# Before Starting the CoC  Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections.  In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
 - Project Listing

 Please Note:

 - Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
 - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
 - As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

 For Detailed Instructions click here.

# 1A. Continuum of Care (CoC) Identification

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

|  |  |
|---|---|
| **1A-1 CoC Name and Number:** | MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC |
| **1A-2 Collaborative Applicant Name:** | Washington County |
| **1A-3 CoC Designation:** | CA |

# 1B. Continuum of Care (CoC) Operations

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**1B-1 How often does the CoC conduct meetings of the full CoC membership?**   Monthly

**1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?**   Monthly

**IB-3 Does the CoC include membership  of a homeless or formerly homeless person?**   Yes

**1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.**   Advisor, Volunteer, Community Advocate

**1B-5 Does the CoC's governance charter incorporate  written policies and procedures for each of the following:**

| | |
|---|---|
| **1B-5.1 Written agendas of CoC meetings?** | Yes |
| **1B-5.2 Centralized or Coordinated Assessment System?** | Yes |
| **1B-5.3 Process for Monitoring Outcomes of ESG Recipients?** | Yes |
| **1B-5.4 CoC policies and procedures?** | Yes |
| **1B-5.5 Written process for board selection?** | Yes |
| **1B-5.6 Code of conduct for board members that includes a recusal process?** | Yes |
| **1B-5.7 Written standards for administering assistance?** | Yes |

# 1C. Continuum of Care (CoC) Committees

**Instructions:**

For guidance on completing this form, please reference the  FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings.  Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.**

| | Name of Group | Role of Group (limit 750 characters) | Meeting Frequency | Names of Individuals and/or Organizations Represented |
|---|---|---|---|---|
| **1C-1.1** | Suburban Metro Area Continuum of Care (SMAC) and Governing Board | Suburban Metro Area Continuum of Care (SMAC) is composed of five counties that surround the Minneapolis/St. Paul area: Anoka, Dakota, Scott, Carver, and Washington Counties.  The mission of SMAC is to coordinate the response of the suburban metropolitan counties to homelessness, work towards alignment with the direction of the HEARTH Act, and maximize access to funding from the HUD McKinney-Vento Continuum for Care competition.  SMAC is the planning entity that provides leadership and strategic planning to address the needs and resources of the homeless population within the SMAC region.  It leads the development of the regional Continuum of Care plan and assists with the completion of the consolidated application. | Monthly | Tasks Unlimited, Hearth Connection, Cenneidigh-KCQ, The Link, Mental Health Resources, Wilder Alexandra House, Neighbors, MESH, State staff, Veterans Officers, Jason F., and Dakota, Anoka, Washington, Scott and Carver counties and CDA/HRAs. |

| | | | | |
|---|---|---|---|---|
| **1C-1.2** | Heading Home Subcommittess | Each member region has an active and productive Heading Home subcommittee. Heading Home Minnesota is a coordinated, public-private partnership to end homelessness in Minnesota. It is the umbrella for Minnesota's Roadmap for Ending Homelessness. The Heading Home subcommittees are charged with ten-year homeless planning coordination, point-in-time count, service evaluation, gap analysis, disaster planning and developing strategies to better coordinate and target resources to prevent and end homelessness. The subcommittees focus on building awareness of homelessness in the communities by partnering with local businesses, public libraries, corrections, churches, and other community groups. | Monthly | Community members: Jean M, Bill K, Jason F, Doug S., Paul S, Robin K |
| **1C-1.3** | Continuum of Care Committee | CoC local committees are responsible for oversight of and guidance for local homeless planning, development of projects and action plans, identification of unmet needs, resource allocation, and assistance in preparation of the NOFA application. This includes CoC strategy review, individualized provider performance assessment, discharge planning, disaster planning, and point in time survey planning. Each regional CoC appoints 5 members to represent their respective CoC at the SMAC level, including at least one member who is currently or formerly homeless person in each of the four CoC regions. | Monthly | Tasks Unlimited, Hearth Connection, Cenneidigh-KCQ, MHR, Wilder, Alexandra House, People Inc., MAC-V (Veterans), Family Promise, LSS, Neighbors, The Link, MESH, Jason F, Connie V, Marcell G, all counties and their CDA/HRAs. |
| **1C-1.4** | Homeless Prevention and Assistance Advisory Committee | As the SMAC CoC is comprised of 5 member counties, each county has slightly different composition of committees, however each includes a homeless prevention subcommittee. The counties all have active homeless prevention subcommittees, either organized through their FHPAP (family homeless prevention and assistance program) advisory board or through a Heading Home Prevention subcommittee. These groups have been a key part of planning for effective use of resources to prevent homelessness and quickly house homeless families and individuals. | Monthly | All 5 county staff/CDA/HRAs, Salvation Army, MESH, Delancey Services, Rise, Scott Carver Dakota CAP Agency, Cenneidigh-KCQ, The Link, and MESH. |

| 1C-1.5 | Homeless Management Information System (HMIS) Governing Group | In order to gain as comprehensive a picture of homelessness as possible, agencies receiving state, federal and other types of funding, are either required or strongly encouraged to use HMIS. In Minnesota, the HMIS database is administered by Wilder Research Center. All CoC regions in SMAC participate in HMIS and also on the HMIS Governing Group. The HMIS Governing Group includes representatives from each of the Continuum of Care regions in the state as well as persons who are homeless, various advocacy organizations, and providers. The benefits of HMIS Governing Group are improved planning to end homelessness, easier data management for agencies, better services to clients, and enhanced communication between service providers. | Monthly | CoC members participate in this group, including staff from Anoka, Dakota, Washington, Scott and Carver counties, provider reps including Scott Carver Dakota CAP Agency and Hearth Connection, and a consumer representative. |

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.**
 **(limit 750 characters)**

The CoC is comprised of housing and service providers, consumers, county staff, developers, landlords, and community members representing various interests that are committed to ending homelessness. The CoC has active committees and regularly reviews the membership attendance and targets outreach to individuals in under-represented groups.  We have active participation from persons who have experienced homelessness.   To ensure this on-going participation, we have funding for incentives to provide assistance with transportation, childcare, and to remove barriers to participation.   CoC bylaws outline voting procedures to provide equal representation among all interests and ensure all opinions are heard.  The CoC has recently revised it's Governance Charter, bylaws & written standards  to ensure our CoC complies with the HEARTH Act.

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria.  Written documentation of this process must be attached to the application along with evidence of making the information publicly available.**
**(limit 750 characters)**

Project ranking/selection process is as follows: (1) each year the objective scoring tool is reviewed, amended (to reflect HUD priorities), and approved by the CoC; (2) projects are scored by the SMAC Ranking Committee by reviewing data found in the project application, LOCCS, APRs, HUD Field Office visits and findings, and agency audits; (3) Once projects are scored, ranking committee members review scores with all projects, making suggestions for improving scores; (4) final scores are compiled and the ranking committee determines final ranking positions based upon scores, geographic spread, and populations served; (5) final rankings are circulated by email and at CoC and local housing coalition meetings, and published on SMAC websites.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing,  and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.**
**(limit 1000 characters)**

Projects are scored by the SMAC Ranking Committee by reviewing data found in the project application, LOCCS, APRs, HUD Field Office visits and findings, and agency audits. Using this broad base of information informs the ranking committee of overall capacity and performance of projects. This data is collected over 3 year periods, allowing for the ranking committee to recognize trends/anomalies in project performance. In addition to straight scoring, the ranking committee determines a percentage score (the project's score divided by the total possible points applicable for the project). Looking at % scores allows the ranking committee to maintain a side-by-side evaluation of projects that serve different populations (homeless vs. CH homeless) or provide different service models (PSH vs. RRH). The CoC examines days to shelter and turnaway data to evaluate the barriers to housing people encounter (i.e. lack of income or criminal background) and uses this information in CoC planning.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.**
**(limit 750 characters)**

The CoC actively recruits new applicants in areas of specific needs such as housing for youth and those reentering the community from the corrections system. Each year, the CoC solicits new proposals for CoC funding and conducts a pre-ranking process, using criteria from our objective scoring tool. Five projects (one of which is new to CoC) submitted pre-applications in 2013. All pre-applicants, regardless of pre-ranking, are invited to submit an application for funding through eSnaps. The CoC distributes the NOFA and information on how to apply for funding through broad distribution lists beyond past applicants and on several websites. Technical assistance is available to projects that have not received CoC funds in the past.

**1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available?  Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.**  01/24/2014

**1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?**  01/24/2014

**1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?**  Yes

**1D-6.1  If no, briefly describe each of  the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.**
**(limit 1000 characters)**

N/A

**1D-7 Were there any written complaints**    No
**received by the CoC in relation to project**
**review, project selection, or other items**
**related to 24 CFR 578.7 or 578.9 within the**
**last 12 months?**

**1D-7.1  If yes, briefly describe the complaint(s), how it was resolved, and**
**the date(s) in which it was resolved.**
**(limit 750 characters)**

N/A

# 1E. Continuum of Care (CoC) Housing Inventory

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed
Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the
OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**1E-1 Did the CoC submit the 2013 HIC data in**   Yes
**the HDX by April 30, 2013?**

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

**Intructions:**

For guidance on completing this form, please reference the  FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.**
**(limit 1000 characters)**

The CoC has active participation on the statewide HMIS Governing Group, which is the entity that provides oversight and monitors the HMIS administrator's services (http://www.hmismn.org/govgroup).   The HMIS administrator (Wilder) has fully developed policies which address the CoC program interim rule, conformance with 2010 data standards etc.  There is a Governance Charter in place between the state CoCs and the HMIS administrator which outlines the roles and expectations of each party. In addition to the monitoring done by the HMIS Governing Group, the CoC monitors the HMIS Administrator's direct services through its HMIS Committee which meets at least quarterly.

**2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead?**
**If yes, a copy must be attached.**                    Yes

**2A-3  For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it:  Privacy Plan, Security Plan, and Data Quality Plan.**
**(limit 1000 characters)**

The Privacy and Security Plans were developed by a HMIS Governing Group sub-committee in January 2005. In 2012 a change was made to formally outline these policies and incorporate them in the Policy and Procedures Manual. HMIS staff proposed changes approved by Governing Group in December 2012. Additional updates to the data privacy plan were made by HMIS staff in January 2014 and approved by the Governing Group. Plans are reviewed yearly. HMIS staff had the lead in developing the Data Quality Plan. Staff reviewed HUD requirements and existing Data Quality Plans developed by other HMIS areas. The plan was final in April 2012, with formal roll out in November 2012. CoC Leads made a request in early 2013 for changes. HMIS staff drafted a new document for review by CoC Leads. Then the change was rolled out in May 2013.  An additional update was made in January 2014 to formalize the program start and end date review process already in place. The Data Quality Plan is reviewed yearly.

**2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).**　　Service Point

**2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).**　　Bowman

**2A-6 Does the CoC plan to change the HMIS software within the next 18 months?**　　No

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

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

**2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)** MN-511 - Southwest Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-506 - Northwest Minnesota CoC, MN-504 - Northeast Minnesota CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-501 - Saint Paul/Ramsey County CoC

**2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

## 2B-3.1 Funding Type: Federal - HUD

| Funding Source | Funding |
|---|---|
| CoC | $140,872 |
| ESG | $502 |
| CDBG | $0 |
| HOME | $0 |
| HOPWA | $0 |
| Federal - HUD - Total Amount | $141,374 |

## 2B-3.2 Funding Type: Other Federal

| Funding Source | Funding |
|---|---|
| Department of Education | $0 |
| Department of Health and Human Services | $0 |
| Department of Labor | $0 |
| Department of Agriculture | $0 |
| Department of Veterans Affairs | $0 |
| Other Federal | $0 |
| Other Federal - Total Amount | $0 |

## 2B-3.3 Funding Type: State and Local

| Funding Source | Funding |
|---|---|
| City | $0 |
| County | $0 |
| State | $21,904 |
| State and Local - Total Amount | $21,904 |

## 2B-3.4 Funding Type: Private

| Funding Source | Funding |
|---|---|
| Individual | $0 |
| Organization | $963 |
| Private - Total Amount | $963 |

## 2B-3.5 Funding Type: Other

| Funding Source | Funding |
|---|---|
| Participation Fees | $22,742 |
| Other - Total Amount | $22,742 |

| 2B-3.6 Total Budget for Operating Year | $186,983 |
|---|---|

**2B-4 How was the HMIS Lead selected by the CoC?**  Agency was Appointed

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.**
**(limit 750 characters)**

N/A

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

**Instructions:**

For guidance on completing this form, please reference the  FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.  Please submit technical question to the OneCPD Ask A Question at  https://www.onecpd.info/ask-a-question/.

**2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:**

| | |
|---|---|
| * **Emergency shelter** | 76-85% |
| * **Safe Haven (SH) beds** | Housing type does not exist in CoC |
| * **Transitional Housing (TH) beds** | 86%+ |
| * **Rapid Re-Housing (RRH) beds** | Housing type does not exist in CoC |
| * **Permanent Supportive Housing (PSH) beds** | 76-85% |

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

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.**
**(limit 1000 characters)**

N/A

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.**
**(limit 750 characters)**

N/A.  The 2012 application had higher than 64% bed coverage rate.

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

### Instructions:

For guidance on completing this form, please reference the  FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

### 2D-1 For each housing type, indicate the average length of time project participants remain in housing.  If a housing type does not exist in the CoC, enter "0".

| Type of Housing | Average Length of Time in Housing |
|---|---|
| **Emergency Shelter** | 40 |
| **Transitional Housing** | 8 |
| **Safe Haven** | 0 |
| **Permanent Supportive Housing** | 10 |
| **Rapid Re-housing** | 2 |

### 2D-2  Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

| Universal Data Element | Percentage |
|---|---|
| **Name** | 3% |
| **Social security number** | 1% |
| **Date of birth** | 0% |
| **Ethnicity** | 0% |
| **Race** | 0% |
| **Gender** | 0% |
| **Veteran status** | 1% |
| **Disabling condition** | 3% |
| **Residence prior to program entry** | 2% |
| **Zip Code of last permanent address** | 2% |
| **Housing status** | 3% |
| **Head of household** | 7% |

### 2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

McKinney Vento funded providers use HMIS to run reports to complete their APRs each year.  HMIS data is also used as a comparable data source for Point in Time and to help gather HIC information.  From HDX, reports are utilized, such as unmet needs report, for Annual Action Plans and CAPERS in the each entitlement jurisdiction in the CoC as part of their homeless need and homeless reporting sections.

**2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?**      Quarterly

**2D-5  Describe the process through which the CoC works with the HMIS Lead to assess data quality.  Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.**
**(Limit 1000 characters)**

The CoC works closely with Wilder, the HMIS lead, on assessing data quality on a quarterly basis and the CoC participates in the AHAR. The CoC governance structure includes an HMIS subcommittee which utilizes HMIS data for project performance reviews for CoC funded grants. The CoC Governing Board and CoC Coordinators connect organizations with data quality challenges to technical assistance and training from the HMIS provider. Multiple opportunities to correct errors are given along with training and technical assistance. If data quality issues are not resolved, the project may be considered for reallocation. One specific example of how the CoC works with the HMIS lead is during quarterly HMIS data review, our homeless prevention subcommittee identified an opportunity to improve coordination with PHAs due to a higher than average number of families in subsidized housing assisted with homeless prevention dollars. Due to the delay in adjusting rent after a reduction in income, families needed prevention funds. After identifying this issue, the CoC developed a solution so the rents can be quickly adjusted and State funds can be maximized.

**2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?**      Quarterly

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

## 2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

| | |
|---|---|
| **\* Measuring the performance of participating housing and  service providers** | Semi-Annually |
| **\* Using data for program management** | Monthly |
| **\* Integration of HMIS data with data from mainstream  resources** | Semi-Annually |
| **\* Integration of HMIS data with other Federal programs  (e.g., HHS, VA, etc.)** | Semi-Annually |

# 2F. Homeless Management Information System (HMIS) Policies and Procedures

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**2F-1 Does the CoC have a HMIS Policy and Procedures Manual?  If yes, the HMIS Policy and Procedures Manual must be attached.**   Yes

**2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)**

Page 15 of the HMIS Policy and Procedures Manual describes the data quality standards. The CoC Governance Charter, page 3, also includes clear expectations of the HMIS lead agency, operaton of the CoC, and reporting/analysis.

**2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?**   Yes

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** 01/23/2013

**2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?** Not Applicable

**2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX:** 04/30/2013

**2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:**

| Housing Type | Observation | Provider Shelter | Client Interview | HMIS |
|---|---|---|---|---|
| Emergency Shelters | | 100% | | |
| Transitional Housing | | 100% | | |
| Safe Havens | | | | |

**2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)**

In 2012, a total of 343 households were in shelter totaling 667 people. In 2013 this number decreased to 308 households totaling 635 people, a decrease of 35 households. The main reason for the decrease was due to 1) A local domestic violence shelter moved from Washington to Ramsey County that had 34 beds and 2) A local transitional housing program closed in Anoka County. Beds were transitioned into permanent housing with another provider. In addition, the CoC has made significant progress with coordinating assessment of households on the prevention/shelter end of the system by piloting a "prevention/diversion" tool to screen and refer household to the most appropriate resources.

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**\* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

| | |
|---:|:---:|
| **Survey providers:** | X |
| **HMIS:** | X |
| **Extrapolation:** | |
| **Other:** | X |

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

To verify survey provider data, the CoC utilizes "Other" which is a comparable data source from a quarterly report conducted by the State of Minnesota Office of Economic Opportunity.

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Methods are identified in quotes (""). The primary method was to "Survey Providers"  using an online survey (survey monkey) to similarly collect data on the sheltered population (a paper version was available if needed). First name and last initial were used as household identifiers to reduce duplication.  The CoC provided training/detailed instructions to persons conducting surveys and was available to provide technical assistance to respondents.  The CoC used "HMIS" as a second method to ensure data accuracy by comparing survey data to aggregate program HMIS reports (for providers that had data in HMIS). Finally, the CoC compared the survey data with another data set, "Other," collected quarterly on ALL shelter providers (HMIS and non-HMIS) by the State of Minnesota's Office of Economic Opportunity.

# 2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**\* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

| | |
|---:|:---:|
| **HMIS:** | X |
| **HMIS plus extrapolation:** | |
| **Sample of PIT interviews plus extrapolation:** | |
| **Sample strategy:** **(if Sample of PIT interviews plus extrapolation is selected)** | |
| **Provider expertise:** | X |
| **Interviews:** | X |
| **Non-HMIS client level information:** | X |
| **Other:** | |

**2I-2 If other, provide a detailed description. (limit 750 characters)**

  Not applicable

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)**

 Methods are identified in quotes ("").  The CoC survey (which includes questions on subpopulation data) is the primary data collection method for the PIT.  To fill out the survey for each existing household, providers utilize "HMIS" data and "Non-HMIS client level information." The CoC encourages respondents to use documented evidence instead of provider expertise. However, the CoC recognizes that new clients--especially those entering emergency shelter-- may not yet have evidence based data, therefore, "Interviews" are utilized to gather data for new clients instead of HMIS/Non-HMIS client level information.  In some cases--such as with a client presenting with mental health symptoms and stating they have been diagnosed with mental illness-- "Provider Expertise" may be utlized to make the best judgment for subpopulation data.

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**\* 2J-1  Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

|  |  |
|---:|:---:|
| **Training:** | X |
| **Follow-up** | X |
| **HMIS:** | X |
| **Non-HMIS de-duplication :** | X |
| **Other:** |  |

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)**

Methods indicated by quotes ("").  "Training" is when the CoC provides training to survey participants by introducing and walking through the survey tool prior to the PIT date; providing written instruction on how to fill out the survey; and providing primary staff responsible for technical assistance to respondents as needed.  "Follow up" is 1) initial, on the day of, and follow up emails to ensure the survey is distributed with and reminds respondents to complete the survey; and 2) contacting respondents if CoC staff have questions while deduplicating and analyzing data.  "HMIS" data is used by providers to enter survey data and by CoC staff to verify data accuracy "Non-HMIS de-duplication" is used by CoC staff using first name, last initial and data variables from the survey to deduplicate data.

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**2K-1 Indicate the date of the most recent unsheltered point-in-time count:**   01/23/2013

**2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?**   Not Applicable

**2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:**   04/30/2013

**2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.**
**(limit 750 characters)**

In 2012 we had a total of 127 unsheltered households totaling 187 people. In 2013 this number decreased to 86 households totaling 110 people, a decrease of 41 households. One of the reasons for the decrease was that in 2012, an apartment complex was condemned causing as many as 50 households to become homeless at the time of the count—living in a place not meant for human habitation. These households are now safely re-housed and were not counted on the 2013.   Other aspects of the PIT were consistent with previous years, however on the date of the count, Minnesota experienced extremely cold weather with -7 degrees below zero temperatures with windchills of -30 degrees below zero.  Street outreach teams and police partners reported not finding unsheltered persons sleeping in typical places that night due to the extreme cold.

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**\* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

| | |
|---|---|
| **Public places count:** | X |
| **Public places count with interviews on the night of the count:** | X |
| **Public places count with interviews at a later date:** | X |
| **Service-based count:** | X |
| **HMIS:** | |
| **Other:** | X |

**2L-2 If other, provide a detailed description.**
**(limit 750 characters)**

"Other" refers to third party information. In the suburbs of Minnesota, unsheltered homeless are often found in places like vehicles, abandoned buildings, campers, tents, fish houses and public places such as 24 hour retail establishments. In these cases, volunteers may speak with police, retail management or a community member who have identified a homeless person as homeless, but the homeless person may not be available for interview. The third party may provide information about the homeless household to assist with data collection. Third party data would be for variables such as male or female, approximate age, and overall description of where the person stayed on the night of the count.  Every effort is made to verify data.

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.**
**(limit 750 characters)**

All people conducting homeless surveys, regardless of the method used, receive a detailed PIT guide designed by CoC Coordinators, or an in person training that walks them through each question.  Contact information for the interviewer is collected with the survey so that any inconsistencies may be checked and corrected.  All surveys are completed by professionals working directly with homeless people or volunteers that know what information needs to be gathered and have been trained to ensure accuracy. Even third party information gathered in the method of "other" is ultimately collected by trained professionals and volunteers that have contact with the police, retail staff, or community members that identify someone as homeless.

# 2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count:  Level of Coverage

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**2M-1  Indicate where the CoC located**   Known Locations
**unsheltered homeless persons during the**
**2013 point-in-time count:**

**2M-2 If other, provide a detailed description.**
**(limit 750 characters)**

 N/A

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

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**\* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

| | |
|---:|:---:|
| **Training:** | X |
| **"Blitz" count:** | |
| **Unique identifier:** | |
| **Survey question:** | X |
| **Enumerator observation:** | |
| **Other:** | |

**2N-2 If other, provide a detailed description.**
**(limit 750 characters)**

 N/A

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here.**
 **(limit 750 characters)**

 Multiple techniques are used to reduce the occurance of counting people more than once. First, each person being interviewed is asked if they have already been asked these questions.  If they say yes, the survey is discontinued. Second, partially identified client information is collected including: first name and last initial, the name of the data collector and their organization, the location the person was at on the day of the survey, and any comments listed by the person completing the common form.  CoC Coordinators review the data and de-duplicate using the partially identifying client information.  Data was compiled in a spreadsheet and CoC Coordinators did numerous sorts and searches to find and remove potentially duplicate records.

