining access to shelter.

- Prevention resources target clients who can prove their housing crisis will be solved with the intervention. Additionally, it expected that clients will not return to homeless after service. Projects usually have limitations to the direct assistance they can provide for clients as well. Because families often only have one individual contributing to the household’s income, they then have higher cost needs including higher rents, higher debts, and child care needs. Thus, prevention projects hesitate to unsustainably serve families who cannot realistically prove they can end their housing crisis and/or homelessness cycles.

Youth and Family Health and Trauma

*The trauma associated with family homelessness is shared across all household members and engenders generational homelessness.*

- Children of families experiencing homelessness are more likely to present developmental disabilities and mental health issues. These disabilities can further inhibit heads of households from finding consistent work, and can make them less marketable to landlords.

- Although children within families experiencing homelessness are extremely resilient, their resiliency relies upon high levels of cognitive functioning as well as strong relationships with the parents. Nonetheless, with developmental disabilities pervasive and intense stress managed by the head of household, resiliency is palpably qualified.

- Children who experience homelessness are more likely to become homeless again throughout their youth and in adulthood. They also are more likely to underperform academically and struggle socially.

- Many housing and shelter programs who serve families only serve women with children. Moreover, children can also “age out” of family housing projects before they graduate from high school. These factors can cause families to split up if they don’t meet eligibility so that at least portion of the household can access shelter. Also, families who may have individuals with extremely limiting barriers, like criminal histories or sex offenses, may also split to access programming. This further impacts all household members.
Local Population and System Trends

_Across Ramsey County and Saint Paul, the population is evolving to become more racially and ethnically diverse, with renters outnumbering home owners, and median incomes well below the area median income and standard of living._

- Vacancy rates in St. Paul are around 3.7% for rental units. Rental markets are considered stable at 5% vacancy, so there is upward pressure on rental prices. Higher rental prices make finding housing extremely difficult for high barrier families.

- 2016 was the first time in St. Paul’s modern history that the number of renter occupied units exceeded the number of owner occupied units. This demonstrates more competition for an already limited rental unit market.

- In 2016 the Twin Cities Area Median Income (AMI) for families with children is an estimated $94,200. For Ramsey County, this AMI is $67,400. This difference suggests limited purchasing power and significant levels of poverty relative to other areas in the greater twin cities.

- Trends suggest that people of color became the majority of the Saint Paul population in 2017. Also, the younger the age group, the more racially and ethnically diverse the population. These populations have lower median incomes, higher rates of poverty, and lower educational achievement. Younger people of color also make up the majority of the homeless population.
This graph replicates one of the ways that the SPARC initiative changed the conversation nationally using Minnesota data. This picture illuminates that disparities in who experiences homelessness are even more dramatic than those among people who are paying more than 30 percent of their income toward housing or are below the Federal poverty level. This graph compares all people of color in Minnesota, as a single group, to rates for white Minnesotans across four categories that may represent increasing risk of housing instability.

From left to right, we can compare the proportions of all Minnesotans, to [CLICK] Minnesotans who are paying more than 30% of their income toward housing, to [CLICK] Minnesotans at or below the Federal poverty level, to [CLICK] Minnesotans experiencing homelessness.

This picture shows that substantially more people of color, as a group, are experiencing homelessness even compared to the disparities for who experiences poverty. We can break down these figures by racial and ethnic group as well, and while we won’t cover it here, it is important to note that those rates do vary among the groups that make up people of color. Black and American Indian Minnesotans show the greatest disproportionality in who experiences homelessness. There are also important differences in the ways that these data sets consider race and ethnicity, but we won’t go into that now.
This graph shows us that same breakdown for three regions of the state: Hennepin and Ramsey counties, the five suburban metro counties, and the rest of the state.

In general, this picture shows us that this disparities are more acute in greater Minnesota, where people of color are five times more likely to be homeless than we would expect based on their representation in the general population.

Across all of these graphs, if race and ethnicity were not a factor, we’d see all of these lines would be completely flat. The lines that increase from left-to-right mean that race and ethnicity are risk factors for people of color, whereas for white, non-Hispanic Minnesotans, race and ethnicity are protective factors.

(Important note for whoever delivers this slide: the data are all 2016 5-year ACS data except for the homeless data points, which are 2018 PIT count data. In all cases, that differs slightly from the data sources on the first slide, but the general point is the same: Census Bureau data for the first three points, PIT count data for the last one.)