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

## Objective 1: Increase Progress Towards Ending Chronic Homelessness

### Instructions:

For guidance on completing this form, please reference the  FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).  The first goal in Opening Doors is to end chronic homelessness by 2015.  Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS,  and the 2013 housing inventory count, complete the table below.**

### 3A-1.1 Objective 1:  Increase Progress Towards Ending Chronic Homelessness

|  | Proposed in 2012 CoC Application | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|---|---|---|---|
| **3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.** |  | 225 | 228 | 228 |
| **3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.** | 84 | 80 | 85 | 95 |
| **3A-1.1c  Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.** |  | 23 | 43 | 44 |
| **3A-1d  Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.** |  | 11% | 85% | 85% |
| **3A-1.1e How many new PSH beds dedicated to the  chronically homeless will be created through reallocation?** |  | 0 | 8 | 11 |

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.**
**(limit 1000 characters)**

The CoC has adopted a ranking tool to prioritize permanent supportive housing projects that dedicate or prioritize beds for chronically homeless individuals. Although the HIC shows 73 chronic beds, seven beds were inadvertently omitted due to agencies that took over where programs closed.   The 2013 PIT accounted for 41 chronic homeless persons, including 35 individuals and 2 families.  For 2014, 2 organizations will develop 8 individual chronic beds with FY 2012 CoC and other matching funds.  For 2015, although there are no new CoC funds, Hearth Connection and South Metro Human Services will ensure 11 new beds will be dedicated to chronic homeless through reallocation. In addition, the CoC has committed to prioritizing 85% of turnover beds to chronic homeless in future years.


**3A-1.3  Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.**
**(limit 1000 characters)**

South Metro Human Services will develop 8 chronic beds in 2014 and 6 chronic beds in 2015. Hearth Connection will develop 6 chronic beds in 2015. Additionally, the SMAC Governing Board will be responsible for ensuring non-dedicated prioritization of existing beds.  Fourteen of the 20 existing projects have committed to prioritizing 43 non-dedicated beds for chronic homeless persons in 2014 and 44 in 2015.

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

## Objective 2:  Increase Housing Stability

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-2.1 Does the CoC have any non-HMIS  No projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?**

### 3A-2.2 Objective 2: Increase Housing Stability

|  | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|---|---|---|
| **3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:** | 414 | 422 | 432 |
| **3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.** | 375 | 386 | 396 |
| **3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.** | 91% | 91% | 92% |

**3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)**

The CoC current achievement of 91% exceeds HUD's required housing stability goal of 80%.  The CoC will continue to improve the housing stability of participants and track progress on housing stability with quarterly reports. Annual site visits are conducted for all CoC funded programs and technical assistance is provided at early stages if any performance issues are identified. The implementation of coordinated assessment will ensure clients are appropriately placed in programs that best meet their needs and will increase our current outcomes.  The CoC has adopted an objective scoring tool that prioritizes and awards points to Housing First programs.  Over 75% of project applicants have adopted a Housing First approach this year.   The CoC also works with applicants to ensure clients have an exit plan and are connected to resources available to maintain housing stability.  The CoC also conducts landlords forums to educate and develop positive working relationships with tenants, encourages landlord mediation, and connection to mainstream resources.  All programs provide aftercare to clients as they transition into permanent housing.

**3A-2.4  Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects.**
**(limit 1000 characters)**

The CoC Governing Board is responsible for monitoring and ensuring CoC funded projects meet or exceed HUD's required housing stability goal of 80%. The CoC has adopted a scoring tool that requires projects to meet performance standards for continued funding and awards additional points for high performing projects. Additionally, the Heading Home Housing and Services committee is charged with evaluating the success of existing homeless programs, identifying gaps, conducting needs assessments, and coordinated assessment planning to ensure that clients are assessed in a coordinated manner and appropriately placed in programs that meet their needs to help increase their chance of success and housing stability.

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

### Objective 3: Increase project participants income

### Instructions:

For guidance on completing this form, please reference the  FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:**　384

### 3A-3.2 Objective 3: Increase project participants income

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|---|---|---|
| **3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?** | 15% | 20% | 20% |
| **3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?** | 65% | 65% | 65% |

**3A-3.3  In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

| Cash Income Sources | Number of Participating Adults | Percentage of Total in 3A-3.1 | |
|---|---|---|---|
| **Earned Income** | 27 | 7.03 | % |
| **Unemployment Insurance** | 0 | | % |
| **SSI** | 19 | 4.95 | % |

| | | | |
|---|---|---|---|
| **SSDI** | 9 | 2.34 | % |
| **Veteran's disability** | 0 | | % |
| **Private disability insurance** | 0 | | % |
| **Worker's compensation** | 0 | | % |
| **TANF or equivalent** | 20 | 5.21 | % |
| **General Assistance** | 11 | 2.86 | % |
| **Retirement (Social Security)** | 1 | 0.26 | % |
| **Veteran's pension** | 0 | | % |
| **Pension from former job** | 0 | | % |
| **Child support** | 14 | 3.65 | % |
| **Alimony (Spousal support)** | 0 | | % |
| **Other Source** | 5 | 1.30 | % |
| **No sources** | 0 | | % |

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.**
**(limit 1000 characters)**

The CoC has exceeded HUD's goal for percentage of participants from non-employment sources at exit and will continue to maintain its performance in this area by maximizing access to mainstream resources and program coordination. The Heading Home Housing and Services subcommittees have identified specific action steps in this area, under the broader strategy of improving service delivery. Specific actions identified include: 1) assisting people to enroll in a SSI in a timely manner, 2) partnering with mental health agencies, 3) adding a SOAR trained person to the PATH team, 4)refering veterans to Veterans Administration to assess benefits available, and 5) education on State Medical Review Teams and facilitating the SMRTs process for temporary disability certification and immediate medical benefits. The committee is also working on coordinated assessment planning to ensure persons are carefully assessed at intake for appropriate placement within programs that match their needs. The CoC proposes to continue its current level 65% of project participants exiting with non-employment sources.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.**
**(limit 1000 characters)**

The CoC proposes to increase the percentage of participants from employment sources at exit from 15 to 20% by coordinating with mainstream employment and rehabilitation services for job search, interviewing and skill building so individuals can obtain employment.   The CoC providers assist clients with access to childcare, transportation while working to increase the resources available.   The CoC will closely monitor provider performance for the employment goal, provide technical assistance as needed and reallocate if improvement is not shown.  Providers serving clients who are unable to work, and who have high needs, will be given flexibility to focus on increasing income from non-employment sources.  Several providers within the CoC have developed innovative employment programs, such as MHR's Project Restore program for work readiness and soft skills development for clients with serious persistent mental illness to increase client success. Hired for Youth is another successful program that works to provide job skills training for young adults aged 18-21 to provide a strong base to increase employment income.

**3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)**

The CoC Governing Board is responsible for increasing the rate of program participants that increase their income at program exit.  This Board monitors performance on the income measures as part of the annual progress report review.  The Board identifies any projects that do not meet standards for attention.   The CoC has also adopted a scoring tool that requires projects to meet performance standards for continued funding and awards additional points for high performing projects.

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

### Objective 4:  Increase the number of participants obtaining mainstream benefits

### Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**   384

### 3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|---|---|---|
| **3A-4.2a  Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.** | 52% | 56% | 56% |

### 3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the  non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

| Non-Cash Income Sources | Number of Participating Adults | Percentage of Total in 3A-4.1 |
|---|---|---|
| **Supplemental nutritional assistance program** | 264 | 68.75 % |
| **MEDICAID health insurance** | 218 | 56.77 % |
| **MEDICARE health insurance** | 30 | 7.81 % |
| **State children's health insurance** | 1 | 0.26 % |
| **WIC** | 14 | 3.65 % |

| | | |
|---|---|---|
| **VA medical services** | 1 | 0.26 % |
| **TANF child care services** | 12 | 3.13 % |
| **TANF transportation services** | 1 | 0.26 % |
| **Other TANF-funded services** | 26 | 6.77 % |
| **Temporary rental assistance** | 0 | % |
| **Section 8, public housing, rental assistance** | 9 | 2.34 % |
| **Other Source** | 22 | 5.73 % |
| **No sources** | 0 | % |

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.**
**(limit 1000 characters)**

The CoC was just under HUD's goal of 56%, at 52%, of participants accessing mainstream resources at exit and will improve its performance over the next 2 years. The Heading Home Housing and Services subcommittees within the CoC have identified specific action steps to access mainstream benefits, under the broader strategy of improving service delivery.   Specific actions identified include: 1) assisting people to enroll in a SSI in a timely manner, 2) partnering with mental health agencies, 3) adding a SOAR trained person to the PATH team, 4) referring veterans to Veterans Administration to assess available benefits, and 5) educate State Medical Review Team and facilitate the SMRTs process for temporary disability certification and immediate medical benefits. The committee is also working on coordinated assessment planning to ensure persons are carefully assessed at intake for appropriate placement within programs that match their needs.


**3A-4.5  Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.**
**(limit 1000 characters)**

The CoC Governing Board is responsible to increase the rate of program participants that access non-cash mainstream benefits at program exit.  The Board monitors performance on mainstream benefits measure as part of the annual progress report review.  The Board identifies any projects that do not meet standards for attention.   The CoC has adopted a scoring tool that requires projects to meet performance standards for continued funding and awards additional points for high performing projects.

Additionally, the State of Minnesota was an early opt-in State for Medicaid for people with low incomes to immediately access funding for healthcare.

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

### Objective 5:   Using Rapid Re-Housing as a method to reduce family homelessness

### Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing  is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children.  Using HMIS and Housing Inventory Count data, populate the table below.**

### 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|---|---|---|---|
| **3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.** | 0 | 3 | 9 |
| **3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.** | 11 | 4 | 8 |
| **3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.** | 63 | 63 | 69 |

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either  McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.**
**(limit 1000 characters)**

The numeric values proposed in the table are based on current housing programming and the funding that housing providers anticipate they will be able to receive for the next two years. In 2014 ESG-Rapid Re-housing (RRH) funds decreased due to sequestration. In 2015 it is projected that ESG-RRH funds will return to normal, helping to increase the number of families served by RRH. State and local homeless assistance funds will also help to increase the number of RRH beds available in the CoC as RRH has become an increasingly successful method for ending family homelessness. Finally, the CoC will work to increase these numbers even more, through both McKinney-Vento and non-McKinney-Vento sources, if the Coordinated Assessment bed inventory analysis shows that there is a greater need for increased rapid-rehousing beds.

**3A-5.3  Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)**

The SMAC Governing Board is responsible for setting priorities and monitors progress for increasing rapid rehousing (RRH) for families. The SMAC Governance Charter and Policies have recently been updated to enhance our priority for increasing RRH for families. The SMAC Governing Board is currently partnering with CoC regions across Minnesota to request HUD technical assistance to develop an assessment tool for transitional housing (TH) projects to assist them and the CoC in considering conversion to RRH or PSH. Applications for additional RRH projects (ESG, CoC) will continue to be encouraged across the region. The Scott Carver Dakota CAP Agency is renewing a current TH project as a RRH project, resulting in an increase of 9 families assisted through rapid rehousing. Additionally, Dakota County Supportive Housing Unit is in the process of evaluating changing their TH project to rapid rehousing for families. This grant currently serves 48 families in transitional housing.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)**

The CoC has developed written program standards for all components within the CoC (including rapid rehousing—RRH). All agencies that participate in the CoC's coordinated assessment system (CoC funded and beyond) will be expected to adhere to the standards. The components for determining RRH eligibility and prioritization include: homeless status, income (less than 50% AMI), community/family supports, employment history, barrier level, and housing history. Households in RRH will contribute 30% of their income toward rent. Depth of RRH rent assistance will vary in depth dependent upon the income of the households. Duration of RRH rent will be assessed in 3 month increments for up to 24 months.

**3A-5.5  How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?**
**(limit 1000 characters)**

Rapid rehousing projects are required to attempt to provide face to face case management services a minimum of twice per month. In addition,  projects must have their own written standards for determining the frequency and amount of case management households will receive.  These policies are consistent with the CoC written standards.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?**
**(limit 1000 characters)**

Case managers throughout the CoC are skilled at providing services to clients that help ensure success.  Positive professional relationships are formed between the case manager and the client during the program so that upon completion, the client feels comfortable contacting their case manager when needed. Case managers encourage this communication and ask their clients to contact them with any questions and will often continue to provide the client with mainstream resources and services that will help the client maintain their housing. These services may include food shelf visits, Energy assistance application assistance, enrollment in a Head Start program, and more.   These activities and continued communication with the client help to prevent a return to homelessness.

# 3B. Continuum of Care (CoC) Discharge Planning:  Foster Care

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other?**   CoC Adopted Policy

**3B-1.1a If other, please explain.
(limit 750 characters)**

 N/A

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The CoC has adopted a discharge policies that coordinate discharge planning efforts with local programs to ensure that no one is discharged from foster care without a stable home.  In accordance with Minnesota statutes, the CoC has developed discharge policies which include extension of foster care up to age 21 and all youth receive notice regarding their rights. Foster care youth may stay in foster care until age 21 or choose to live independently and work with their case manager to identify and secure a permanent housing option, including accessing resources for a damage deposit, and rent payment assistance.  Youth may also reside in college campus housing.  All youth transitioning from foster care are assisted to develop a discharge plan with their assigned county case manager that must include housing and employment options. Each plan includes needs, goals, resources and a support system and requires foster care providers and county case managers participate.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The CoC engages foster care workers in planning efforts to ensure they are aware of programming available for permanent housing upon discharge.   The workers are invited to meetings and are aware of resources available before the youth is discharged.   For those who are most at risk, case managers identify long term programming for those that need it, for mental health or physical disabilities and ensure they get their names on available housing resource lists.The CoC utilizes funding from Minnesota Department of Human Services for youth under the Healthy Transitions and Homeless Prevention grants for the purpose of securing housing, life skills training, education planning, and job seeking.  For those youth who do find themselves in need of supportive housing upon release from foster care, funding for supportive housing for youth was increased by over two million dollars per year by the 2013 Minnesota Legislature under the Minnesota Homeless Youth Act.

# 3B. Continuum of Care (CoC) Discharge Planning:  Health Care

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other?**   CoC Adopted Policy

**3B-2.1a If other, please explain.
(limit 750 characters)**

N/A

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The State and CoC both mandate discharge policies. The CoC has adopted discharge policies and coordinates local discharge planning efforts with regional and State programs to ensure that persons discharged from health care facilities are not discharged to homelessness.   The CoC has actively engaged representatives from local hospitals and health care providers to plan services and referral processes.   The CoC has started a coordinated assessment process to implement a common assessment tool, streamline openings and ensure appropriate placement, which will help ensure persons with medical needs are not discharged into homelessness.  The CoC has piloted a Hospital to Home model to target supportive housing resources to those existing hospitals with high housing needs and medical vulnerabilities.  Persons discharged from long term facilities are commonly discharged to sober housing, group residential housing (GRH) and CoC funded rental assistance programs with services.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The CoC works with local and regional partners to meet the needs of persons discharged from health care systems.   Partners include hospitals and health care providers, non-profit housing providers, County CDAs/HRAs, county social services, public health nursing, and economic assistance staff.   The CoC expects the coordinated assessment process will streamline openings and help ensure  persons with medical needs are not discharged into homelessness.
The CoC also coordinates with metro resources which include: 1) Hennepin County Medical Center, 2) metro-wide "hospital to home" initiatives, and 3) a medical respite program with includes 22 contracted permanent beds for people who need a safe place to be discharged from health care facilities (provided by Healthcare for the Homeless).  There are statewide resources available through the Money Follows the Person rebalancing demo project to transition people from health care institutions to the community.

# 3B. Continuum of Care (CoC) Discharge Planning:  Mental Health

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**3B-3.1 Is the discharge policy in place**   CoC Adopted Policy
**mandated by the State, the CoC, or other?**

**3B-3.1a If other, please explain.**
**(limit 750 characters)**

N/A

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.**
**(limit 1000 characters)**

The CoC has an adopted a discharge policy to ensure no one is discharged from a mental health facility without a stable home to live.  In addition, the state mandates all persons committed to any of the state regional treatment facilities are assigned a mental health case manager. Discharge planning begins while the individual is committed and before the person is discharged. Housing remains a part of the treatment plan after discharge to ensure housing is maintained and sustained. The plans includes case management services, housing, employment, medical and psychiatric treatment, and aid in the readjustment to the community. The CoC has received a special allocation of statefunded rental assistance resources designed to facilitate smooth and stable transitions from state psychiatric hospitals to community based living. Persons discharged from mental health treatment are commonly discharged to community based supportive housing, adult foster care, state-funded housing or other publically funded programs.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.**
**(limit 1000 characters)**

The CoC has a network of collaborating agencies that ensures persons who are discharged from a mental health facility are not discharged to homelessness. Partners include County mental health case managers and social workers, non-profits that specialize in serving clients with mental health needs, and the State of MN. Discharge planning is a component of the Adult Mental Health Initiative plans, which guide the actions of county and contracted mental health service providers. These plans specifically include local homeless service providers and ensure coordination with local and regional homeless networks plans to end homelessness. Multiple mental health service providers are active members of the CoC and provide services to persons leaving mental health facilities using non-HUD McKinney Vento resources. These providers have extensive experience in mental health services and provide technical expertise to inform our CoC planning to ensure persons are not discharged to homelessness.

# 3B. Continuum of Care (CoC) Discharge Planning:  Corrections

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**3B-4.1 Is the discharge policy in place**   CoC Adopted Policy
**mandated by the State, the CoC, or other?**

**3B-4.1a If other, please explain.**
**(limit 750 characters)**

 N/A

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.**
**(limit 1000 characters)**

 The CoC has adopted discharge policies that reflects policy enacted by the MN Dept. of Corrections. For individuals incarcerated in a State correctional facility, State staff are required to offer assistance with release planning.  Inmates who have a specific medical and/or mental health issue are offered specialized and focused release planning assistance.   The CoC has started a coordinated assessment process to implement a common assessment tool, streamline openings, and ensure appropriate placement of persons with criminal backgrounds. Eligible offenders are typically housed in halfway houses and emergency housing placements until permanent housing is secured.  The CoC is actively building relationships with landlords and service providers that are felony-friendly and has aggressively sought additional housing resources for persons being discharged from the corrections system. The CoC has recently been awarded funding for a state-funded pilot project for rental assistance and services for offenders under supervised released coming out of State facilities.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.**
**(limit 1000 characters)**

The stakeholders and resources available vary depending upon the level of the facility and offender needs.  The Dept. of Corrections is primarily responsible for preventing offenders from being released from State facilities into homelessness.  The DOC provides a case manager to offenders to assist with identifying and connecting the client with appropriate resources. DOC Adult Offender Reentry Services and Programming provides reentry services to offenders in collaboration with case management services. This includes the Prisoner Reentry Initiatives, transition fairs, administering offender housing contracts, providing referrals, and offering a prerelease class to offenders. DOC provides payment for adult halfway house and emergency housing placement for eligible offenders that are on supervised release.   The CoC has several reentry initiatives in progress, with a variety of stakeholders.  One new example is a collaboration between Carver County, a non-profit Launch Ministries, and local businesses that provides job skills training, independent living skills, mentoring and housing for young adults coming out of the corrections system.

# 3C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**3C-1 Does the Consolidated Plan for the**   Yes
**jurisdiction(s)**
**within the CoC's geography include the**
**CoC's strategic**
**plan goals for addressing and ending**
**homelessness?**

**3C-1.1 If yes, list the goals in the CoC strategic plan.**
**(limit 1000 characters)**

The CoC is covered by two Consolidated Plans, the State Consolidated Plan for Scott and Carver Counties, and County consolidated plans for Anoka Dakota, and Washington.  The goals of Minnesota's 2012 to 2016 Consolidated Plan for the homeless and special needs populations are to facilitate housing and services to prevent and end chronic homelessness; transition homeless families and individuals into more stable, long-term housing situations; and support special needs populations.   There is a high level of alignment between these goals and the CoC's strategic plan (Heading Home Plan) goals, which are 1) preventing homelessness, 2) increasing housing opportunities for homeless and low income households, 3) provide coordinated outreach, 4) improve service delivery, and 5) increase community awareness and involvement in ending homelessness.   As the Heading Home Plans were adopted after the last consolidated plan updates, the next update to County consolidated plans will include these specific Heading Home Plan goals.

**3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients.**
**(limit 1000 characters)**

During every request for proposals process, DHS (the State ESG recipient) requests input from CoC Committees by asking each CoC to review, score and rank proposals and make funding recommendations. CoC's determine the most appropriate process for establishing a review committee and providing input to DHS-OEO based on their local CoC makeup. All reviewers are required to sign Conflict of Interest disclosures prior to reviewing applications. DHS takes into careful consideration the CoC recommended funding levels and specific CoC feedback about DHS applicant performance, level of collaboration and local factors in all funding decisions. Regarding reporting and evaluating the performance of ESG program sub-recipients, the State ESG recipient has implemented a plan during the current program year to forward the required semi-annual and annual ESG Performance Report (APR) to the sub-recipients respective CoC Coordinator(s).When relevant to ESG subrecipient performance issues, monitoring letters issued by the State ESG recipient will be sent to the respective CoC Coordinator(s).

**3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention.  Description must include the percentage of funds being allocated to both activities.**
**(limit 1000 characters)**

The CoC has a total of $137,000 annually in ESG funding to serve homeless individuals and families.   100% of these funds are used for rapid rehousing of homeless individuals and families.  Some funding was initially allocated for prevention, however the need to rehouse already homeless families was higher in our region so 100% of the funding is being used for homeless rapid re-housing.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area.**
**(limit 1000 characters)**

The CoC has several prevention programs available for homeless prevention and also utilizes a coordinated approach to reducing homelessness. The CoC's efforts include: 1) prevent homelessness by utilizing available resources in a coordinated manner, such as state funded Family Homeless Prevention and Assistance, County Emergency Assistance, FEMA, Salvation Army funding, and faith-based programs, and private sources. 2) prepare households with skills and resources to maintain housing stability upon exit, such as connection to income and mainstream resources, community supports, lifeskills, etc. 3) eliminating unwarranted exits from PSH programs to prevent exits to homelessness. Projects that exhibit such history may be candidates for reallocation.  SMAC has created a robust homeless prevention and shelter diversion approach.  These resources can be used on a short-term basis to resolve temporary crisis and avoid returns to homelessness.

**3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects.**
**(limit 1000 characters)**

The CoC works with a variety of local stakeholders (housing providers, people experiencing homelessness, businesses, etc.) to identify unmet needs, recognize trends, and to develop a pipeline for new project development. Once projects are identified, the CoC works with State and Federal partners to secure funds needed for project development. Heading Home Minnesota coordinator, Laura Kadwell, convenes funders and area leaders in the Heading Home Minnesota Leaders Council.  This Council helps to support the start-up and operating costs of new projects that are in alignment with local plans. All CoC projects maintain leveraged resources through a combination of Federal, State, and private funding. The CoC refers struggling projects to the Metro Stewardship Council, which provides gap funding and technical assistance as needed.

**3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)**

The CoC has active involvement of the PHAs and CDAs from all five counties and they play an important role in the creation of additional affordable housing in our region. Four housing authorities in our CoC have programs that are being renewed in this application. PHA's have actively sought funding for rental assistance for special populations of homeless individuals, including state funded housing programs, and offenders coming out of the corrections system. Several PHA programs provide preference points for homeless families to ensure the most needy are served first.

**3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG  (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)**

The CoC has been working with CoC-funded providers to remove barriers, such as income and credit, background checks, and sobriety requirements.   This year the CoC has adopted a scoring and ranking tool to evaluate CoC funded applications which awards points for providers who implement Housing First policies.  By prioritizing projects by Housing First providers, the CoC will help remove barriers to entry and encourage success.

DHS (the State ESG recipient) discourages its sub-recipients from imposing unnecessary barriers to entering their programs, and regularly reviews any such barriers during program monitoring visits.

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)**

The CoC has adopted a Housing First policy within its Governance Charter. The CoC has also implemented a scoring tool that prioritizes funding of projects that have adopted a housing first approach. Over 75% of CoC funded permanent supportive housing projects have adopted a housing first approach. The CoC has been working closely with the projects that have not adopted a housing first approach, such as PHAs and CDAs, that have admissions policies, to work toward removing barriers such as credit and criminal backgrounds for persons in need of permanent supportive housng.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)**

The CoC is the process of implementing coordinated assessment on the CoC and metro-level. Our county and service providers are very active in the local planning process for coordinated assessment as well as the Heading Home subcommittees, which has facilitated coordination of this work. Our CoC has developed a common assessment tool that is being tested in a Scott Carver. Significant progress on system mapping has been made and the CoC is in process of securing a consultant to assist with the full implementation of the assessment/screening tool. The importance of the coordinated assessment system is that the needs of homeless persons will be evaluated with a common assessment tool and placed in a program with appropriate level of housing with services, preserving the highest level of services for those that are most needy.

**3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)**

The CoC jurisdictions participate in the Fair Housing Implementation Committee (FHIC) made up of 6 counties and 7 cities entitlement jurisdictions. As FHIC is responsible for the Analysis of Impediments to Fair Housing which identifies housing barriers, specific actions to remove barriers, and maintaining records reflecting actions taken. The FHIC developed 8 action steps to be taken as a region, which includes outreach, testing and enforcement, education of rental providers,etc. Each of the jurisdictions also manintains an affirmative marketing plan for developments with 5 or more HUD funded units. The CoC actively works with member agencies, HRAs/CDA, and the broader community to market housing and services to all persons, regardless of race, color, origin, religion, sex, age, familial status, or disability. As part of our Heading Home goals, the CoC has included strategies to increase outreach to persons experiencing homelessness and to address racism and cultural competency.

**3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)**

The CoC Policies require that all homeless service providers ensure children are enrolled in school and connected to services. The CoC has implemented a scoring tool that prioritizes funding of projects that have adopted an education policy that meets or exceeds HUD requirements for early childhood development and K-12 education. Some family shelter providers within the CoC also have secured resources for special programs for children in homeless shelters, such as Dakota Woodlands. This CDBG funded program provides an afterschool program and a summer recreation program for children from ages 3 to 15, to provide opportunities for social and physical skills, in a safe environment.

**3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)**

The CoC has adopted an education policy that requires providers to advise families of their rights and eligibility for McKinney-Vento educational services. This year, the CoC required providers who serve families to provide proof of an education policy in order to receive CoC funding. All housing workers across the CoC act as advocates for homeless youth whenever needed and often help the family work with the schools to arrange special transportation to ensure continued school attendance.

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)**

Emergency shelters and housing programs in the CoC do not separate families and they shelter two parent families and families with teenage children together. The shelters within the CoC are primarily family shelters and domestic violence shelters, with the exception of Cochran mens shelter, which does not serve families. The CoC maintains frequent contact with shelters and housing providers to ensure families with children are kept intact and are not denied admission. Additionally, the CoC collaborates with DHS (the State ESG recipient) to enforce the ESG regulation monitoring that prohibits involuntary separation of families with children under the age of 18. DHS also administers state funding for emergency shelters and transitional housing programs, and expects these programs to keep families together whenever possible.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)**

The CoC takes a multi-pronged approach to monitor and reduce returns to homelessness including: 1) eliminate unwarranted exits to homelessness. The CoC monitors returnes to homelessness through reviews of APRs and projects that exhibit such history may be candidates for reallocation. SMAC will support PSH projects by designing a 2nd stage assessment (part of the coordinated assessment) to provide HHs and agencies the option to re-assess the HH's placement should it not be the right fit. This provides the opportunity to re-place the HH into another PSH model without experiencing a day of homelessness. 2) equip households with skills & resources needed to maintain housing stability upon exit from housing. This includes: connection to income & mainstream resources, community supports, lifeskills, etc. and 3) a robust homeless prevention and shelter diversion approach. As a last option, these resources can be used on a short-term basis to resolve temporary crisis and avoid returns to homelessness.

**3C-15 Does the CoC intend for any of its SSO**   No
**or TH projects to serve families with children**
**and youth defined as homeless under other**
**Federal statutes?**

**3C-15.1  If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals.  CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.**
**(limit 1000 characters)**

N/A

**3C-16 Has the project been impacted by a**   No
**major disaster, as declared by President**
**Obama under Title IV of the Robert T. Stafford**
**Act in the 12 months prior to the opening of**
**the FY 2013 CoC Program Competition?**

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.**
**(limit 1500 characters)**

N/A

# 3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).**

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.**
**(limit 1000 characters)**

The CoC has incorporated all four of the main goals of "Opening Doors" and has closely aligned strategies in its local Heading Home Plans.   The CoC consults with USICH regional coordinator, Beverly Ebersold, regarding ways to improve our alignment with the Federal Plan. The local plans set a path to end all types of homelessness and include goals to end chronic homelessness, prevent and ending homelessness among veterans, families, youth and children.   Our CoC is unique as it merged in 2011 with four new county-based Heading Home Plans at the time of merger.  Although the plans are very consistent, there are different stages of implementation.    The CoC has increased its investment to ensure the goals of the plans are implemented and coordinated by securing non-CoC funding for a new Heading Home Implementation Specialist position, based out of the non-profit Metro-wide Engagement on Shelter and Housing.  With this help, the CoC will have additional resources to focus on implementation, coordination, and work toward development of a common plan.   The CoC is on target to meet its goals.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.**
**(limit 750 characters)**

Ending homelessness among households with dependent children is a key goal in our Heading Home plans.  These plans stress the importance of effective coordination of programs that serve families and education about family homelessness.  Our outreach plan utilizes existing networks between counties providers, non-profits school counselors, and homeless school liaisons to communicate resources, intake procedures, and openings. The CoC is in the process of coordinated assessment implementation and will modify our outreach plan to reflect these improvements.  Using a common assessment tool, centralized intake and referrals will help prevent homelessness among families.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.**
**(limit 1000 characters)**

The CoC's current efforts to address the needs of victims of domestic violence include 3 domestic violence shelters as well as additional agencies which provide legal advocacy, support in filing of court documents, and provide a "safe zone" for parents to connect with their children. The CoC will ensure that each project applicant understands that victims fleeing domestic violence are considered homeless by HUD's definition and can be eligible for housing programs. The CoC will educate the providers, when doing phone intakes, to assess which domestic violence victims may be, without repercussions from the landlord, use Violence Against Women's Act (VAWA) as a way to safely leave their current living situation. Agencies without thorough knowledge of domestic violence resources, will work in collaboration with those who specialize in serving this population. The CoC will continue to assess and monitor gaps in housing to ensure domestic violence needs are met.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.**
**(limit 1000 characters)**

The CoC has made progress on ending homelessness among unaccompanied youth through new youth initiatives and has benefited from a new metro-wide youth systems redesign council study and recommendations. One area the CoC has made progress is in finding and connecting youth to resources through an explanded youth outreach program through Street Works. The YMCA also has been working with schools to identify youth who are homeless and help them address family issues and access services. Both the YMCA and Street Works receive referrals from agencies and the community and then work to locate youth and provide assistance. The CoC has had continued success utilizing some of its State funded Family Homeless Prevention Program funding to prevent youth homelessness and offer youth appropriate service. Resources are available for all youth up to age 24. The CoC has hosted presentations on youth homelessness specifically to increase awareness and coordinate intake procedures and resources for youth.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.**
**(limit 750 characters)**

The CoC maintains communication with schools, police, libraries and the faith community to ensure homeless persons are connected with resources. Outreach and PATH workers conduct outreach to persons on the street and handle referrals from emergency shelters and mental health providers. Outreach workers coordinate with service providers to help individuals access appropriate resources and gain stability. After-hours crisis lines are available for emergency response and intervention and are staffed by experienced caseworkers. The CoC is in the process of coordinated assessment implementation and will modify our outreach plan to reflect these improvements. Using a common assessment tool, centralized intake and referrals will inform the outreach process and help prevent homelessness.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.**
**(limit 1000 characters)**

The CoC has made significant progress on the goal of ending veterans homeless with additional resources such as VASH vouchers, Supportive Services for Veterans and Families (SSVF) and involvement of veterans service providers attending CoC meetings to ensure new resources are promoted and intake is coordinated. The CoC utilizes a variety of programs and grants that support veterans, including grants from the VA such as Supportive Services for Veteran Families (SSVF) that provides both Prevention and Rapid Re-housing of homeless veterans into the communities of the CoC. MACV's Homeless Veterans Reintegration Program (HVRP) assists homeless veterans into employment within the CoC. The CoC has recently hosted a presentation by Veterans service providers to discuss data on homeless veterans, referrals, and resources available, which was well attended by representatives from counties, non-profits, and community members.

# 3E. Reallocation

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**3E-1  Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?**     Yes

**3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?**     No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means  and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

The CoC is dedicating all reallocated funds to permanent supportive housing projects for the chronically homeless.

**3E-3  If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?**     Yes

# 3F. Reallocation - Grant(s) Eliminated

**CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.**

| Amount Available for New Project: (Sum of All Eliminated Projects) | | | | |
|---|---|---|---|---|
| $66,256 | | | | |
| **Eliminated Project Name** | **Grant Number Eliminated** | **Component Type** | **Annual Renewal Amount** | **Type of Reallocation** |
| ARCH (Anoka Resid... | MN0069L5K031205 | PH | $66,256 | Regular |

# 3F. Reallocation - Grant(s) Eliminated Details

**3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** ARCH (Anoka Residents Community Housing)

**Grant Number of Eliminated Project:** MN0069L5K031205

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** $66,256

**3F-2 Describe how the CoC determined that this project should be eliminated.**
**(limit 750 characters)**

The project opted to not seek renewal and did not submit a project application for 2013 CoC funding. The CoC Board contacted the project when they announced their intention to not renew. The project indicated that they did not need CoC funding to sustain the project and that they would continue to provide PSH for disabled and chronically homeless households in the CoC. We anticipate no changes to our Housing Inventory Chart (and actual number of households served in our community) due to the decision to eliminate this grant. This agency also opted to not seek renewal for a project they had previously received in neighboring Ramsey CoC.

# 3G. Reallocation - Grant(s) Reduced

**CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.**

| Amount Available for New Project (Sum of All Reduced Projects) | | | | | |
|---|---|---|---|---|---|
| $46,927 | | | | | |
| **Reduced Project Name** | **Reduced Grant Number** | **Annual Renewal Amount** | **Amount Retained** | **Amount available for new project** | **Reallocation Type** |
| Granada Lakes Sup... | MN0220L5K031201 | $18,393 | $17,601 | $792 | Regular |
| WashCo SPlus C Ho... | MN0161L5K031204 | $234,720 | $217,920 | $16,800 | Regular |
| H238 | MN0137L5K031205 | $167,328 | $167,280 | $48 | Regular |
| Dakota County CDA... | MN0076L5K031205 | $218,688 | $205,980 | $12,708 | Regular |
| Anoka Supportive ... | MN0066L5K031202 | $232,861 | $229,715 | $3,146 | Regular |
| Hearth SMAC Leasing | MN0073L5K031205 | $97,792 | $84,359 | $13,433 | Regular |

# 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Granada Lakes Supportive Housing

**Grant Number of Reduced Project:** MN0220L5K031201

**Reduced Project Current Annual Renewal Amount:** $18,393

**Amount Retained for Project:** $17,601

**Amount available for New Project(s):** $792
**(This amount will auto-calculate by selecting "Save" button)**

**3G-2 Describe how the CoC determined that this project should be reduced.**
**(limit 750 characters)**

The reductions to this grant were made voluntarily by the project and were made without reducing the number of households (HH) served. The SMAC Ranking Committee solicited all renewing projects to consider if they could make voluntary adjustments to their grant (without reducing units). This request was made prior to ranking projects. The request for voluntary reductions was made in order to pursue adding a new PSH project for chronically homeless HHs in Tier 1, and to avoid harmful cuts to projects deemed appropriate for renewal. The ranking committee considered additional project cuts, application rejections, or designation of projects to Tier 2 independent of voluntary reductions.  Voluntary reductions did not affect the project's ranking.

# 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** WashCo SPlus C Home Free

**Grant Number of Reduced Project:** MN0161L5K031204

**Reduced Project Current Annual Renewal Amount:** $234,720

**Amount Retained for Project:** $217,920

**Amount available for New Project(s):**
**(This amount will auto-calculate by selecting "Save" button)** $16,800

**3G-2 Describe how the CoC determined that this project should be reduced.**
**(limit 750 characters)**

The reductions to this grant were made voluntarily by the project and were made without reducing the number of households served. The SMAC Ranking Committee solicited all renewing projects to consider if they could make voluntary adjustments to their grant (without reducing units). This request was made prior to ranking projects. The request for voluntary reductions was made in order to pursue adding a new PSH project for chronically homeless households in Tier 1, and to avoid harmful cuts to projects deemed appropriate for renewal. The ranking committee considered additional project cuts, application rejections, or designation of projects to Tier 2 independent of voluntary reductions.  Voluntary reductions did not affect the project's ranking.

# 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** H238

**Grant Number of Reduced Project:** MN0137L5K031205

**Reduced Project Current Annual Renewal Amount:** $167,328

**Amount Retained for Project:** $167,280

**Amount available for New Project(s):**
**(This amount will auto-calculate by selecting "Save" button)** $48

**3G-2 Describe how the CoC determined that this project should be reduced.**
**(limit 750 characters)**

This reallocation was the result of a minor budget adjustment by the project.

# 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Dakota County CDA Shelter + Care

**Grant Number of Reduced Project:** MN0076L5K031205

**Reduced Project Current Annual Renewal Amount:** $218,688

**Amount Retained for Project:** $205,980

**Amount available for New Project(s):** $12,708
**(This amount will auto-calculate by selecting "Save" button)**

**3G-2 Describe how the CoC determined that this project should be reduced.**
**(limit 750 characters)**

The reductions to this grant were made voluntarily by the project and were made without reducing the number of households served. The SMAC Ranking Committee solicited all renewing projects to consider if they could make voluntary adjustments to their grant (without reducing units). This request was made prior to ranking projects. The request for voluntary reductions was made in order to pursue adding a new PSH project for chronically homeless households in Tier 1, and to avoid harmful cuts to projects deemed appropriate for renewal. The ranking committee considered additional project cuts, application rejections, or designation of projects to Tier 2 independent of voluntary reductions.  Voluntary reductions did not affect the project's ranking.

# 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Anoka Supportive Housing

**Grant Number of Reduced Project:** MN0066L5K031202

**Reduced Project Current Annual Renewal Amount:** $232,861

**Amount Retained for Project:** $229,715

**Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)** $3,146

**3G-2 Describe how the CoC determined that this project should be reduced.**
**(limit 750 characters)**

The reductions to this grant were made voluntarily by the project and were made without reducing the number of households served. The SMAC Ranking Committee solicited all renewing projects to consider if they could make voluntary adjustments to their grant (without reducing units). This request was made prior to ranking projects. The request for voluntary reductions was made in order to pursue adding a new PSH project for chronically homeless households in Tier 1, and to avoid harmful cuts to projects deemed appropriate for renewal. The ranking committee considered additional project cuts, application rejections, or designation of projects to Tier 2 independent of voluntary reductions.  Voluntary reductions did not affect the project's ranking.

# 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** Hearth SMAC Leasing

**Grant Number of Reduced Project:** MN0073L5K031205

**Reduced Project Current Annual Renewal Amount:** $97,792

**Amount Retained for Project:** $84,359

**Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)** $13,433

**3G-2 Describe how the CoC determined that this project should be reduced.**
**(limit 750 characters)**

The reductions to this grant were made voluntarily by the project and were made without reducing the number of households served. The SMAC Ranking Committee solicited all renewing projects to consider if they could make voluntary adjustments to their grant (without reducing units). This request was made prior to ranking projects. The request for voluntary reductions was made in order to pursue adding a new PSH project for chronically homeless households in Tier 1, and to avoid harmful cuts to projects deemed appropriate for renewal. The ranking committee considered additional project cuts, application rejections, or designation of projects to Tier 2 independent of voluntary reductions.  Voluntary reductions did not affect the project's ranking.

# 3H. Reallocation - New Project(s)

**CoCs must identify the new project(s) it plans to create and provide the requested information for each project.**

**Sum of All New Reallocated Project Requests**
**(Must be less than or equal to total amount(s) eliminated and/or reduced)**

| $113,183 | | | | |
|---|---|---|---|---|
| **Current Priority #** | **New Project Name** | **Component Type** | **Transferred Amount** | **Reallocation Type** |
| 19 | New SMAC RA ... | PH | $44,660 | Regular |
| 22 | SMAC RA 2013... | PH | $68,523 | Regular |

# 3H. Reallocation - New Project(s) Details

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 19
**Proposed New Project Name:** New SMAC RA (Hearth Connection)
**Component Type:** PH
**Amount Requested for New Project:** $44,660

# 3H. Reallocation - New Project(s) Details

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 22
**Proposed New Project Name:** SMAC RA 2013 (South Metro)
**Component Type:** PH
**Amount Requested for New Project:** $68,523

# 3I. Reallocation: Balance Summary

**3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.**

### Reallocation Chart: Reallocation Balance Summary

| | |
|---|---|
| **Reallocated funds available for new project(s):** | $113,183 |
| **Amount requested for new project(s):** | $113,183 |
| **Remaining Reallocation Balance:** | $0 |

# 4A. Continuum of Care (CoC) Project Performance

## Instructions

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

### 4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals?
### (limit 1000 characters)

The SMAC Ranking Committee is the group that has primary responsibility for monitoring project performance.  The ranking committee annually reviews the following items to determine project performance: Annual Progress Reports, organizational audits, recent HUD field office audits and findings, LOCCS reports of drawdown history and unspent funds, and educational/early childhood policies.  In addition to reviewing these items, the ranking committee conducts one-on-one conversations with each project to learn more about areas of underperformance and steps the project is taking to correct underperformance. The ranking committee shares all monitoring results with the SMAC Governing Board.  All items included in our objective scoring tool directly correlate with data collected from the items noted above.  In 2014, we will be developing additional education and early childhood measures (which may include school attendance, performance) to improve our ability to measure project performance.

### 4A-2 How does the CoC assist project recipients to reach HUD-established performance goals?
### (limit 1000 characters)

All APRs are reviewed by the SMAC ranking committee prior to submission to minimize errors.  As noted above, the ranking committee conducts one-on-one discussions with all projects to review areas of underperformance.  Ranking committee members are instructed to serve as a resource to projects to assist them in developing strategies to improve areas of underperformance.  SMAC projects are very collaborative.  At SMAC meetings, projects with high performance regularly share strategies that have proved successful for them. SMAC provides regular training and instructions for providers in areas of common underperformance (HMIS data quality, employment outcomes, etc.). All projects that rank in the bottom third of annual project ranking will be targeted by the CoC Lead to monitor and support to improve performance. Projects that, despite SMAC support, are not willing or able to improve performance will be considered for reallocation.

### 4A-3 How does the CoC assist recipients that are underperforming to increase capacity?
### (limit 1000 characters)

Projects with persistent underperformance are closely monitored by the CoC Lead Agency to determine if HUD technical assistance is needed to address larger capacity issues within the organization.  SMAC members (MESH and State CoC Team members) are tasked with providing technical assistance to projects with reporting and application deficiencies.  For larger organizational issues, the CoC Lead will arrange meetings with MN Housing Partnership (technical assistance provider) to request a full organizational assessment and the development of an action plan to address capacity issues.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?**
**(limit 1000 characters)**

The CoC uses the following approaches to reduce the length of time homeless: 1) Early detection and outreach, street outreach, ACT teams and has developed partnerships with police, mental health crisis teams, and school liaisons to help identify households who have become homeless as early as possible.  SMAC will add a second youth street outreach worker in 2014. 2) Rapid Rehousing (RRH)—SMAC has provided RRH for the past 15 years, primarily thru State funding.  All SMAC RRH projects are evaluated based on two measures: a) minimize the length of time homeless and b) limit repeat episodes of homelessness. 3) Housing 1st—SMAC promotes Housing 1st for all supportive housing, which helps to minimize barriers and delays to accessing PSH. 4) Coordinated Assessment (CA)—Thru CA, SMAC has improved mapping of resources and our ability to accurately refer people to the right models. Assessments will be conducted within 10-14 days of shelter entry, referrals and placement within 21 days.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?**
**(limit 1000 characters)**

The CoC has a multi-pronged approach to reduce returns to homelessness, including  1) eliminating unwarranted exits from PSH programs. It is unacceptable for PSH projects to exit households to homelessness. Projects that exhibit such history may be candidates for reallocation. The CoC will support PSH projects by designing a 2nd stage assessment (part of the coordinated assessment) to provide households and agencies the option to reassess placement should it not be the right fit. This provides the opportunity to re-place into another PSH model without experiencing homelessness. 2) The CoC equips households with skills & resources needed to maintain housing stability upon exit from PSH.  This includes: connection to income & mainstream resources, community supports, lifeskills, etc. 3) The CoC has created a robust homeless prevention and shelter diversion approach, which can be used on a short-term basis to resolve temporary crisis and avoid returns to homelessness.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?**
**(limit 1000 characters)**

The CoC works with member agencies, HRAs/CDA, and the broader community on outreach to actively market housing and services to homeless persons and to develop outreach strategies for persons who are harder to reach.  Specific methods include homeless outreach and PATH workers in the field, leaving flyers at sites such as libraries and laundromats, coordination with Police, the faith community, other outreach programs, and marketing in multiple languages.  In addition, each local housing coalition meeting acts as an outreach forum by providing regular updates on program openings. Finally, Coordinated Assessment will provide extensive outreach efforts to ensure that those experiencing homelessness know where to find help.  Strategies to increase outreach also include utilizing Housing Link, a housing search website, to list properties that are available that has marketing materials and videos in six different languages.

# 4B. Section 3 Employment Policy

**Instructions**

*** TBD ****

**4B-1 Are any new proposed project   No
applications
requesting $200,000 or more in funding?**

**4B-1.1 If yes, which activities will the project(s) undertake to ensure
employment and other economic opportunities are directed to low or very
low income persons?
(limit 1000 characters)**

N/A

**4B-2 Are any of the projects within the CoC   No
requesting funds for housing rehabilitation
or new constructions?**

**4B-2.1 If yes, which activities will the project
undertake to ensure employment and other
economic opportunities are directed to low or
very low income persons:**

# 4C. Accessing Mainstream Resources

**Instructions:**

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions  and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?**   Yes

**4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:**

| | |
|---|---|
| **\* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.** | 71% |
| **\* Homeless assistance providers use a single application form for four or more mainstream programs.** | 76% |
| **\* Homeless assistance providers have staff systematically follow-up to ensure  mainstream benefits are received.** | 90% |

**4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually?**   Yes

**4C-3.1 If yes, indicate the most recent training date:**   11/13/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.**
**(limit 1000 characters)**

The CoC has already implemented Minnesota's version (MNSure) of the Affordable Care Act. Phone screenings are done and everyone who is eligible are to apply online. Service centers are located in each county office where "assisters" are present to support those applying for MNsure. Furthermore, community action agencies throughout the region are "navigators" of the application process and coordinate outreach efforts for clients. The CoC hosted a training on the ACA for providers and interested community members and provided information on outreach and training sites for the community.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?**
**(limit 1000 characters)**

The CoC works with recipients to identify and support application for additional funding for supportive service costs from non-CoC sources. The CoC, Metro-wide Engagement of Supportive Housing (MESH) and other agencies keep the lines of communication open to notify recipients of other service dollars that are available and have conducted trainings on this topic. State funded supportive services funding from MN Dept. of Human Services is one of the key sources for services available, such as PATH, long term homeless supportive services and youth homeless funding. Local sources of services funding are also explored within local housing coalitions. Additional supportive services are also identified by phone screenings for persons that qualify. The CoC has already implemented Minnesota's version (MNSure) of the Affordable Care Act.

# Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| Certification of Consistency with the Consolidated Plan | Yes | Certification of ... | 01/31/2014 |
| CoC Governance Agreement | No | CoC Governance Ag... | 01/31/2014 |
| CoC-HMIS Governance Agreement | No | CoC HMIS Governan... | 01/31/2014 |
| CoC Rating and Review Document | No | CoC Rating and Re... | 01/31/2014 |
| CoCs Process for Making Cuts | No | CoCs Process for ... | 01/31/2014 |
| FY2013 Chronic Homeless Project Prioritization List | No | Chronic Homeless ... | 01/31/2014 |
| FY2013 HUD-approved Grant Inventory Worksheet | Yes | FY2013 HUD approv... | 01/31/2014 |
| FY2013 Rank (from Project Listing) | No | FY2013 Rank (from... | 01/31/2014 |
| Other | No | MN HMIS Policies ... | 01/31/2014 |
| Other | No | | |
| Other | No | | |
| Projects to Serve Persons Defined as Homeless under Category 3 | No | | |
| Public Solicitation | No | Public Solicitation | 01/31/2014 |

# Attachment Details

**Document Description:**   Certification of Consistency with the
Consolidated Plan

# Attachment Details

**Document Description:**   CoC Governance Agreement

# Attachment Details

**Document Description:**   CoC HMIS Governance Agreement

# Attachment Details

**Document Description:**   CoC Rating and Review Document

# Attachment Details

**Document Description:**   CoCs Process for Making Cuts

# Attachment Details

**Document Description:**   Chronic Homeless Project Prioritization list

# Attachment Details

**Document Description:**   FY2013 HUD approved GIW

# Attachment Details

**Document Description:**   FY2013 Rank (from Project Listing)

# Attachment Details

**Document Description:**   MN HMIS Policies and Procedures

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**   Public Solicitation

# Submission Summary

| Page | Last Updated |
|---|---|
| **1A. Identification** | No Input Required |
| **1B. CoC Operations** | 01/23/2014 |
| **1C. Committees** | 01/30/2014 |
| **1D. Project Review** | 01/31/2014 |
| **1E. Housing Inventory** | 01/23/2014 |
| **2A. HMIS Implementation** | 01/28/2014 |
| **2B. HMIS Funding Sources** | 01/31/2014 |
| **2C. HMIS Beds** | 01/23/2014 |
| **2D. HMIS Data Quality** | 01/31/2014 |
| **2E. HMIS Data Usage** | 01/23/2014 |
| **2F. HMIS Policies and Procedures** | 01/28/2014 |
| **2G. Sheltered PIT** | 01/31/2014 |
| **2H. Sheltered Data - Methods** | 01/28/2014 |
| **2I. Sheltered Data - Collection** | 01/28/2014 |
| **2J. Sheltered Data - Quality** | 01/28/2014 |
| **2K. Unsheltered PIT** | 01/28/2014 |
| **2L. Unsheltered Data - Methods** | 01/27/2014 |
| **2M. Unsheltered Data - Coverage** | 01/23/2014 |
| **2N. Unsheltered Data - Quality** | 01/26/2014 |
| **Objective 1** | 01/31/2014 |
| **Objective 2** | 01/31/2014 |
| **Objective 3** | 01/31/2014 |
| **Objective 4** | 01/31/2014 |
| **Objective 5** | 01/31/2014 |
| **3B. CoC Discharge Planning:  Foster Care** | 01/30/2014 |
| **3B. CoC Discharge Planning:  Health Care** | 01/31/2014 |

**3B. CoC Discharge Planning: Mental Health**          01/31/2014

**3B. CoC Discharge Planning: Corrections**          01/31/2014

**3C. CoC Coordination**          01/31/2014

**3D. Strategic Plan Goals**          01/31/2014

**3E. Reallocation**          01/31/2014

**3F. Grant(s) Eliminated**          01/31/2014

**3G. Grant(s) Reduced**          01/31/2014

**3H. New Project(s)**          01/31/2014

**3I. Balance Summary**          No Input Required

**4A. Project Performance**          01/31/2014

**4B. Employment Policy**          01/23/2014

**4C. Resources**          01/31/2014

**Attachments**          01/31/2014

**Submission Summary**          No Input Required

# Certification of Consistency
# with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con    solidated Plan.
(Type or clearly print the following information:)

Applicant Name:     Dakota-Anoka-Scott-Washington CoC MN-503

Project Name:     See attached list of projects

Location of the Project:     Dakota, Anoka, Scott, Carver & Washington counties

Name of the Federal
Program to which the
applicant is applying:     Continuum of Care Homeless Assistance Program

Name of
Certifying Jurisdiction:     State of MN - Dept of Human Service

Certifying Official
of the Jurisdiction
Name:     Jane Lawrenz

Title:     Manager Community Living Supports

Signature:     *[signature]*
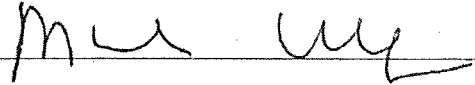
Date:     1/17/2014

## Project Names - 2013 Certification of Consistency with the Consolidated Plan

| Applicant Name | Project Name |
| --- | --- |
| Canvas Health, Inc. | SHARE 2011 |
| Canvas Health, Inc. | Mosaic Homes 2011 |
| Lutheran Social Services of MN | Anoka Supportive Housing |
| Dakota County CDA | Shelter Plus Care Ex 2 2011 |
| People Incorporated | ARCH (Anoka Residents Community Housing) |
| Scott-Carver-Dakota CAP Agency | PRO RATA/BONUS LEASING COMBO 2011 |
| Scott-Carver-Dakota CAP Agency | Scott/Carver Permanent Housing Chronic 2011 |
| Scott-Carver-Dakota CAP Agency | Scott/Carver Transitional Housing 2011 |
| Scott-Carver-Dakota CAP Agency | Dakota Permanent Supportive Housing Program 2011 |
| Dakota County | Supportive Housing Program |
| Washington County HRA | Wash Co S Plus C |
| CommonBond Communities | Granada Lakes Supportive Housing |
| Scott County Human Services | H238 |
| Mental Health Resources, Inc. | Project Restore |
| Mental Health Resources, Inc. | Permanent Housing For Chronically Homeless/DA |
| South Metro Human Services | SMHS-Suburban Leasing Project 2011 |
| Carver County CDA | Carver CDA S+C Program Ex 2 2011 |
| Metropolitian Council, MN | Anoka Shelter + Care Program |
| Amherst H. Wilder Foundation | HMIS SMAC |
| The Link | Lincoln Place |
| Safe Haven for Youth | Safe Haven For Youth |
| Scott-Carver-Dakota CAP Agency | Scott Carver Dakota Permanent Supportive Housing Project |
| Amherst H. Wilder Foundation | HMIS SMACC 2 |
| South Metro Human Services | SMHS-Anoka Rental Assistance Project |
| South Metro Human Services | SMHS-SMAC Rental Assistance Program 2012 Bonus |
| Hearth Connection | Hearth SMAC Leasing (aka SHP Danokington 2012) |
| SMAC CoC | SMAC CoC planning project |

# Certification of Consistency
# with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con    solidated Plan.
(Type or clearly print the following information:)

Applicant Name:   Dakota-Anoka-Scott-Carver-Washington CoC MN-503

Project Name:   See attached list of projects

Location of the Project:   Dakota, Anoka, Scott, Carver & Washington counties

Name of the Federal
Program to which the   Continuum of Care Homeless Assistance Program
applicant is applying:

Name of
Certifying Jurisdiction:   Dakota County Community Development Agency

Certifying Official
of the Jurisdiction
Name:   Mark Ulfers

Title:   Executive Director

Signature:

Date:   1/21/2014

form HUD-2991 (3/98)

## Project Names - 2013 Certification of Consistency with the Consolidated Plan

| Applicant Name | Project Name |
|---|---|
| Canvas Health, Inc. | SHARE 2011 |
| Canvas Health, Inc. | Mosaic Homes 2011 |
| Lutheran Social Services of MN | Anoka Supportive Housing |
| Dakota County CDA | Shelter Plus Care Ex 2 2011 |
| People Incorporated | ARCH (Anoka Residents Community Housing) |
| Scott-Carver-Dakota CAP Agency | PRO RATA/BONUS LEASING COMBO 2011 |
| Scott-Carver-Dakota CAP Agency | Scott/Carver Permanent Housing Chronic 2011 |
| Scott-Carver-Dakota CAP Agency | Scott/Carver Transitional Housing 2011 |
| Scott-Carver-Dakota CAP Agency | Dakota Permanent Supportive Housing Program 2011 |
| Dakota County | Supportive Housing Program |
| Washington County HRA | Wash Co S Plus C |
| CommonBond Communities | Granada Lakes Supportive Housing |
| Scott County Human Services | H238 |
| Mental Health Resources, Inc. | Project Restore |
| Mental Health Resources, Inc. | Permanent Housing For Chronically Homeless/DA |
| South Metro Human Services | SMHS-Suburban Leasing Project 2011 |
| Carver County CDA | Carver CDA S+C Program Ex 2 2011 |
| Metropolitian Council, MN | Anoka Shelter + Care Program |
| Amherst H. Wilder Foundation | HMIS SMAC |
| The Link | Lincoln Place |
| Safe Haven for Youth | Safe Haven For Youth |
| Scott-Carver-Dakota CAP Agency | Scott Carver Dakota Permanent Supportive Housing Project |
| Amherst H. Wilder Foundation | HMIS SMACC 2 |
| South Metro Human Services | SMHS-Anoka Rental Assistance Project |
| South Metro Human Services | SMHS-SMAC Rental Assistance Program 2012 Bonus |
| Hearth Connection | Hearth SMAC Leasing (aka SHP Danokington 2012) |
| SMAC CoC | SMAC CoC planning project |

# 2014

## SMAC Suburban Metro Area Continuum of Care



**Organizational Documents**

**CoC Governance Charter**

**Bylaws**

**Written Standards & Policies**

*Approved January 2014*

# Suburban Metro Area Continuum of Care (SMAC)
## Governance Charter

I.         Vision Statement:

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

II.         Mission Statement:

Coordinate the response of the suburban metropolitan counties to homelessness and maximize access to funding from the US Department of Housing and Urban Development McKinney-Vento Continuum of Care competition.

III.          Purpose of the Charter:

This Charter defines the roles, responsibilities, leadership, and committee structure of the Suburban Metro Area Continuum of Care, hereafter referred to as "SMAC".

IV.         CoC Responsibilities:

SMAC has primary responsibility to coordinate and maximize public and private resources required to attain our goal of ending homelessness.  SMAC is authorized by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the CoC Interim Rule (24 CFR 578) to provide a comprehensive response to homelessness that includes, but is not limited to:

- Plan for, develop, and amend as needed the Continuum of Care Plan, defined as the community-wide homeless response system;
- Implement the Continuum of Care Plan;
- Designate the Homeless Management Information System (HMIS) for the CoC and a HMIS lead agency;
- Prepare and submit, on behalf of the entire community,  the annual CoC application for funding to HUD;
- Coordinate funding streams and resources – federal, local, and private – needed to carry out the Continuum of Care Plan; and
- Plan, design, and implement a coordinated assessment system for the entire CoC for all persons in need of assistance to end and prevent homelessness.
- Create and implement written standards for administering assistance.

V.         Organizational Structure

To carry out its responsibilities, SMAC has created a governance structure that includes an elected Governing Board delegated by SMAC to direct the development and implementation of the CoC plan and ensure compliance with the requirements of the HEARTH Act and CoC Interim Rule.  SMAC has also delegated authority to the Governing Board to create and charge any sub-committees as it deems necessary to carry out the responsibilities assigned to it by SMAC.

- CoC Membership   Membership in SMAC is open to any interested individual and includes, but is not limited to, representatives of the following:
    - Nonprofit homeless providers
    - Victim service providers
    - Faith-based organizations

- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Organizations that serve homeless and formerly homeless veterans
- Homeless or formerly homeless persons

Any person interested in improving the response to homelessness who either lives or works in the SMAC region may participate in SMAC. Membership is defined by attendance and participation in at least one CoC meeting annually, including attendance at any sub-committees created to carry out the responsibilities of SMAC.

VI.      SMAC Governing Board

The SMAC Governing Board is a body elected by SMAC membership to carry out the duties and responsibilities as delegated by SMAC to ensure compliance with the requirements as described in the HEARTH Act and the CoC Interim Rule. There are four distinct regions within SMAC. To ensure adequate representation, each region will select up to five members to sit on the SMAC Governing Board. SMAC Governing Board composition will be reviewed annually to ensure adequate diversity and representation from persons having experienced homelessness. Solicitation will be made to identify new members from under-represented groups.

Specific responsibilities of the Governing Board include, but are not limited to:
- Lead organization for the planning, development, and implementation of the response to homelessness in SMAC, also referred to as SMAC Plan
- Drafting and approving all formal documents related to the above described responsibilities
- Strategic planning and goal setting
- Monitoring and evaluating  performance goals for all homeless housing and service providers in SMAC, including all CoC, ESG and FHPAP providers
- Monitoring and evaluating the performance of SMAC Collaborative Applicant
- Monitoring and evaluating system-wide goals related to ending and preventing homelessness
- Ensuing the availability of data for planning and goal setting
- Establishing priorities and making decisions about the allocation of CoC resources
- Developing written guidelines that define CoC priorities, eligibility standards for all components of the CoC Plan, and data collection and reporting requirements for all providers
- Aligning and coordinating CoC and other homeless assistance and mainstream resources
- Establishing sub-committees and task forces, as needed, to carry out the work of SMAC
- Enter into contracts and MOU's on behalf of SMAC and monitor performance under these contracts
- Establish and implement a communications plan to ensure transparency of CoC operations and results to SMAC and the general public

VII.     HMIS Lead Agency

SMAC has decided to operate within a statewide Homeless Management Information System (HMIS) and, along with the other CoC regions in the state, has designated Wilder Research Center (WRC) as the lead agency of that system, a role which includes:

- Operate the CoC HMIS
  - Data and Technical Standards Compliance     Wilder Research Center will ensure that this operation will be in compliance with the HMIS Data and Technical Standards (69 FR 146, March 10, 2010). WRC will review this compliance on an annual basis and report to SMAC Governing Board on the review results with any corrective action if it is required.
  - Policies and Procedures     WRC will maintain comprehensive HMIS operational policies and procedures, including, but not limited to, a privacy plan, security plan, and data quality plan. These policies and procedures will be reviewed for any needed updates annually.
  - Training and Technical Assistance     WRC will provide regular and ongoing training and technical assistance and support to all homeless system agencies using the HMIS network.
  - Monitor System Participation / Data Quality Performance     WRC will monitor regularly the number of homeless system agencies utilizing the network and report the percentages to SMAC. WRC will work collaboratively with SMAC to develop a plan to address low participation rates, as needed.
- Reporting / Analysis
  - Performance Reporting WRC will coordinate a collaborative effort with SMAC to design a CoC-wide performance outcomes report, consistent with the expectations of the HEARTH Act.
  - Annual Homeless Assessment Report (AHAR)     WRC will manage the collection of all data elements required for the Annual Homeless Assessment Report and enter the data as required into the HUD Homeless Data Exchange on behalf of SMAC.

VIII.     The Designated CoC Collaborative Applicant: Washington County

The CoC Collaborative Applicant is the Washington County Human Services Department. The Collaborative Applicant is the agent assigned by SMAC with principle authority for the development and submission of the annual CoC application to HUD for McKinney-Vento homeless assistance funding. The Collaborative Applicant is also the agency that is authorized to enter into a contract with HUD to do CoC-wide planning and development.

- Administrative Functions of the Collaborative Applicant:
  - Provide staff support for scheduling meetings
  - Managing communication with community agencies and other partners on all issues related to the work of SMAC
  - Provide staff support for the work and functioning of SMAC Governing Board
- Continuum of Care Program Application:     The Collaborative Applicant shall design a collaborative process for the development and submission of the Consolidated Application for the annual CoC grant competition, and coordinate with SMAC and SMAC Governing Board to evaluate applications for funding and determine rank order for all applications to be included in the Consolidated Application.
- The Annual Point-in-time (PIT) Sheltered and Unsheltered Count and the Housing Inventory Chart (HIC): The Collaborative Applicant is responsible for organizing and implementing the annual point in time count, including the collection, analysis, and submission to HUD and the CoC of all data obtained in the count. The Collaborative Applicant also has principle responsibility for assembling the information required to complete and submit to HUD and the CoC the annual Housing Inventory Chart covering the entire CoC.

IX.     Standing and Ad Hoc Committees

- The Coordinated Assessment Planning Committee     The Coordinated Assessment Planning Team has been created to develop an implementation plan for Coordinated Assessment in the SMAC region and the Twin

Cities Metropolitan Area, to include a comprehensive financing plan, a communications plan, and a HMIS data sharing plan. Membership includes any persons interested in coordinated assessment, designated coordinated assessment providers and county government. The Coordinated Assessment Planning Team reports directly to SMAC Governing Board.

- <u>SMAC Working Group</u>        The SMAC Working Group has been established to develop, implement and provide oversight for the work responsibilities of the SMAC Governing Board necessary for full compliance with the CoC requirements as defined by the HEARTH Act and the CoC Interim Rule. This responsibility covers developing recommendations for the Governing Board and overseeing implementation of:
    - SMAC By-Laws, charter documents, MOU's or agency agreements, and documents required for HMIS data sharing
    - CoC-wide and provider-specific performance goals and evaluation plans along with a data collection and analysis plan to monitor and evaluate program and system wide performance.
    - Selection criteria for applicants for CoC and ESG funding
    - Written guidelines for eligibility determination for each housing and service component that make up SMAC Plan
    - Regular and broad-based community education on the role and performance of SMAC
    - Outreach, recruitment, and orientation for membership of SMAC
    - Additional tasks as assigned by SMAC or the Governing Board

    The Working Group is further tasked with assisting the Collaborative Applicant with gathering information required for the preparation and submission of the CoC Consolidated Application to HUD. The Working Group membership is voluntary and open to any interested community member. The Working Group reports directly to SMAC Governing Board.

- <u>SMAC Homeless Prevention Committee</u>        The FHPAP Advisory Committee oversees and monitors the programs under contract with SMAC counties for the use of four state FHPAP grants. The Advisory Committee engages in on-going strategic planning to establish the goals, objectives, and client outcomes to be achieved through the use of this grant. The FHPAP Advisory Committee is responsible for establishing criteria for the selection of sub-grantee providers, and overseeing the development of a funding proposal to the state. Membership in the FHPAP Advisory Committee is open to any interested community member and cannot include more than 50% representing agencies funded by FHPAP. The Advisory Committee is responsible for compliance with all reporting and communication requirements established by the State for the use of this grant. The Advisory Committee is charged with coordinating its activities and plans with SMAC Governing Board.

- <u>The HUD NOFA Ranking Committee</u> The Ranking Committee is responsible for reviewing all annual progress reports, audit and HUD monitoring findings, and provider applications for HUD funding under the annual CoC NOFA in order to make funding recommendations based on selection criteria established by SMAC that may include reallocation from currently funded programs to create new programs with a higher CoC priority. The Ranking Committee members are recruited by the SMAC Governing Board with the goal of having sufficient racial, cultural, and expertise on homeless programs and the CoC Plan to make intelligent, objective recommendations.

- <u>HMIS Committee.</u>        The HMIS committee monitors the collection and use of HMIS data for the purpose of improving SMAC's ability to end homelessness. In this role, the HMIS Committee:
    - Monitors data quality of SMAC projects
    - Monitors the performance of the HMIS Lead Agency
    - Reviews, amends and approves the charter agreement between the HMIS Lead Agency and SMAC (annually)
    - Analyzes HMIS data to identify opportunities to improve CoC performance.

- <u>Other Committees</u>. The Governing Board may, at its discretion at any time, set up additional standing and ad hoc work groups, as needed, to meet the needs of the CoC.

# SUBURBAN METRO AREA CONTINUUM OF CARE
# BYLAWS

## Approved March 2012

## ARTICLE I—Organization.

Section 1.        Name.                Suburban Metro Area Continuum of Care

Section 2.        Geographic Composition.                The Suburban Metro Area Continuum of Care is composed of four former Continuum of Care regions (Anoka, Dakota, Scott/Carver and Washington) that had previously served as independent Continuum of Care regions.

Section 3.        Service Area.        The Suburban Metro Area Continuum of Care will primarily provide services to the geographic areas of the counties of Anoka, Carver, Dakota, Scott and Washington.

Section 4.        Structure.        The Suburban Metro Area Continuum of Care consists of the following primary committees:
1. The Regional Suburban Metro Area Continuum of Care Committee
2. Local Homeless Planning Committees from each of the four local regions:
    a. Anoka County Continuum of Care,
    b. Dakota Affordable Housing Coalition,
    c. Scott/Carver Housing Coalition, and
    d. Washington Housing Collaborative.
3. Other sub-committees not listed may be formed at any time to assist in Suburban Metro Area Continuum of Care planning and monitoring.

## ARTICLE II—Mission and Description.

Section 1.        Mission.                Coordinate the response of the suburban metropolitan counties to homelessness and maximize access to funding from the US Department of Housing and Urban Development McKinney-Vento Continuum of Care competition.

Section 2.        Description.        The Suburban Metro Area Continuum of Care is the planning entity that provides leadership and strategic planning to address the needs and resources of the homeless population within the Suburban Metro Area Continuum of Care region.  It assists in the development of the regional Continuum of Care plan and makes recommendations to Local Homeless Planning Committees for formal vote.

## ARTICLE III—Membership.

Section 1.        Geographic Membership of The Suburban Metro Area Continuum of Care.        The following Local Homeless Planning Committees are geographic members of the Suburban Metro Area Continuum of Care: (Anoka County Continuum of Care, Dakota Affordable Housing Coalition, Scott/Carver Housing Coalition, and Washington Housing Collaborative).

1. The overall performance and success of the Regional Suburban Metro Area Continuum of Care Committee is predicated on the performance and active and consistent involvement of each Local Homeless Planning Committee.
    a. Performance may be demonstrated by a Local Homeless Planning Committee:
        i. Collecting and submitting needed data for HUD applications;
        ii. Conducting acceptable Point in Time counts;
        iii. Providing sufficient support to the Exhibit 1 application process;
        iv. Maintaining regular participation at regional meetings; and
        v. Demonstrating good-faith efforts to maintain active participation from persons who have experienced homelessness in local and regional Continuum of Care planning.
    b. When a Local Homeless Planning Committee is not performing adequately, the Committees that have demonstrated adequate performance may review the performance issues and develop improvement plans with clear timelines and measurable indications of improvement for the Local Homeless Planning Committee in question.
    c. When these plans do not result in sufficient improvement, a Local Homeless Planning Committee that has not demonstrated adequate performance may be removed from the regional application and planning process with a unanimous vote from the Committees that have demonstrated adequate performance.
2. Each Local Homeless Planning Committee retains the ability to withdraw from membership from the Suburban Metro Area Continuum of Care at their discretion pending local vote and consultation with the Department of Housing & Urban Development (HUD).

Section 2.     Individual Membership in the Suburban Metro Area Continuum of Care.   All individuals who meet voting membership status of Local Homeless Planning Committees are eligible to vote on Suburban Metro Area Continuum of Care decisions.  All such votes will occur in Local Homeless Planning Committee meetings.

Section 3.     Regional Suburban Metro Area Continuum of Care Committee Membership
1. Purpose.  The purpose of the Regional Suburban Metro Area Continuum of Care Committee is to assist in the development of the regional Continuum of Care plan and to make recommendations to Local Homeless Planning Committees for formal vote.
2. Regional Suburban Metro Area Continuum of Care Committee Voting Members.   Each Local Homeless Planning Committee shall elect up to five (5) individuals to serve as Voting Members of the Regional Suburban Metro Area Continuum of Care Committee.
    a. Each Local Homeless Planning Committee shall ensure that their elected Regional Suburban Metro Area Continuum of Care Committee Voting Members are drawn from the following categories:
        i. Person(s) having experienced homelessness
        ii. Continuum of Care Coordinator
        iii. Community Member/Nonprofit Provider
        iv. County Staff
        v. At Large
    b. Individuals may only be elected to represent one Local Homeless Planning Committee.

3. Regional Suburban Metro Area Continuum of Care Committee Voting Member Term. Each Regional Suburban Metro Area Continuum of Care Committee Voting Member shall be elected to a two year term.  If a Member cannot complete his/her term the Local Homeless Planning Committee shall elect or appoint a replacement.
4. Regional Suburban Metro Area Continuum of Care Committee Voting Member Expectations.

a. Regional Suburban Metro Area Continuum of Care Committee Voting Members are expected to attend meetings regularly (50% meeting attendance over the previous 12 months is required to retain Voting Member status).

b. Regional Suburban Metro Area Continuum of Care Committee Voting Members are expected to represent their Local Homeless Planning Committee.

c. Regional Suburban Metro Area Continuum of Care Committee Voting Members are expected to provide updates and meeting summaries to their home Local Homeless Planning Committee on a regular basis.

5. <u>Conflict of Interest.</u>    Regional Suburban Metro Area Continuum of Care Committee Members are required to complete and sign a Conflict of Interest Disclosure Statement annually (attachment A, as may be subsequently amended and approved by a majority vote of Regional Suburban Metro Area Continuum of Care Committee Voting Members), with conflicts of interest defined in Article VII.

6. <u>Non-Voting Regional Suburban Metro Area Continuum of Care Committee Vs</u>. The Voting Members of the Regional Suburban Metro Area Continuum of Care Committee may elect other parties to join the committee as non-voting members. These parties may include but are not limited to:

a. Metro-wide Engagement on Shelter & Housing (MESH) staff

b. Staff from the Minnesota Interagency Council on Homelessness (MICH—state agencies) and

c. Staff from Housing & Urban Development (HUD—federal)

Non-voting members may be removed from the committee by a two-thirds majority vote of Regional Suburban Metro Area Continuum of Care Committee Voting Members.

# ARTICLE IV.   Officers

<u>Section 1.  Officer Positions.</u>    The officers of the Regional Suburban Metro Area Continuum of Care Committee shall be a chair person, a vice chair person, and a secretary.

<u>Section 2. Eligibility.</u>    All Voting and Non-Voting Members of the Regional Suburban Metro Area Continuum of Care Committee shall be eligible to serve in any of the officer positions.

<u>Section 3.  Elections.</u>  Officers shall be elected by simple majority of all Voting Members of the Regional Suburban Metro Area Continuum of Care Committee at the last meeting of each calendar year.

<u>Section 4.  Terms.</u>  Officers shall serve one year terms for up to 3 years consecutively as elected by the Regional Suburban Metro Area Continuum of Care Committee.

<u>Section 5.  Chair Person</u>.    The chair person will act as chair and preside at all meetings of the Regional Suburban Metro Area Continuum of Care Committee and establish an agenda for each meeting.

<u>Section 6.  Vice Chair Person.</u>    The vice chair person shall act as chair person in the absence of the chair person and when acting shall have all the powers and authority of the chair person.

<u>Section 7. Secretary</u>.    The secretary will ensure meeting minutes are recorded and stored, will distribute minutes to all Regional Suburban Metro Area Continuum of Care Committee Members, and will send notice prior to each scheduled meeting.

# ARTICLE V—Meetings.

Section 1. Meeting schedule    The Suburban Metro Area Continuum of Care consists of Local Homeless Planning Committees from each of the four local regions (Anoka, Dakota, Scott/Carver, and Washington) and the Regional Suburban Metro Area Continuum of Care Committee.

1. Local Homeless Planning Committees meet on a schedule determined locally.
2. The Regional Suburban Metro Area Continuum of Care Committee shall adopt a calendar on its last meeting of the year and will amend it as necessary.

Section 2.      Special Meetings.              Special meetings may be requested provided notification of each Regional Suburban Metro Area Continuum of Care Committee Member at least five (5) days before the meeting.  Special meetings may consider only those items so specified in advance.

Section 3.      Public Meetings and Executive Session.          The purpose of the Regional Suburban Metro Area Continuum of Care Committee is best served through meetings and communication that remain clear and open to the public. During public meetings of the Regional Suburban Metro Area Continuum of Care Committee, non-members may participate in discussion, but are not eligible to vote on committee decisions or formal recommendations. From time to time, the Regional Suburban Metro Area Continuum of Care Committee may also opt to meet in Executive Session, during which time only Regional Suburban Metro Area Continuum of Care Committee Members (both voting and non-voting members) shall be allowed to participate and attend.

Section 4.      Minutes of Meetings.    Minutes shall be kept of every meeting and shall include, at a minimum, the date, time and place of the meeting, the names of all who are in attendance, the topics discussed, the decisions reached and actions taken, any reports made, and any other information as may be deemed necessary by the Chair.

Section 5.      Leadership.   The meeting shall be presided over by the chairperson; or vice-chairperson, in his/her absence, and in the absence of the chairperson or vice-chairperson, the remaining Regional Suburban Metro Area Continuum of Care Committee Members shall appoint a chairperson pro tem.

# ARTICLE VI.  Decision–making.

Section 1. Motions.     All decisions regarding Suburban Metro Area Continuum of Care funding, governance, and planning must be formulated as a motion by the members of the Regional Suburban Metro Area Continuum of Care Committee and then submitted to each Local Homeless Planning Committee for a vote.

1. Quorum.
   a. A quorum for Regional Suburban Metro Area Continuum of Care Committee meetings shall stand at a minimum of seven Regional Suburban Metro Area Continuum of Care Committee Voting Members consisting of one or more Voting Members from at least three (3) separate Local Homeless Planning Committees.  Regional Suburban Metro Area Continuum of Care Committee Members may participate in person or by conference call.
   b. When a quorum does not exist, the Regional Suburban Metro Area Continuum of Care Committee present may proceed but no motions or votes may be acted upon.
2. All Motions formulated by the Regional Suburban Metro Area Continuum of Care Committee must have clear written language of the Motion and background information as needed.
3. All Motions made and approved by the Regional Suburban Metro Area Continuum of Care Committee must be distributed to all Local Homeless Planning Committees at least 5 days prior to voting.
4. To create a Motion, the Regional Suburban Metro Area Continuum of Care Committee Voting Members must conduct a formal committee vote of the Regional Suburban Metro Area Continuum of Care Committee Voting

Members present.  A simple majority of all Regional Suburban Metro Area Continuum of Care Committee Voting Members shall determine the outcome of the formal committee vote.

   a. At the discretion of the Chair or at the request of two or more Regional Suburban Metro Area Continuum of Care Committee Voting Members, the caucus system may be used in circumstances that require a Regional Suburban Metro Area Continuum of Care Committee vote.

      i. Regional Suburban Metro Area Continuum of Care Committee Voting Members will caucus with the Local Homeless Planning Committee region of which they represent.

      ii. Each caucus will submit one vote.

5. When a tie vote on a Motion occurs within the Regional Suburban Metro Area Continuum of Care Committee the Motion will not be forwarded to Local Homeless Planning Committees.

6. Issues that will require passage of a motion include, but are not limited to:

   a. Amendments to bylaws and other governance documents

   b. Identification, use, and designs for new HUD funding (Previously referred to as Bonus or Samaritan Funding)

   c. Identification of 10 year planning outcomes as required for HUD Exhibit 1

   d. Identification and/or adoption of uniform policies or procedures for:

      i. Point in Time data or procedures

      ii. CoC Project reporting procedures

   e. Consideration of the removal of a Local Homeless Planning Committee

   f. Consideration of consolidation with one or more other Continuum of Care regions.

7. The Regional Suburban Metro Area Continuum of Care Committee may rescind or amend a motion at any time so long as no Local Homeless Planning Committee has yet approved the initial motion.

Section 2. Voting.        Motions passed by the Regional Suburban Metro Area Continuum of Care Committee will be forwarded to each Local Homeless Planning Committee for action.

1. Local Homeless Planning Committees will follow procedures for acting on the motions of the Regional Suburban Metro Area Continuum of Care Committee as determined by their respective Committees.

2. Before a motion by the Regional Suburban Metro Area Continuum of Care Committee takes effect, it must first be passed by at least 3 of the 4 Local Homeless Planning Committees.

3. If a Local Homeless Planning Committee amends and adopts a motion from the Regional Suburban Metro Area Continuum of Care Committee prior to being approved by any Local Homeless Planning Committee, the Suburban Metro Area Continuum of Care may adopt the amended motion so long as it is passed, as amended, in at least 3 of the 4 Local Homeless Planning Committees.

Section 3.  Funding Decisions.

1. Bonus/new funding opportunities.        The Regional Suburban Metro Area Continuum of Care Committee will provide an annual Motion to Local Homeless Planning Committees regarding allocation of available, new HUD-Continuum of Care funding.

   a. Local Homeless Planning Committees will vote on the Motion, with 3 of 4 required to approve.  See Article VI, Section 2, 2.

   b. Effort will be made to ensure that over time Local Suburban Metro Area Continuum of Care regions maintain new funding allocations proportionate to their pro rata share.[1]  The Regional Suburban Metro Area Continuum of Care Committee will review distribution annually and factor this into their annual funding recommendations (Motion).

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[1] As of 6/30/11, pro rata shares were: Anoka—29%, Dakota 34%, Scott/Carver—21%, Washington—16%.  This may change.

    c. The Regional Suburban Metro Area Continuum of Care Committee will approve a process for establishing a default order to determine the order in which local Suburban Metro Area Continuum of Care regions may access new funding.

        i. This default order will be used in cases in which the Regional Suburban Metro Area Continuum of Care Committee funding Motion is not approved.

        ii. A region will be considered to have used its "turn" once their funding application has been awarded.

        iii. Once a region has used their turn at new funding, they go to the end of the default order.

    d. In cases in which the approved use of Bonus/New funding is of regional design (i.e. metro-wide leasing), the Regional Suburban Metro Area Continuum of Care Committee will solicit potential grantees and will make final funding recommendations in a Motion to Local Homeless Planning Committees. Approval of 3 of 4 Suburban Metro Area Continuum of Care Local Homeless Planning Committees is required for passage.

    e. In cases in which the approved use of Bonus/New funding is specific to one Suburban Metro Area Continuum of Care region, that region's Local Homeless Planning Committee will solicit and select potential grantees independently.

2. <u>Re-allocation of Renewal/Existing Projects.</u> Decisions to re-capture funding from existing renewal programs for the purposes of re-allocation shall be made <u>only</u> by the Local Homeless Planning Committees in which the re-captured project resides.

    a. Local Homeless Planning Committees may choose to re-allocate funds within their region or may re-allocate funds to the entire Suburban Metro Area Continuum of Care area.

        i. Should the Local Homeless Planning Committee choose distribution outside of their region, process will follow "new funding allocation" as identified above (Article VI, Section 3, 1).

<u>Section 4. Committee Level Decisions</u>. The Regional Suburban Metro Area Continuum of Care Committee may make motions and votes within their committee membership on issues specific to the committee work and its governance so long as it is consistent with Suburban Metro Area Continuum of Care Bylaws.

# Article VII – Conflict of Interest.

<u>Section 1.    Definition.</u>    A conflict of interest may occur when a Member takes an action, which results or has the appearance or intention of resulting in any financial benefit on such Member, his or her family members, spouse or partner, or any organization in which the Member, his or her family members, spouse or partner serves in an official capacity. Service in an official capacity shall include service as an employee, owner, stockholder, director, board member, consultant, or officer that represents any such entity or organization which is seeking or receiving funding through the Continuum of Care process, but shall not include service solely as a volunteer (that do not serve as board members or consultants) or recipient of services.

<u>Section 2.    Recusal.</u>    On issues in which a Voting Member of the Suburban Metro Area Continuum of Care has a conflict of interest as described above, the Member must recuse her/himself from voting. The Member may participate in discussion upon declaring a conflict of interest. The Regional Suburban Metro Area Continuum of Care Committee Chair will be responsible for monitoring the disclosure of Voting Member's conflicts of interest.

<u>Section 3.    Disclosure.</u>    In the event that a matter, which raises a potential conflict of interest, comes before the Suburban Metro Area Continuum of Care or its Committees for consideration, recommendation and decision, the Member shall disclose the conflict of interest as soon as he or she becomes aware of it, and the disclosure shall be recorded in the minutes of the meeting. In order to establish a procedure to encourage disclosure, all members will be

required to sign the Disclosure Statement (attachment A, as may be subsequently amended by the Committee) on an annual basis.

## ARTICLE VIII.         Adoption and Amendments to By-Laws.

<u>Section 1. Adoption.</u>    Adoption of these by-laws shall be conducted according to procedures set forth in Article VI, section 1, 2.

<u>Section 2.  Amendments.</u>        A two-thirds majority vote within the Regional Suburban Metro Area Continuum of Care Committee is required to adopt a motion to amend the bylaws.  Motions to amend bylaws must be approved by Local Homeless Planning Committees  Amendments must be submitted in writing and the amendment must be sent to the members at least 30 days prior to the meeting at which it will be considered as indicated in Article VI, section 1, 2.

<u>Section 3.</u>        Once approved, amendments to the bylaws become effective immediately unless the motion passed specifies a later date.

# <u>Conflict of Interest Disclosure Statement</u>

*I have read and am fully familiar with the Suburban Metro Area Continuum of Care's Conflict of Interest policy as described in the Bylaws. Except for the matters listed below, there is no situation in which I am involved in which my decision on behalf of the Suburban Metro Area Continuum of Care may be influenced by my own gain or advantage, financial or otherwise.*

Please describe any existing or potential conflict of interest associated with any particular contract or transaction relating to your role within the Suburban Metro Area Continuum of Care. If "none", please indicate in space below.

_____

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I agree to promptly, in accordance with the requirements of the Suburban Metro Area Continuum of Care Bylaws and Conflict of Interest Policy, any additional interests which may arise after the filing of this statement.

Date _____

_____

Signature

_____

Print Name

_____

Agency/Organization

01/31/2014

# Suburban Metro Area Continuum of Care (SMAC)
# Priorities, Policies & Written Standards

I.  SMAC Priorities for Administering Assistance
    a.  <u>Focus on serving individuals and families with the longest histories of homelessness</u>    SMAC    shall prioritize for investment, permanent supportive housing projects dedicated to serving households that meet the definition of chronic homelessness, and, of the chronically homeless, our CoC shall prioritize those households with the longest histories of homelessness.

    SMAC 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.

    b.  <u>Focus on increasing the use of rapid re-housing to reduce the number of families with dependent children</u> SMAC shall prioritize for investment, rapid re-housing projects dedicated to serving homeless youth and family households with low to moderate barriers to housing.

    SMAC shall prioritize for investment, scattered-site transitional housing projects that wish to convert beds to rapid re-housing.

    SMAC shall prioritize for investment, rapid re-housing projects that are able to move families and youth out of shelter and homelessness the most quickly.

    c.  <u>Focus on ending veteran homelessness by 2015.</u> SMAC    shall    prioritize    for    investment,    projects (permanent supportive housing, transitional housing, and rapid re-housing) that dedicate the majority of their beds to serve military Veterans and their families.

    d.  <u>Focus on housing first approach for permanent housing.</u> SMAC shall prioritize for investment, permanent housing projects (permanent supportive housing and rapid re-housing) that adopt a housing first, entry-tolerant approach to housing people experiencing homelessness.

    SMAC defines rapid re-housing as a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, where rapid placement and stabilization in permanent housing are primary goals.

II.  Policies
    a.  <u>Education policies</u>    All homeless assistance projects within the SMAC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) will be expected to comply with the following policies:
        i.  Identify staff who have primary responsibility for school attendance.
        ii.  Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children are able to maintain enrollment in school.
        iii.  Advocate for families with their school district to ensure that transportation is arranged (as needed).

iv.  Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed).

v.  Assist families in developing education related goals for all family members when completing Housing Goal Plans.

vi.  Ensure that all family members are connected to relevant educational resources in the community.

vii.  Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start.

b.  Annual Progress Report (APR) Review Policy          All projects within the SMAC region are required to submit their APR to the APR review committee by 60 days after the end date of their grant.  The review committee will provide feedback to the project so that adjustments can be made in time for the final submission of the APR to HUD 90 days after the project end date.

c.  Project Application Appeals Policy          The Suburban Metro Area Continuum of Care (SMAC) strives to be transparent in awarding U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding to projects in the 5 county SMAC region.  Recognizing that annual CoC funding processes may involve funding cuts due to a reduction in the Annual Renewal Demand (ARD) as set by HUD, it is important that grantees understand CoC expectations and process for project scoring, ranking and tiering.

Once the SMAC Ranking Committee has scored applicant proposals, all applicants will be notified directly by the Ranking Committee.  This notification will include a document summarizing the project's score.  One on one phone calls will be conducted with all applicants to allow applicants to contest, amend and/or explain any scores.

Final SMAC ranking will take place once all applicants have had the chance to review and amend their score.  Once final ranking has occurred, all applicants will be notified via email of their ranking.  In addition, ranking information (with funding amounts) will be posted to all county websites as well as MESH and MN Housing websites. Following the announcement of SMAC Ranking Committee decisions, applicants who have specific concerns regarding the review and scoring of their application may file an appeal. Appeals will only be considered in cases where applicants have concerns specific to the review process and scoring of their application. Appeals specific to the ranking or funding recommendation will not be considered.

All notices of appeal must be based on the information submitted by the date of the final Ranking Committee Review (date for such meeting will be made public annually). **No new or additional information will be considered. Omissions to the application cannot be appealed.** The recommendation of the Appeal Committee with Board approval will be final. The Appeal Committee will be made up of three (3) members of the SMAC Ranking Committee committee, one (1) Board Member (non-CoC-funded) and one (1) Board Executive Committee Member (non-voting). The Appeal Committee members will not have a conflict of interest with any of the agencies applying for NOFA funding. The role of the Appeal Committee is to read and review only those areas of the application that are being appealed.

i.  Appeals Process
   1.  All CoC project applications will be scored.

2. SMAC Ranking Committee members will conduct one-on-one interviews with all project applicants to review and amend their score.
3. A Final Ranking list (with funding amounts) will be posted to the SMAC websites.
4. All written appeals for applications that are eligible to appeal must be received by the deadline. All notices of appeal (one original) must be submitted to the SMAC Coordinator. It is incumbent upon agency submitting an appeal to verify that request has been received by deadline.
5. The notice of appeal must include a written statement specifying in detail each and every one of the grounds asserted for the appeal. The appeal must be signed by an individual authorized to represent the sponsor agency (i.e., Executive Director) and must include (highlight and cite) the specific sections of the application on which the appeal is based. The appealing agency must specify facts and evidence sufficient for the Appeal Committee to determine the validity of the appeal. That is, the notice of appeal must have attached the specific areas of the application being appealed and must also clearly explain why the information provided is adequate enough to gain additional points.
6. SMAC Coordinators, in consultation with the Appeal Committee, will review and evaluate all notices of appeal and determine whether or not the appeal meets the SMAC appeal policy.
7. All valid appeals will be read, reviewed and evaluated by the SMAC Appeal Committee.
8. Appeal Committee will deliberate and provide recommendations to SMAC Board of Directors.
9. The Final Funding List will be approved by the SMAC ranking Committee.
10. Agencies will receive, in writing, the appeal decision prior to CoC NOFA application submission.

III.    Written Standards

SMAC has developed written standards for all components within the SMAC region's homeless response system (including projects providing Continuum of Care assistance). All agencies that participate in SMAC's coordinated assessment system (CoC funded and beyond) will be expected to adhere to the standards identified below.

a. Components of SMAC's homeless response system.    SMAC has defined the following components to comprise out homeless response system:
   i. Outreach
      1. Street Outreach
      2. Drop In Centers
      3. Crisis Line
      4. Institutional In-Reach
      5. First Responders
   ii. Homeless Prevention
      1. Homeless Prevention
      2. HUD Homeless Diversion
      3. MN Homeless Diversion
   iii. Shelter
      1. Basic Shelter
      2. Program Shelter
      3. Victim Services Shelter
   iv. Time-Limited Supportive Housing
      1. Basic Rapid Re-Housing

2. Critical Time Intervention Supportive Housing
3. Intermediate-Length Rapid Re-Housing, Low-Compliance Transitional Housing
4. High Compliance Transitional Housing
5. Host Homes
   v. Permanent Supportive Housing
1. High Compliance PSH
2. Low Compliance PSH
3. High Compliance Group Residential Housing
4. Safehaven
5. PSH Aftercare

b. Policies, procedures, and performance standards. The following policies, procedures, and performance standards have been developed for each component listed above:

| Outreach | |
|---|---|
| Component | Street Outreach |
| Description of Component | Provide basic needs, information, and connection to resources for those sleeping outside or in places not meant for human habitation. |
| Policies for Client Eligibility & Prioritization | Homeless or precariously housed households not otherwise connected to the homeless response system. |
| Procedures (Services Offered) | • Medical<br>• Basic needs (camp equipment, clothing, food)<br>• Transportation assistance (bus cards)<br>• Mobile Screening/Assessments (tablets)<br>• Population specific information/services<br>  o Vets—MAC-V<br>  o DV/SV/Trafficking<br>  o Youth |
| Performance Standards | • 90% of contacts will participate in coordinated assessment<br>• 60% of contacts will be housed or retain housing stability within 6 months |
| Component | Drop-In Centers |
| Description of Component | Provide basic needs, information, and connection to resources for those experiencing homelessness and housing instability |
| Policies for Client Eligibility & Prioritization | Homeless or precariously housed households not otherwise connected to the homeless response system. |
| Procedures (Services Offered) | • Medical/Mental Health services<br>• Basic needs (food, showers, laundry, storage)<br>• Transportation assistance (bus cards)<br>• Screening/Assessment<br>• Job search<br>• Housing search<br>• Population specific information/services<br>  o Vets—MAC-V<br>  o DV/SV/Trafficking<br>  o Youth |
| Performance Standards | • 90% of contacts will participate in coordinated assessment<br>• 60% of contacts will be housed or retain housing stability within 6 months |
| Component | Crisis Line |
| Description of | Identification of households not adequately connected to resources and connection to coordinated |

| Component | assessment. |
|---|---|
| **Policies for Client Eligibility & Prioritization** | Homeless or precariously housed households not otherwise connected to the homeless response system. |
| **Procedures (Services Offered)** | • Information and referral<br>• Screening/assessment |
| **Performance Standards** | • 90% of contacts will participate in coordinated assessment<br>• 60% of contacts will be housed or retain housing stability within 6 months |
| **Component** | **Institutional In-reach** |
| **Description of Component** | Identification of households not adequately connected to resources and connection to coordinated assessment. |
| **Policies for Client Eligibility & Prioritization** | Homeless or precariously housed households not otherwise connected to the homeless response system. |
| **Procedures (Services Offered)** | • Information and referral<br>• Screening/assessment<br>• Population specific information/services<br>    o Vets—MACV<br>    o DV/SV/Trafficking<br>    o Youth |
| **Performance Standards** | • 90% of contacts will participate in coordinated assessment<br>• 60% of contacts will be housed or retain housing stability within 6 months |
| **Component** | **1st Responders** |
| **Description of Component** | Identification of households not adequately connected to resources and connection to coordinated assessment. |
| **Policies for Client Eligibility & Prioritization** | Homeless or precariously housed households not otherwise connected to the homeless response system. |
| **Procedures (Services Offered)** | • Information and referral |
| **Performance Standards** | • 90% of contacts will participate in coordinated assessment<br>• 60% of contacts will be housed or retain housing stability within 6 months |

| **Outreach** | |
|---|---|
| **Component** | **Homeless Prevention** |
| **Description of Component** | Basic services and/or financial assistance to help resolve housing crisis. |
| **Policies for Client Eligibility & Prioritization** | • Low income<br>• No other means to resolve crisis<br>• Resolvable with limited assistance<br>• One-time assistance<br>• Facing housing crisis or other crisis that is jeopardizing their housing stability<br>• Not homeless, but imminently at risk of becoming homeless<br>• Limited experience with housing instability |
| **Procedures (Services Offered)** | **Prevention Service Set**<br>• Legal<br>    o Escrow<br>    o Habitability<br>    o UD prevention<br>    o Expungement<br>    o Outstanding warrants | **Assistance Set**<br>• Rental Assistance<br>• Deposit<br>• Bridging-Furniture, Household items<br>• Utility assistance (including past due)<br>• Transportation<br>    o Car repairs |

| | |
|---|---|
| | • Family Reunification (families/youth)<br>  o Certified mediators<br>  o Child protection navigation<br>• Landlord mediation<br>• Financial management<br>• Housing search<br>• Case Management<br>• Benefits Assistance<br>  o SOAR<br>• Home Cleaning                        o Bus tickets<br>                                          • Unpaid medical bills<br>                                          • Basic needs (food, etc.) |
| **Performance Standards** | • 70% of households will be housed at program exit<br>• 75% of households will not become homeless.<br>• 80% of households will not return to homeless prevention programs. |
| **Component** | **HUD Homeless Diversion** |
| **Description of Component** | Provide advocacy and/or very limited financial assistance to prevent household from homelessness |
| **Policies for Client Eligibility & Prioritization** | • Homeless and seeking shelter<br>• Doubled up (MN Homeless) and not paying rent, not on lease<br>• Less than 50% AMI<br>• Evidence of housing stability/rental history<br>• Employment history<br>• Some financial means and/or support that can be accessed<br>• Ability to find short-term solution with minimal/no assistance |
| **Procedures (Services Offered)** | • Advocacy and assistance to help identify safe non-shelter solutions that may include:<br>  o Hotel self-pay<br>  o Identify client resources and/or support for short-term solution<br>  o Arranging shared housing (name on lease)<br>• Minimal financial assistance |
| **Performance Standards** | • 20% of all households that present as homeless will identify solutions that will ensure that they will not enter shelter or reside in places unfit for human habitation<br>• 60% of households served will not enter shelter |
| **Component** | **Minnesota Homeless Diversion** |
| **Description of Component** | Provide advocacy and/or very limited financial assistance to prevent household from entering shelter/motel. |
| **Policies for Client Eligibility & Prioritization** | • Homeless and seeking shelter<br>• Doubled up (MN Homeless) and not paying rent, not on lease<br>• Less than 50% AMI<br>• Evidence of housing stability/rental history<br>• Employment history<br>• Nowhere else to go<br>• Able to identify temporary solution for up to 30 days |
| **Procedures (Services Offered)** | • Advocacy and assistance to help household to identify safe, short-term double up solution that will include:<br>  o No violation of occupancy or lease agreements<br>  o Consultation with landlords in cases where temporary solution will exceed lease limit<br>• Minimal financial assistance |
| **Performance Standards** | • 20% of all households that present as homeless will identify solutions that will ensure that they will not enter shelter or reside in places unfit for human habitation.<br>• 60% of households served will not enter shelter |

## Shelter

| Component | **Basic Shelter** |
|---|---|
| **Description of Component** | No frills shelter providing low services for emergency shelter needs (stays limited to XX days). |
| **Policies for Client Eligibility & Prioritization** | <ul><li>Homeless</li><li>Non-diverted households with no ability to resolve housing crisis</li></ul> |
| **Procedures (Services Offered)** | <ul><li>Basic Shelter Services Set</li><li>24 hour or overnight (Hours of operation may vary, but guests will be expected to be out finding solutions during the day)</li><li>Time-limited, non-time-limited</li></ul> |
| **Performance Standards** | <ul><li>50% exit to permanent housing within 21 days</li><li>100% Assessed within 15 days</li></ul> |
| Component | **Service Shelter** |
| **Description of Component** | Service enriched shelter for those awaiting supportive housing placement |
| **Policies for Client Eligibility & Prioritization** | <ul><li>Homeless</li><li>Non-diverted households with no ability to resolve housing crisis</li><li>Households assessed to require some level of supportive housing/subsidy to end their homelessness and are awaiting placement</li><li>Households deemed too vulnerable for Stage 1 shelter</li><li>Young parents with Children under 2 years old</li><li>SPMI</li></ul> |
| **Procedures (Services Offered)** | <ul><li>Basic Shelter Service Set</li><li>Enriched Shelter Service Set</li><li>24 hour</li><li>Time-limited, non-time-limited</li></ul> |
| **Performance Standards** | <ul><li>80% exit to transitional or permanent housing within 35 days</li></ul> |
| Component | **Victim Services Shelters** |
| **Description of Component** | Service enriched shelter for fleeing domestic violence, sexual trafficking, and/or sexual abuse |
| **Policies for Client Eligibility & Prioritization** | <ul><li>Homeless</li><li>Recent victim of domestic violence, trafficking, or sexual abuse</li></ul> |
| **Procedures (Services Offered)** | <ul><li>Basic Shelter Service Set</li><li>Enriched Shelter Service Set</li><li>DV Service Set</li></ul> |
| **Performance Standards** | <ul><li>80% exit to transitional or permanent housing within 60 days</li></ul> |

| **Time-Limited Supportive Housing** | |
|---|---|
| Component | **Basic Rapid Re-housing** |
| **Description of Component** | Low/moderate and short-term services and/or financial assistance to exit homelessness |
| **Policies for Client Eligibility & Prioritization** | <ul><li>Homeless</li><li>Current income less than 50% AMI</li><li>Potential for family/community support</li><li>Evidence of potential to become gainfully employed</li><li>Low-Moderate barriers</li><li>Stable housing history</li></ul> |

| | |
|---|---|
| | • Lower overall score than PSH<br>• First time (almost first time) homeless |
| **Procedures (Services Offered)** | Services Menu of services may include:<br>• Employment Services<br>• Housing Search<br>• Legal<br>• Connection to mainstream/community resources<br><br>Financial assistance may include:<br>• Shallow rent assistance for up 3-6 months for HHs with moderate earned income (client responsible to pay 30% of income)<br>• Tiered rent assistance for up to 3-6 months for HHs with no/low earned income (client responsible to pay 30% of income)<br>• Damage deposit<br>• Application fees<br>• Furniture/moving |
| **Performance Standards** | • 80% exit services/assistance to permanent housing within 0-6 months (transition in place)<br>• No more than 10% exits to PSH after second assessment<br>• 85% of households served will not return to shelter |
| **Component** | <mark>**Critical Time Intervention Supportive Housing**</mark> |
| **Description of Component** | Intensive and short-term services accompanied with long-term rental subsidy |
| **Policies for Client Eligibility & Prioritization** | • Homeless<br>• Income less than 50% AMI<br>• Mental health<br>• Potential for family/community support<br>• Evidence of potential to become gainfully employed<br>• Moderate barriers<br>• Long-term/Chronic homeless<br>• Lower overall score than PSH |
| **Procedures (Services Offered)** | Menu of services may include:<br>• Employment Services<br>• Housing Search<br>• Legal<br>• Connection to mainstream/community resources<br>• Mental Health<br>• Chemical health<br>• Life skills<br><br>Financial assistance may include:<br>• Deep rent payments<br>• Damage deposit<br>• Application fees<br>• Furniture/moving<br>• Tenant based rental assistance |
| **Performance Standards** | • 70% exit to permanent housing within 6-9 months<br>• No more than 20% exits to PSH after second assessment<br>• 85% of households served will not return to shelter |
| **Component** | <mark>**Intermediate-length Rapid Rehousing, low compliance Transitional Housing**</mark> |
| **Description of Component** | Time-limited, Moderate/Intensive, low-compliance services accompanied with rental subsidy |
| **Policies for Client Eligibility & Prioritization** | • Homeless<br>• Current income less than 50% AMI<br>• Potential for family/community support<br>• Evidence of potential to become gainfully employed<br>• Moderate barriers<br>• Stable housing history<br>• Unaccompanied Youth<br>• Large Families<br>• MH/CH individuals that may respond well to treatment<br>• Client choice for greater independence |

| | | |
|---|---|---|
| | • Lower overall score than PSH | |
| **Procedures (Services Offered)** | Basic Service Set (see page 25) | Financial assistance may include:<br>• Deep to tiered rent assistance for up to 6-24 months for HHs with moderate barriers and no/low earned income (client responsible to pay 30% of income)<br>• Damage deposit<br>• Application fees<br>• Furniture/moving<br>• Tenant based rental assistance |
| **Performance Standards** | • 80% exit to permanent housing within 24 months<br>• No more than 5% exits to PSH after second assessment<br>• 60% Increase income<br>• 40% increase employment income<br>• 85% of households served will not return to shelter | |
| **Component** | High compliance Transitional Housing | |
| **Description of Component** | Time-limited, Moderate/Intensive, high compliance services accompanied with rental subsidy | |
| **Policies for Client Eligibility & Prioritization** | • Homeless<br>• Current income less than 50% AMI<br>• Potential for family/community support<br>• Evidence of potential to become gainfully employed<br>• Moderate barriers<br>• Stable housing history<br>• Unaccompanied Youth<br>• Large Families<br>• MH/CH individuals that may respond well to treatment<br>• Client choice for a more structured, community support environment<br>• Clients that may benefit from higher accountability<br>• Lower overall score than PSH | |
| **Procedures (Services Offered)** | Basic Service Set | Financial assistance may include:<br>• Intermediate/tiered rent payments<br>• Damage deposit<br>• Application fees<br>• Furniture/moving<br>• Tenant based rental assistance |
| **Performance Standards** | • 85% exit to permanent housing within 24 months<br>• No more than 10% exits to PSH after second assessment<br>• 60% Increase income<br>• 50% increase employment income<br>• 85% of households served will not return to shelter | |
| **Component** | Host Homes | |
| **Description of Component** | Shared housing for homeless young adults with family support and case management. | |
| **Policies for Client Eligibility & Prioritization** | • Homeless (including doubled up)<br>• Target group is emerging adults (18-24), but could include those under 18.<br>• Households interested in participation agreements<br>• Some programs are population specific<br>    ○ LGBTQ<br>• Lack of alternatives/supports to end homelessness<br>• Medium/hi compliance | |

| | | |
|---|---|---|
| | • No active addiction issues<br>• No recent violent histories | |
| **Procedures (Services Offered)** | Basic Service Set<br>• Population specific services (LGBTQ)<br><br>Community connections<br>• Positive/supportive relationship with adult<br>• Access to community supports | Financial assistance<br>• Free housing<br>• Food |
| **Performance Standards** | • 80% exit to permanent housing within 24 months<br>• No more than 15% exits to PSH after second assessment<br>• 60% Increase income<br>• 40% increase employment income<br>• 80% of households served will not return to shelter | |

| **Permanent Supportive Housing** | | |
|---|---|---|
| **Component** | **High Compliance Permanent Supportive Housing** | |
| **Description of Component** | Supportive housing with high service intensity & high compliance expectations | |
| **Policies for Client Eligibility & Prioritization** | • Income less than 50% AMI<br>• Over 40% rent burden<br>• Disabled<br>• Limited, lack or poor family/community support<br>• Limited potential to become gainfully employed<br>• Significant/multiple barriers<br>• Long-term/Chronic homeless, extended periods of homelessness, recidivism<br>• Poor/no rental history<br>• Client choice for higher participation and support from households facing similar barriers<br>• Clients court ordered to participate in high compliance supportive housing | |
| **Procedures (Services Offered)** | • Rental assistance<br>• Basic service set will be provided with high expectations for program compliance/participation<br>• Most site-based programs will likely fit in this category<br>• Additional menu of services will be provided if program specializes in:<br>    o Mental health<br>    o TBI<br>    o Chemical health<br>    o Physical disabilities<br>    o Co-occuring disorders | |
| **Performance Standards** | • 80% of all households that exit from program will exit to permanent housing<br>• Average length of stay for households will be more than 365 days<br>• 60% Increase income<br>• 20% increase employment income<br>• 85% of households served will not return to shelter | |
| **Component** | **Low Compliance Permanent Supportive Housing** | |
| **Description of Component** | Supportive housing with high service intensity & low compliance expectations | |
| **Policies for Client Eligibility & Prioritization** | • Income less than 50% AMI<br>• Over 40% rent burden<br>• Disabled<br>• Limited, lack or poor family/community support<br>• Limited potential to become gainfully employed | |

| | |
|---|---|
| | • Significant/multiple barriers<br>• Long-term/Chronic homeless, extended periods of homelessness, recidivism<br>• Poor/no rental history<br>• Client choice for higher independence<br>• Clients that have not benefitted from high compliance program models |
| **Procedures (Services Offered)** | • Rental assistance<br>• Basic service set will be provided with low expectations for program compliance/participation<br>• Additional menu of services will be provided if program specializes in:<br>   o Mental health<br>   o TBI<br>   o Chemical health<br>   o Physical disabilities<br>   o Co-occuring disorders |
| **Performance Standards** | • 80% of all households that exit from program will exit to permanent housing<br>• Average length of stay for households will be more than 365 days<br>• 60% Increase income<br>• 20% increase employment income<br>• 85% of households served will not return to shelter |
| **Component** | **High Compliance Group Residential Housing** |
| **Description of Component** | Supportive housing with low service intensity & high compliance expectations |
| **Policies for Client Eligibility & Prioritization** | • Income less than 50% AMI<br>• Over 40% rent burden<br>• Disabled<br>• Limited, lack or poor family/community support<br>• Limited potential to become gainfully employed<br>• Significant/multiple barriers<br>• Long-term/Chronic homeless, extended periods of homelessness, recidivism<br>• Poor/no rental history<br>• Client choice for higher participation and support from households facing similar barriers<br>• Clients that have not benefitted from harm reduction models |
| **Procedures (Services Offered)** | • Basic service set will be provided with high expectations for program compliance/participation<br>• Some site-based programs will likely fit in this category<br>• Additional menu of services will be provided if program specializes in:<br>   o Mental health<br>   o TBI<br>   o Chemical health<br>   o Physical disabilities<br>   o Co-occuring disorders |
| **Performance Standards** | • 80% of all households that exit from program will exit to permanent housing<br>• Average length of stay for households will be more than 365 days<br>• 60% Increase income<br>• 85% of households served will not return to shelter |
| **Component** | **Safehaven** |
| **Description of Component** | Supportive housing or services provided without housing assistance with services provided on an "as needed" basis with no compliance requirements |
| **Policies for Client Eligibility & Prioritization** | • Income less than 50% AMI<br>• Disabled<br>• Client choice to continue contact/access of services<br>• Outdoor long periods of time<br>• ID'd through street outreach |

| | |
|---|---|
| | • Chronic homeless |
| **Procedures (Services Offered)** | • Basic service set will be provided with low expectations for program compliance/participation (harm reduction)<br>• Additional menu of services will be provided if program specializes in:<br>  o Mental health<br>  o TBI<br>  o Chemical health<br>  o Physical disabilities<br>  o Co-occuring disorders |
| **Performance Standards** | • 80% of all households that exit from program will exit to permanent housing<br>• Average length of stay for households will be more than 365 days<br>• 60% Increase income<br>• 85% of households served will not return to shelter |
| **Component** | <mark>**Permanent Supportive Housing Aftercare**</mark> |
| **Description of Component** | Supportive housing or services provided without housing assistance with services provided on an "as needed" basis with no compliance requirements |
| **Policies for Client Eligibility & Prioritization** | • Income less than 50% AMI<br>• Disabled<br>• Housing stability of more than one year (in PSH)<br>• Mental health/barriers that have stabilized with community supports<br>• Clients able to access public housing/other subsidies that may lead to transition out of site-based/scattered program<br>• Client choice to continue contact/access of services |
| **Procedures (Services Offered)** | • Basic service set will be provided with low expectations for program compliance/participation (harm reduction)<br>• Additional menu of services will be provided if program specializes in:<br>  o Mental health<br>  o TBI<br>  o Chemical health<br>  o Physical disabilities<br>  o Co-occuring disorders |
| **Performance Standards** | • 80% of all households that exit from program will exit to permanent housing<br>• Average length of stay for households will be more than 365 days<br>• 60% Increase income<br>• 20% increase employment income<br>• 85% of households served will not return to shelter |

# Service Sets

**SHELTER**

| *Basic Service Set* – the set of services that is recommended to be available for all households who enter shelter |
|---|
| • Nutritional congregate meals |
| • Bed/mat |
| • Showers |
| • Laundry |
| • Basic supervision/safety |
| • Busing to schools |
| • Phones |
| • Storage |

| *Enriched Service Set* – the set of services that is recommended to be available for all households who enter shelter |
|---|
| • Case management |
| • MH services |
| • Childcare |
| • Headstart |
| • Employment Assistance |
| • Children/family activities |

**SUPPORTIVE HOUSING**

| *Basic Service Set* – the set of services that is recommended to be available for all households needing supportive housing to end their homelessness | |
|---|---|
| Access | |
| • In-reach Outreach Engagement Benefits Assistance | |
| Case management | |
| • Assessment | • Coordination |
| • Plan development | • Monitoring |
| • Connection | • Personal Advocacy |
| Family Specific Services | |
| • Family Reunification Services | |

| |
|---|
| • Parenting |
| Housing Supports<br>• Finding housing<br>• Applying for housing and advocating with landlord to take someone who maybe screened out of housing<br>• Rental Subsidies<br>• Securing household supplies and furniture and other necessities     • New tenant orientation and move-in assistance<br>    • Tenancy supports<br>    • Support for children and youth<br>    • Eviction prevention<br>    • Front desk services |
| Independent Living Skills |
| Transportation |
| Education / Employment<br>• School Connections<br>• Access to Social Support<br>• Truancy Intervention<br>• Access to Academic Support     • Opportunities and access to GED, 2 year or 4 year degree programs<br>    • Supported employment<br>    • Childcare resources |
| Safety<br>• Domestic Abuse Services<br>• Crisis Planning and Intervention     • Child Protection Assessment and appropriate follow-through<br>    • Legal Advocacy |
| Financial Management<br>• Budgeting<br>• Benefit assistance     • Financial education services<br>    • Legal advocacy |
| Self-determination / Life Satisfaction<br>• Recreation<br>• Social Support<br>• Community Involvement / Integration     • Parenting<br>    • Support Groups |
| Health<br>• Health related services<br>    o Medication set up<br>    o Healthcare coordination<br>    o HIV/AIDS/STD education and support<br>    o Immunization and prevention     • End of life planning<br>    • Benefit assistance |
| Harm Reduction Strategies |
| Veteran's benefits and services |

| |
|---|
| ***Service Set for Children***—additional recommended services if a program serves children |
| Specific Services –<br>• Case management     • Chemical Health |

| | |
|---|---|
| • Advocacy | • Mentoring |
| • Academic programs | • Employment training |
| • Computer Labs | • Post secondary |
| • Recreational programming | • Physical health |
| • Mental Health | • Transportation |

| | |
|---|---|
| Assessment and Planning Services | |
| • Developmental assessment and plan | • Educational services including Individual Education Plan |
| • School readiness plan | • Post secondary plan |

*Mental Health Service Set* – services in addition to Basic Service Set recommended for people with Mental Health issues; some of these services are considered evidence-based practice

Crisis Planning and Intervention
• Adult Crisis Services
• Children's Mental Health Crisis Response Team
• Adult Protective Services
• Vulnerable adult assessment

Diagnostic Assessment

Employment / Vocational services for persons with mental illness
• Supported employment

Individual Education Plan (IEP) Individual Community Support Plan Individual Service Plans (ISP)

Community Based Mental Health Services
• Mental Health medication management
• Neuropsychological services
• Psychotherapy
• Psychological testing
• Mental health targeted case management
• Community Support Program / psycho-social rehab / drop-in

Rehabilitative Mental Health Services
• Assertive Community Treatment (ACT)
• Adult Rehabilitative Mental Health Services (ARMHS)
• Intensive Residential Treatment Services (IRTS)
• Partial Hospitalization Program (PHP)
• Children's Mental Health Residential Services
• Children's Therapeutic Services and Supports (CTSS)
• Day Treatment (Adult, adolescent, children)

Physician Mental Health Services
- Health and Behavior Assessment / Intervention
- Inpatient visits
- Psychiatric consultation to Primary Care Providers
- Physician consultation, evaluation and management

Treatments
- Harm Reduction strategies
- Family Psycho-education
- Trauma Recovery and Empowerment Model
- Illness Management and Recovery
- Medications

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***Traumatic Brain Injury (TBI) Service Set*** – services in addition to the basic service set recommended for people with traumatic brain injury

Employment / Vocational services for persons with brain injury
- Supported employment

Individual Education Plan (IEP)

Medical Assistance home and community based waivers, e.g. TBI, CADI, CAC, DD (formerly known as MR/RC) and EW waiver

TBI specific services
- Neurologist and neuropsychological evaluation
- Medication Management
- Psychologist / psychiatrist familiar with brain injury
- Cognitive Rehabilitation
- Independent living skills instruction for TBI
- Specialized chemical dependency treatment for persons with cognitive impairments
- Behavioral programming
- Advocacy for benefits, rights, individual needs
- Brain Injury Support Group

***Chemical Health Service Set*** – services in addition to the basic service set recommended for people with chemical health issues

Consolidated Chemical Dependency Treatment Fund –providing treatment and extended rehabilitation. Can include the following services
- Recovery readiness services
- Relapse prevention and recovery planning
- Individual and group counseling for substance abuse
- Methadone maintenance
- Harm reduction strategies
- Detoxification service
- Inpatient rehabilitation
- Self help groups such as AA or NA
- Sober recreational activities

***Physical Disability Service Set*** – services in addition to the basic service set recommended for people with physical disabilities

Accessible housing, transportation and services

Employment / vocational services specific for people with physical disabilities

| |
|---|
| • Supported employment |
| Individual Education Plans (IEP) |
| Medical Assistance home and community based waivers e.g. CADI, CAC, TBI, EW waivers |
| ***Co-occurring Disorders (mental illness / chemical dependency) Service Set*** – services in addition to the basic service set recommended for people with co-occurring disorders |
| Harm Reduction strategies – incorporating strategies from both the mental illness and chemical dependency fields. |
| Assertive Community Treatment (ACT) |
| Modified Therapeutic Communities |
| Medications |
| Integrated Dual Disorder Treatment (IDDT) Medications |

**MEMORANDUM OF UNDERSTADING for**
**HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) LEAD AGENCY**
between
Suburban Metro Area Minnesota Continuum of Care (CoC)
and
Amherst H. Wilder Foundation (Wilder)

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

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

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

    PLEASE NOTE:

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

2.  Designations

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

3.  Responsibilities of CoC

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

     i.     The requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (hereinafter referred to as "CHO") requiring the CHO to comply with federal regulations regarding HMIS

     ii.    Holding CHOs responsible for failure to comply with regulations, including imposing sanctions; and

     iii.    The participation fee, if any, charged by the HMIS;

d. Maintaining documentation of compliance with federal regulations and with the MOU; and

e. Reviewing, revising, and approving the HMIS policies, privacy and security plan, and data quality plan for the HMIS as required by federal regulation.

f. Develop and implement a plan for monitoring the HMIS to ensure that:

     i.     CHO consistently participate in HMIS;

     ii.    HMIS is satisfying the requirements of all regulations and notices issued by HUD;

     iii.    The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing CHO

b. Oversee and monitor HMIS data collection and production of the following reports:

     i.     Sheltered point-in-time count;

     ii.    Housing Inventory Chart;

     iii.    Annual Homeless Assessment Report (AHAR); and

     iv.    Annual Performance Reports (APRs).

4. Responsibilities of the HMIS Lead:

a. Facilitating, monitoring, and reporting to CoC the participation of all agencies submitting data to HMIS and ensuring compliance with federal HMIS requirements;

b. Implementation of and compliance with written HMIS policies and procedures as approved by the statewide governance committee and in accordance with § 580.31 for all CHOs;

c. Executing a written HMIS Participation Agreement with each CHO as they start participating, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan and privacy policy with which the CHO must abide, sanctions for violating the HMIS Participation Agreement, and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement;

d. Serving as the applicant to the US Department of Housing and Urban Development (HUD) for CoC grant funds to be used for HMIS activities for the CoC's geographic area, as directed by the CoC in consultation with the statewide Governance committee, and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;

e. Monitoring data quality and taking necessary actions to maintain.input of high-quality data from all CHOs;

f. The HMIS Lead must implement a security plan, an updated data quality plan, and a privacy policy to the CoC on a timeline agreed on by the CoC, HMIS Governing Group and HMIS Lead after the effective date of the HUD final rule establishing the requirements of these plans. The HMIS Lead, in conjunction with the HMIS Governing Group and CoC, must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the CoC and CHO.
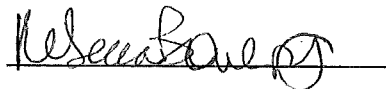
5. Duties of the HMIS Lead

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

6. Responsibilities of the HMIS Governing Group

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


Wilder Foundation Staff

CoC Staff

# Suburban Metro Area CoC Project Evaluation

**Qualifying Requirements:** Projects must meet the Qualifying Criteria to be considered for funding.

| Criterion | Ineligible | ✔ | Eligible | ✔ |
|---|---|---|---|---|
| **Eligible applicant** | Entity is *not* a nonprofit organization, state, local government, or instrumentality a of state and local government, or public housing agencies, as such term is defined in 24 CFR 5.100, without limitation or exclusion. (For-profit entities are not eligible to apply for grants or to be sub-recipients of grant funds.) | | Nonprofit organizations, states, local governments, and instrumentalities of state and local governments, and public housing agencies, as such term is defined in 24 CFR 5.100, without limitation or exclusion. | |
| **Eligible population** | Does *not* meet HUD requirements | | Meets HUD requirements | |
| **Submission deadline**[1] | Project application is submitted to CoC coordinator <u>after</u> deadline. | | Project application is submitted to CoC coordinator by deadline. | |
| **HMIS and Coordinated Assessment***<br>*\* CA is a comprehensive initial assessment of individual/ family housing and service needs, and coordinates intake into appropriate housing and services* | • Project <u>does not</u> have the capacity nor an acceptable plan to participate fully in HMIS and the CoC's Coordinated Assessment (CA)<br>• Renewal project <u>has not</u> demonstrated minimally acceptable participation in HMIS (future: CA system) | | • Project has the capacity and an acceptable plan to participate fully in HMIS and the CoC's Coordinated Assessment (CA)<br>• Renewal project has demonstrated minimally acceptable participation in HMIS (future: CA system) | |
| **Financial audit** | Most recent audit and management letter is <u>not</u> provided or contains significant adverse or disclosures /findings that reviewers determine should preclude applicant from inclusion in application. | | Most recent annual audited financial and year-to-date financial and management letter is provided and no significant findings are identified. | |
| **Financial match** | No plan or inadequate plan in place to meet match of 25% for categories required by HUD | | Plan in place to meet HUD-required match of 25% or more for categories required by HUD | |
| **Administrative Costs** | Administrative costs equal 7% or more of total project budget. | | Administrative costs equal less than 7% of total project budget. | |

## Additional Requirements for New (non-renewal) Projects

| Criterion | Ineligible | ✔ | Eligible | ✔ |
|---|---|---|---|---|
| **Organizational capacity** | • Organization <u>does not</u> have a mission/purpose statement and bylaws that govern operations<br>• Organization <u>does not</u> have an active governing board (e. g. Board of Directors) that includes at least one member who is homeless or formerly homeless (or plan to recruit someone)<br>• Organization <u>does not</u> have clear policies and procedures to address potential conflicts of interest for board members<br>• Organization <u>does not</u> have adequate level & expertise in staffing | | • Organization has a mission/purpose statement and bylaws that govern operations<br>• Organization has an active governing board (e. g. Board of Directors) that includes at least one member who is homeless or formerly homeless (or plan to recruit someone)<br>• Organization has clear policies and procedures to address potential conflicts of interest for board members<br>• Organization has adequate level & expertise in staffing | |
| **Ability to administer HUD contract** *(site control/ access, other funding, required services or partners, zoning, etc.)* | No/Limited or poor prior experience with state/federal contracts. | | Adequate prior experience with state/federal contracts. | |

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[1] Exceptions to this requirement will only be made to projects that have faced dire circumstance and have sought and gained permission from their local CoC coordinator to submit late.

## Project Evaluation and Scoring

Those projects that meet the qualifying criteria are further evaluated to identify those that most closely align with the needs, goals, and funding priorities of the Suburban Metro Area Continuum of Care.

| Measures | Low | Mid | High |
|---|---|---|---|
| **Target populations:** (0/2/4) *(For info, also get # and % of total project units serving target pop)* | | | |
| **Chronic** (-1/1/3) | None of CoC-funded units are prioritized to serve chronically homeless households. | 1-74% of COC-funded units or services are prioritized to serve chronically homeless households. | 75% or more of COC-funded units or services are prioritized to serve chronically homeless households. |
| **Veterans** (0/1/2) | 0-49% or less of COC-funded units or services are for one or more of the target populations | 50-74% of COC-funded units or services are for one or more of the target populations | 75% or more of COC-funded units or services are for one or more of the target populations |
| **Rapid Re-Housing** (0/2) | Project does not provide rapid re-housing for families. | | Project will provide rapid re-housing for families. |
| **Housing First** (0/2) | Project does not meet housing first definition identified in NOFA. | | Project meets housing first definition identified in NOFA. |
| **Services Only Grants** (-2/2) | Supportive Services Only (SSO) project has not made changes to add housing emphasis (operations/leasing/rental assistance). | | Supportive Services Only (SSO) project has made changes to add housing emphasis (operations/leasing/rental assistance). |
| **Leverage** *HUD awards the COC extra points if the sum of all project leverage is >= 150%* (-1/0/1) | Project leverages 0-139% | Project leverages 140-150% | Project leverages more than 150% |
| **Applicant experience for proposed activities** (0/1/2) | *No experience or poor outcomes.* Applicant or partners have: • Not developed or provided housing / services • Or developed or provided housing/services but had poor outcomes | *Limited relevant experience and good outcomes.* Applicant or partners have: • Developed or provided housing / services for a different population or in a limited way for the same population • And had good outcomes | *Relevant experience and good outcomes.* Applicant or partners have: • Developed or provided housing / services for this or a similar population or setting in the past • And had good outcomes |
| **Maintain or Increase income for leavers and Stayers**[2] (-1/1/3) | 0-55% | 56-60% | 61% and more |
| **Earned income for leavers** (-1/1/2) | 0-19% *(HUD target for leavers=20%)* | 20-30% *(HC target for leavers=29%)* | 31% or more |
| **Bed utilization** *No HUD stds; based on historical #s* (0/1/2) | 74% or less project beds | 75-89% of project beds | 90% or more of project beds |
| **K-12 education** *for programs serving children* (0/1/2) | Meets HUD requirement: written plan and staff in place to ensure children & youth enrolled in and attending school and connected to services to support their | Meets HUD requirement *plus:* • Education plan for children & youth part of family's case plan • Staff development • Appropriate study space • Measures in place | Meets HUD requirement *plus:* • Education plan • Staff development • Appropriate study space • Measures in place • Demonstrated success |

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[2] Added by ranking committee to match HUD measures and information we can collect from APRs. New %s also changed to meet HUD's new standards.

| Measures | Low | Mid | High |
|---|---|---|---|
| | educational needs per McKinney Vento Education law | | |
| **Early childhood development** *for programs serving children* (0/1/2) | Meets HUD requirement: written plan and staff in place to ensure families can access Head Start and other public early childhood education programs; facilitate participation | Meets HUD requirement *plus:*<br>• Coordinates with providers for birth – 5 screening<br>• Space for early intervention providers to serve children >3 years with developmental delays<br>• Facilitate access to family education | Meets HUD requirement *plus;*<br>• Coordinates with providers for birth – 5 screening<br>• Space for early intervention providers to serve children >3 years with developmental delays<br>• Facilitate access to family education<br>• Demonstrated success |
| **Funding management: unspent funds** (-2/-1/0) | Spent 89% or less of grant award | Spent 90-97% of grant award | Spent 98% or more of grant award |
| **Funding management: drawdowns** (-1/0/1) | Drawdowns occur less than quarterly | Drawdowns occur at least quarterly | Drawdowns occur monthly |
| **HMIS data quality** (-1/0/1) *Based on MN HMIS minimal targets and goals* | 91% or less completed values for the Universal Data Elements | 92-97% completed values for the Universal Data Elements | 98% or more completed values for the Universal Data Elements |
| **Permanent Only** | | | |
| **Housing stability: 6 months** (0/1/2) | 79% or less | 80-86%<br>*(2013 HUD target=80%)* | 87% or more<br>*(2013 HC target=87% )* |
| **Housing stability: 12 months** (0/1/2) | 74% or less | 75-80%<br>*(2013 HC goal=75%)* | 81% or more |
| **Exits to permanent destinations** (-1/0/1) *Low/minimum=2012 actuals* | 79% or less[3] | 80-82 | 83% or more |
| **Transitional Only** | | | |
| **Exits to permanent housing** (-1/1/3) | 0-79%[4]<br>*(HUD target=65%)* | 80-82%<br>*(HC target=75%)* | 83% or more |
| **Support Services Only** | | | |
| **Destination at program exit** (0/2) | 0-49% already in or moving to permanent housing | | 50% or more already in or moving to permanent housing |

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[3] Percentages changed by ranking committee to match HUD's new standards.
[4] Percentages changed by ranking committee to match HUD's new standards.

# Suburban Metro Area CoC Project Evaluation

| Criterion | Application/ Exhibit 2 | Application attachments | APR | HUD report | Site Visit | Other |
|---|---|---|---|---|---|---|
| **Eligible applicant** | | X | | | | |
| **Eligible population** | X | | | | | |
| **Submission deadline** | X | | | | | |
| **HMIS and Coordinated Assessment** | X | | | | | Community reports |
| **Financial audit** | | X | | | | |
| **Financial match** | X | | | | | |
| Organizational capacity | X | X | | | | |
| Ability to administer HUD contract | X | X | | X | | Community reports |
| **Chronic** | X | | | | | GIW |
| **Veterans** | X | | | | | GIW |
| **Other target populations** | X | | | | | GIW |
| **Leverage** | X | | | X | X | |
| **Applicant experience for proposed activities NEW ONLY?** | X | | | | | Community reports |
| **Non-cash benefits for leavers and stayers** | | | X | | | |
| **Earned income for leavers** | | | X | | | |
| **Bed utilization** | | | X | | | |
| **K-12 education** | | X | | | X | |
| **Early childhood development** | | X | | | X | |
| **Funding management: unspent funds** | | | X | X | | |
| **Funding management: drawdowns** | | | | X | | |
| **HMIS data quality** | | | X | | | |
| **Housing stability: 6 months** | | | X | | | |
| **Housing stability: 12 months** | | | X? | | | HMIS Report? |
| **Exits to permanent destinations (PSH)** | | | X | | | |
| **Exits to permanent housing (TH)** | | | X | | | |
| **Destination at program exit** | | | X | | | |

# SMAC Ranking Committee Overview of Scoring/Ranking Process

The following describes the process used by the SMAC ranking committee to score and rank projects for 2013 CoC funding.  It should be noted that the Ranking Committee used "scoring" and "ranking" as two distinct steps.  Scoring informed but did not dictate the final ranking decisions.  Where ranking and scoring did not correlate, the Ranking Committee provided comments to indicate why the project was ranked in their position.

12/20/13          Project Applications due to SMAC coordinators

12/20-12/30    MESH and State CoC Team conduct technical review of Project Applications and conduct initial scoring. In addition to project applications, the following items were used to inform scoring:
- Project APRs
- Organizational Audit
- Recent HUD audits and findings
- LOCCS Drawdown and unspent funds
- Project Educational and Early Childhood documents (families/youth)

12/30-1/8       Projects were invited to amend applications based upon initial scoring.  Ranking committee conducted one-one interviews which each program to clarify any concerns and to make recommendations to improving scoring.  Amended applications were reviewed and scoring was adjusted.

1/9              Ranking Committee Meeting #1
- In Attendance:  Courtney Knoll, Dana Scarlett, Jenny Green, Pat Leary, Jane Lawrenz, Barbara Williams, Mallory Birch, Mike Manhard, Loni Aadalen
- Process
  - Confirmed scoring of SMAC projects
  - Reviewed "site visit" highlights – any items that might suggest ranking should be different than scoring.
  - Final scoring was determined.

1/9-1/13        In between meetings we solicited to all programs to see if they could make voluntary adjustments to their grant (without reducing beds) to help us reach 95% ARA in tier 1.  The following organizations volunteered to reduce their grants:
- *Wilder HMIS*          Offered to reduce by $8,000 (this offer was rejected to align with HUD's priority to fund HMIS)
- *Washington HRA*    Offered to reduce by $18,428 (this offer was changed to reduce by $16,209 for total grant request of $218,511)
- *Dakota CDA*          Offered to reduce by $15,168 (this offer was changed to reduce by $12,688 for total grant request of $206,000)
- *Commonbond*        Offered to reduce by $1,408 (this offer was accepted)
- *People Inc*           Opted to NOT renew their grant of $66,256 (this was an agency decision for which the Ranking Committee had no role).  The Ranking Committee did talk directly with the program to ensure that this was their final decision and that their program could still sustain without HUD funds.

1/13        Ranking Committee Meeting #2
- **In Attendance**:  Courtney Knoll, Dana Scarlett, Jenny Green, Pat Leary, Jane Lawrenz, Barbara Williams, Mallory Birch, Mike Manhard, Loni Aadalen (phone)
- Process
    - Reviewed new Applications to determine if they warrant inclusion in Tier 1 or Tier 2
    - Reviewed projects that scored in the bottom third of all renewal projects.  Options considered include one or more of the following:
        - Tier 1
        - Tier 2
        - % cut
        - Reject the application
    - Reviewed options for top two thirds of scores.  Same options applied.
    - Finalized SMAC ranking for Tier 1 and Tier 2 approved by ranking committee

## 1/13 RANKING MOTION
Motion—Dana
2nd—Mallory
Motion carries.

Motion to approve ranking as written with Tier 1 consisting of:

| Rank | Agency | Project | Amount |
|------|--------|---------|--------|
| 1 | Scott-Carver-Dakota CAP Agency | Dakota PSH Bryant | $ 23,762 |
| 2 | Scott-Carver-Dakota CAP Agency | Pro Rata/Bonus Leasing Combo 2011 | $ 71,173 |
| 3 | Mental Health Resources, Inc. | Project Restore | $ 175,474 |
| 4 | CommonBond Communities | Granda Lakes Supportive Housing | $ 16,985 |
| 5 | Carver CDA | Carver CDA S+C | $ 76,704 |
| 6 | Washington County HRA | HomeFree 2010 | $ 218,511 |
| 7 | Metropolitan Council, Minnesota | Anoka County Shelter + Care Program | $ 230,208 |
| 8 | Supportive Housing and Managed Care Pilot, aka Hearth Connection | Hearth SMAC Leasing | $ 97,792 |
| 9 | County of Scott | H238 | $ 167,280 |
| 10 | Dakota County CDA | S+C 2013 | $ 206,000 |
| 11 | South Metro Human Services | 2011 SMAC RA renewal | $ 49,132 |
| 12 | Scott-Carver-Dakota CAP Agency | Scott/Carver Transitional Housing 2011 | $ 152,768 |
| 13 | Canvas Health | SHARE 2011 | $ 52,701 |
| 14 | Mental Health Resources, Inc. | Permanent Housing for Chronically Homeless Disabled Adults | $ 26,770 |
| 15 | Elim Transitional Housing, Inc. | Anoka Dakota SHP/Samaritan (Lutheran Social Services) Anoka PSH | $ 229,715 |
| 16 | Human Services, Inc., in Washington County Minnesota | Mosaic 2013 | $ 41,874 |
| 17 | The Link | Lincoln Place 2013 | $ 51,029 |
| 18 | Dakota County | Supportive Housing Program | $ 410,850 |
| 19 | Wilder Foundation | HMIS SMAC (MN0072B5K031003) | $ 107,498 |
| | | **TOTAL** | $ 2,406,226 |

Tier 2 consisting of:

| Rank | Agency | Project | Reject |
|------|--------|---------|--------|
| 20 | **Safehaven[1]** | **SH Project 2013** | $ 26,889 |
| 21 | **South Metro Human Services** | **SMAC RA 2013** | $ 54,885 |
| 22 | **Hearth Connection** | **NEW SMAC RA 2013** | $ 44,870 |
| | | **TOTAL** | $ 126,644 |

1/14　　　　All Applicants were contacted to be informed of their ranking position, including any amendments needed to their project application prior to submission.

1/14　　　　Mike Manhard received a call from Michele Smith of HUD after 5pm.  Michele indicated that, contrary to earlier guidance, the 2012 planning grant amount <u>must</u> be included as part of the CoC annual renewal demand (both in Tier 1 and Tier 2).  This means that an additional $31,227 must be added to Tier 1 AND an additional $1,644 must be added to Tier 2 for a total CoC annual renewal amount of $2,565,651.

1/15　　　　An emergency conference call meeting is held to consider how to incorporate and rank the inclusion of the ranking grant.  Options included:
- Ranking the planning grant in Tier 1 and splitting $1,644 between the two new projects
- Ranking the planning grant in Tier 2 and moving one of the new projects or Safehaven up to Tier 1.
- Rejecting the planning grant and funding Tier 1 and Tier 2 accordingly.

The Ranking Committee opted to move the planning grant to Tier 2 and move Hearth Connection up to Tier 1 at a reduced amount ($31,227).

**Motion—Dana**
**2nd—Don**
**Motion Carries.**

Other notes from the Ranking Committee:
- The FINAL motion regarding ranking and tiering had amounts that Washington HRA and Dakota CDA could not match exactly.  The amounts not spent by these grants were moved to Commonbond's project to reduce the amount this project needed to voluntarily cut.
- The Link believed that their income/employment scoring was not recorded correctly.  This was not able to be addressed in "site visit" phone calls since The Link's APR was submitted/due during the SMAC ranking process, thus the scoring occurred after site visits.  Since the ranking/tiering is final, the SMAC ranking committee will not revise scores and ranking at this point.  The application is safely within Tier 1.  The discrepancy has been noted and should be factored into application reviews next year (i.e. they shouldn't be penalized for having historic underperformance).
- Recommend to revise and improve SMAC's ability to collect and evaluate educational outcomes.
- All 2013 projects chose "total income" as their measure.  They need to know that "earned income" is still a measure that requires CoC high performance.  Recommend to create a workgroup to improve employment outcomes.
- There is inconsistency with Data Quality—especially with SSN.  Recommend regional provider discussions occur to improve overall SMAC performance.
- Discussed problem with penalizing providers for past unspent funds errors.  Recommend that ranking committee of future years look at three year trend for unspent funds. (don't penalize forever).

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[1] The Ranking Committee decided (as part of this motion) that should Safehaven's final project application include $0 for leverage, their application will be rejected and their grant amount of $26,889 will be split in Tier 2 between South Metro and Hearth Connection new applications.  Safehaven was later able to add leverage.

## FINAL RANKING ORDER

TIER 1

| Rank | Agency | Project | Amount |
|---|---|---|---|
| 1 | Scott-Carver-Dakota CAP Agency | Dakota PSH Bryant | $ 23,762 |
| 2 | Scott-Carver-Dakota CAP Agency | Pro Rata/Bonus Leasing Combo 2011 | $ 71,173 |
| 3 | Mental Health Resources, Inc. | Project Restore | $ 175,474 |
| 4 | CommonBond Communities | Granda Lakes Supportive Housing | $ 17,601 |
| 5 | Carver CDA | Carver CDA S+C | $ 76,704 |
| 6 | Washington County HRA | HomeFree 2010 | $ 217,920 |
| 7 | Metropolitan Council, Minnesota | Anoka County Shelter + Care Program | $ 230,208 |
| 8 | Supportive Housing and Managed Care Pilot, aka Hearth Connection | Hearth SMAC Leasing | $ 84,359 |
| 9 | County of Scott | H238 | $ 167,280 |
| 10 | Dakota County CDA | S+C 2013 | $ 205,980 |
| 11 | South Metro Human Services | 2011 SMAC RA renewal | $ 49,132 |
| 12 | Scott-Carver-Dakota CAP Agency | Scott/Carver Transitional Housing 2011 | $ 152,768 |
| 13 | Canvas Health | SHARE 2011 | $ 52,701 |
| 14 | Mental Health Resources, Inc. | Permanent Housing for Chronically Homeless Disabled Adults | $ 26,770 |
| 15 | Elim Transitional Housing, Inc. | Anoka Dakota SHP/Samaritan (Lutheran Social Services) Anoka PSH | $ 229,715 |
| 16 | Human Services, Inc., in Washington County Minnesota | Mosaic 2013 | $ 41,874 |
| 17 | The Link | Lincoln Place 2013 | $ 51,029 |
| 18 | Dakota County | Supportive Housing Program | $ 410,850 |
| 19 | Hearth Connection | New SMAC RA | $ 44,660 |
| 20 | Wilder Foundation | HMIS SMAC (MN0072B5K031003) | $ 107,498 |
| | | **TOTAL** | $ 2,437,368 |

Tier 2 consisting of:

| Rank | Agency | Project | Reject |
|---|---|---|---|
| 21 | Safehaven[2] | SH Project 2013 | $ 26,889 |
| 22 | South Metro Human Services | SMAC RA 2013 | $ 68,523 |
| 23 | Washington County | New Planning Grant | $ 32,871 |
| | | **TOTAL** | $ 128,283 |

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[2] The Ranking Committee decided (as part of this motion) that should Safehaven's final project application include $0 for leverage, their application will be rejected and their grant amount of $26,889 will be split in Tier 2 between South Metro and Hearth Connection new applications.

# FINAL TIER 1 RANKING

| Score | Rank | Agency | Project | Comments | Tier 1 | Tier 2 | % Cut | Reject |
|---|---|---|---|---|---|---|---|---|
| 1 | 1 | Scott-Carver-Dakota CAP Agency | Dakota PSH Bryant | No Comment | X | | | |
| 2 | 2 | Scott-Carver-Dakota CAP Agency | Pro Rata/Bonus Leasing Combo 2011 | No Comment | X | | | |
| 3 | 3 | Mental Health Resources, Inc. | Project Restore | No Comment | X | | | |
| 4 | 4 | CommonBond Communities | Granda Lakes Supportive Housing | No Comment | X | | | |
| 5 | 5 | Carver CDA | Carver CDA S+C | No Comment | X | | | |
| 6 | 6 | Washington County HRA | HomeFree 2010 | No Comment | X | | | |
| 7 | 7 | Metropolitan Council, Minnesota | Anoka County Shelter + Care Program | No Comment | X | | | |
| 8 | 8 | Supportive Housing and Managed Care Pilot, aka Hearth Connection | Hearth SMAC Leasing | No Comment | X | | | |
| 9 | 9 | County of Scott | H238 | No Comment | X | | | |
| 10 | 10 | Dakota County CDA | S+C 2013 | No Comment | X | | | |
| 11 | 11 | South Metro Human Services | 2011 SMAC RA renewal | No Comment | X | | | |
| 12 | 12 | Scott-Carver-Dakota CAP Agency | Scott/Carver Transitional Housing 2011 | No Comment | X | | | |
| 13 | 13 | Canvas Health | SHARE 2011 | No Comment | X | | | |
| 14 | 14 | Mental Health Resources, Inc. | Permanent Housing for Chronically Homeless Disabled Adults | No Comment | X | | | |
| 15 | 15 | Elim Transitional Housing, Inc. | Anoka Dakota SHP/Samaritan (Lutheran Social Services) Anoka PSH | Score still related to transfer of grant.  Data quality, leverage, etc.  Applicant increased leverage even though it still will not improve score. | X | | | |
| 16 | 16 | Human Services, Inc., in Washington County Minnesota | Mosaic 2013 | CH beds, employment, data quality leading to lower score.  12 month housing stability was extremely close. | X | | | |
| 17 | 17 | The Link | Lincoln Place 2013 | Low score.  Income and employment were scored low.  Lower since they haven't been serving CH. | X | | | |

| Score | Rank | Agency | Project | Comments | Tier 1 | Tier 2 | % Cut | Reject |
|-------|------|--------|---------|----------|--------|--------|-------|--------|
| | | | | Relationship with CDA is bonus.  Greater stability with this program than with Safehaven. | | | | |
| 19 | 18 | Dakota County | Supportive Housing Program | Very low score.  Ranked above Safehaven for the following reasons.  Big project.  Considering converting (some/all?) of project to RRH or PSH.  Not allowed to do this this year.  About 1/3 headed by young adult parent.  Exceeded all old HUD measures, but were slightly under new measures.  Rank just above HMIS project due to TH and low score. | X | | | |
| 21 | 19 | Hearth Connection | NEW SMAC RA 2013 | New project.  We opted to move this project up and move the Planning grant to Tier 2 since it is more likely to put us in a more competitive position for this funding round.  Hearth Connection was chosen to move up instead of South Metro (which scored higher) since their total request was lower and the amount left in Tier 1 was small. | X | | | |
| 22 | 20 | Wilder Foundation | HMIS SMAC (MN0072B5K031003) | HUD prioritizes funding of HMIS.  There are many needs for HMIS with technical assistance, data sharing, coordinated assessment changes soon to come.  Ranks on the bottom of Tier 1 since it is not housing related, but in Tier 1 since it is needed. | X | | | |

## FINAL TIER 2 RANKING

| Score | Rank | Agency | Project | Comments | Tier 1 | Tier 2 | % Cut | Reject |
|-------|------|--------|---------|----------|--------|--------|-------|--------|
| 18 | 21 | Safehaven | SH Project 2013 | It was moved to Tier 2 for the following reasons.  While close to transfer, have been close for years and fixes have not occurred.  Program lacks capacity.  $1,000 in the bank.  Many errors in application documents and process.  Inconsistencies from site visits to paper work (how many CH beds?  Leverage?).  Safehaven is first in Tier 2 due to HUD prioritizing renewals over new projects. | | X | | |

| Score | Rank | Agency | Project | Comments | Tier 1 | Tier 2 | % Cut | Reject |
|-------|------|--------|---------|----------|--------|--------|-------|--------|
| 20 | 22 | **South Metro Human Services** | **SMAC RA 2013** | New project.  We reviewed whether there were any renewals not already in Tier 2 that warranted moving to Tier 2 to make room for a new project in Tier 1.  Ultimately, we decided against this (Dakota SHU was the closest to move down, but it is a very large project and it is considering converting to RRH or PSH next year which will strengthen its performance in coming years).  When it was revealed that we needed to account for planning grant funding in our renewal, we opted to keep this grant in Tier 2 due to its large total request. |  | X |  |  |
| 23 | 23 | **SMAC—Washington County** | **SMAC Planning Grant 2013** | New Project.  It was prioritized to submit another planning grant to ensure that planning activities continue to be funded with the many changes that the HEARTH Act will yet require in the coming years.  We ranked it in Tier 2 since we thought a new PSH CH project in Tier 1 would strengthen our CoC application, therefore strengthening our chances to fund all 2013 requests. |  | X |  |  |

## NOT RANKED (decided not to renew)

| Score | Rank | Agency | Project | Comments | Tier 1 | Tier 2 | % Cut | Reject |
|-------|------|--------|---------|----------|--------|--------|-------|--------|
| n/a | n/a | **Mary Kay McJilton People Incorporated** | **ARCH (Anoka Residents Community Housing)** | No Comment |  |  |  |  |

# Permanent Supportive Housing Prioritization for Chronically Homeless Households

| Applicant Name | Project Name | Expiring Grant # | Beds |
|---|---|---|---|
| Mental Health Resources | Project Restore | MN0074L5K031205 | 3 |
| Scott-Carver-Dakota CAP | Scott/Carver Permanent Housing | MN0183L5K031202 | 1 |
| Metropolitan Council | Anoka County CoC | MN0068L5K031205 | 26 |
| Lutheran Social Services | Anoka Supportive Housing | MN0066L5K031202 | 2 |
| Safe Haven for Youth | Supportive Housing | MN0141L5K031205 | 3 |
| Dakota County CDA | S+C 2013 | MN0076L5K031205 | 1 |
| Carver County CDA | Carver CDA S+C Program | MN0160L5K031204 | 1 |
| Canvas Health, Inc. | Share 2013 | MN0164L5K031204 | 1 |
| Canvas Health, Inc. | Mosaic 2013 | MN0140L5K031205 | 1 |
| Scott-Carver-Dakota CAP | Dakota Permanent Supportive | MN0070L5K031205 | 18 |
| Washington County HRA | Wash Co S+C | MN0161L5K031204 | 1 |
| The Link | Lincoln Place (2013) | MN0248L5K031201 | 1 |
| Scott County Human Services | H238 2013 Renewal | MN0137L5K031205 | 3 |
| | Total—13 projects (out of possible 13) | | 62 |

| TOTAL ARA | $2,565,651 |
|---|---|
| TOTAL TIER 1 (95%) | $2,437,368 |
| TOTAL TIER 2 (5%) | $123,283 |

| TIER 1 | | | | | | | |
|---|---|---|---|---|---|---|---|
| ORGANIZATION | PROJECT | TYPE | SCORE | % | AMOUNT | ARA | + / - |
| Scott-Carver-Dakota CAP Agency | Dakota PSH Bryant | PSH | 21 | 70% | $ 23,672 | $ 23,672 | $ - |
| Scott-Carver-Dakota CAP Agency | Pro Rata/Bonus Leasing Combo 2011 | PSH | 20 | 67% | $ 71,173 | $ 71,173 | $ - |
| Mental Health Resources, Inc. | Project Restore | PSH | 19 | 73% | $ 175,474 | $ 175,474 | $ - |
| CommonBond Communities | Granda Lakes Supportive Housing | PSH | 19 | 70% | $ 17,601 | $ 18,393 | $ 792 |
| Carver CDA | Carver CDA S+C | PSH | 19 | 63% | $ 76,704 | $ 76,704 | $ - |
| Washington County HRA | HomeFree 2010 | PSH | 18 | 60% | $ 217,920 | $ 234,720 | $ 16,800 |
| Metropolitan Council, Minnesota | Anoka County Shelter + Care Program | PSH | 18 | 60% | $ 230,208 | $ 230,208 | $ - |
| Supportive Housing and Managed Care Pilot, aka Hearth Connection | Hearth SMAC Leasing | PSH | 17 | 68% | $ 97,792 | $ 97,792 | $ - |
| County of Scott | H238 | PSH | 17 | 57% | $ 167,280 | $ 167,328 | $ 48 |
| Dakota County CDA | S+C 2013 | PSH | 17 | 57% | $ 205,980 | $ 218,688 | $ 12,708 |
| South Metro Human Services | 2011 SMAC RA renewal | PSH | 16 | 62% | $ 49,132 | $ 49,132 | $ - |
| Scott-Carver-Dakota CAP Agency | Scott/Carver Transitional Housing 2011 | RRH | 16 | 70% | $ 152,768 | $ 152,768 | $ - |
| Canvas Health | SHARE 2011 | PSH | 15 | 50% | $ 52,701 | $ 52,701 | $ - |
| Mental Health Resources, Inc. | Permanent Housing for Chronically Homeless Disabled Adults | PSH | 14 | 61% | $ 26,770 | $ 26,770 | $ - |
| Mary Kay McJilton    People Incorporated  (Reallocation) | ARCH (Anoka Residents Community Housing) | PSH | 14 | 54% | $ - | $ 66,256 | $ 66,256 |
| Elim Transitional Housing, Inc. | Anoka Dakota SHP/Samaritan (Lutheran Social Services) Anoka PSH | PSH | 14 | 50% | $ 229,715 | $ 232,861 | $ 3,146 |

## TIER 1 (continued)

| ORGANIZATION | PROJECT | TYPE | SCORE | % | AMOUNT | ARA | + / - |
|---|---|---|---|---|---|---|---|
| Human Services, Inc., in Washington County Minnesota | Mosaic 2013 | PSH | 13 | 50% | $ 41,874 | $ 41,874 | $ - |
| The Link | Lincoln Place | PSH | 11 | 37% | $ 51,029 | $ 51,029 | $ - |
| Safehaven (moved to Tier 2) | SH Project 2013 | PSH | 10 | 33% | $ - | | $ 26,889 |
| Dakota County | Supportive Housing Program | TH | 7 | 30% | $ 410,850 | $ 410,850 | $ - |
| Hearth Connection | NEW SMAC RA 2013 | PSH | 6 | 60% | $ 31,227 | | $ 1,644 |
| Wilder Foundation | HMIS SMAC (MN0072B5K031003) | HM | 2 | 100% | $ 107,498 | $ 107,498 | $ - |
| | | | TOTAL TIER 1 | | $ 2,437,368 | $ 2,505,891 | $ 128,283 |

## TIER 2

| ORGANIZATION | PROJECT | TYPE | SCORE | % | AMOUNT | ARA | + / - |
|---|---|---|---|---|---|---|---|
| Safehaven | SH Project 2013 | PSH | 10 | 36% | $ 26,889 | $ 26,889 | |
| South Metro Human Services | NEW SMAC RA 2013 | PSH | 8 | 80% | $ 68,523 | | |
| Washington County | NEW Planning Grant | | 2 | 100% | $ 32,871 | $ 32,871 | |
| | | | TOTAL TIER 2 | | $ 128,283 | $ 2,565,651 | |
| | | | TOTAL | | $ 2,565,651 | | |

# Minnesota's HMIS Policies and Procedures

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

J A N U A R Y   2 0 1 4

# Contents

# Acknowledgments

# Contact Information

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

http://www.hmismn.org

### HMIS help desk:

HMIS@wilder.org

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

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

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

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

# Background

## *Introduction*

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

## *History*

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

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

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

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

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

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

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

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

## *Eligible programs*

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

- Emergency shelters serving homeless adults, families, and youth[2]

- Transitional housing programs

- Supportive Housing Programs (whether scattered site or on-site)

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[1]  See Fed. Register, Vol. 68, No. 140 (July 22, 2003) for further overview of federal mandates for HMIS.

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

- 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 all service and housing providers that receive HUD funding under the McKinney-Vento Act, which includes:

- Supportive Housing Program (SHP)

- Shelter plus Care

- Section 8 Moderate Rehab for Single Room Occupancy

- Emergency Solutions Grant

- Housing for Persons with AIDS (HOPWA)

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

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

Minnesota Department of Human Services/Office of Economic Opportunity

- Transitional Housing Program (THP)

- Emergency Services Program (ESP)

- Emergency Solutions Grant Program (ESGP)

- Runaway and Homeless Youth Act

- Healthy Transitions for Youth

- Ending Long-Term Homelessness Supportive Services

Minnesota Housing Finance Agency

■ Family Homeless Prevention and Assistance Program (FHPAP)

■ Projects funded under the Plan to End Long-Term Homelessness

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

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

## *Why is this important?*

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

# Expectations for HMIS Partner Agencies

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

## *Implementing HMIS*

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

■ Familiarize themselves with HMIS (see www.hmismn.org).

■ Decide how many system end-users they will need. "End users" are the people who will actually enter data into the HMIS and use the system to run reports that the agency may need for funding purposes, or find useful for internal management. Typical end users include intake workers and case managers. Typically, the more end-users in an agency, the more useful the system becomes. There are, however, additional costs for each end-user in an agency. Volunteers should only be designated as end-users as a last resort, and will be subject to the same training and legal requirements as all other end-users.

■ Familiarize prospective end-users with basic computer skills if necessary (e.g., windows, using a mouse, navigating the internet).

■ Designate a primary HMIS contact within the agency.

■ Develop a clear understanding of current reporting needs and funding streams. For example, does the agency receive SHP funds? THP? FHPAP?

■ Understand the agency's data privacy requirements. For example, is the agency covered by HIPAA?

■ Have access to a computer. Nearly any computer purchased within the past 5 years will be adequate. (See hmismn.org for current technical requirements and recommendations.)

■ The computer must have access to the internet and an up-to-date a web browser. (See hmismn.org for current technical requirements and recommendations.)

The steps for implementation include the following:

1. **Initial contact**.  Agency is contacted by Wilder Research (or contacts Wilder Research) and agrees to send its end-users to a day-long introductory group training on HMIS and using ServicePoint.  Agency administrators, IT staff, or others may also attend the training for a fee if there is space available.  Agencies should not sign up for training unless they are willing and able to complete the following steps and begin entering actual client data within one month of attending training.

2. **Paperwork and payment**.  Before attending training: (a) Agency must review and sign an agency agreement before the training. (b) If the agency is covered by HIPAA, the agency should send Wilder Research a Business Associates Agreement.  (c) The agency must pay any training and end-user fees.

3. **Training**.  All end-users within must complete initial training with Wilder Research.

4. **Work flow**.  Agency program administrators and system end-users should designate a process for integrating the HMIS into its regular flow of work.  Ideally information in ServicePoint will be updated in real time, whenever clients are entering or leaving programs, but this is not always possible.  Planning how to incorporate ServicePoint in the agency's workflow should be done before the walk through so that the agency is ready to use ServicePoint immediately after the walk-through.  Necessary decisions include:

   a. Will the data be directly entered into ServicePoint during intake or case management sessions?  (If so, what is our back-up plan if the power is out or the internet connection goes down?)

   b. Will the information be recorded by paper forms and entered later?  If so, can we adapt our existing forms so that there is no confusion when entering data into ServicePoint?  Note that electronic versions (MS Word format) of data entry forms that mirror screens in ServicePoint are available at www.hmismn.org

   c. Who will run reports?  Which ones?  How often?  Note that we strongly recommend running reports on a monthly or weekly basis to help check for data entry errors.  The agency is responsible for maintaining accurate data, and regularly running reports is a good way to double check that information has been properly recorded in the system.  Regular reporting may also provide the agency with important information about its clients and programmatic goals.

5. **Data privacy practices and client informed consent**. Before entering data into Minnesota's HMIS, agencies must implement any necessary client notice, consent, and release of information forms associated with Minnesota's HMIS (see appendix for current examples), as well as their own written data privacy policy. This can be done prior to training, and should be ready to implement by the time of the walk through or even shortly before, so that the agency can begin entering actual data as soon as possible. Note that agency should be able to explain to clients the data privacy practices associated with Minnesota's HMIS.

6. **Set-up**. After training the agency's designated HMIS contact will be called by Wilder Research, to gather information necessary to configure ServicePoint to meet the agency's reporting and data privacy needs. The Agency's end-users cannot be given access to the system until the system set-up is complete, so it is important that the agency respond to Wilder's requests for information as soon as possible. Agencies that do not follow through with set-up after attending training may be required to attend an additional training session, at added cost.

7. **Walk through**. After set-up is completed (and confirmed with the agency's HMIS contact person), Wilder Research will contact the agency for a "walk through" session that serves as a sort of refresher on how to use the HMIS and demonstrates the way that the system has been configured for the agency. Usernames and passwords are issued at this point.

8. **Using the system**. Agencies should record in the HMIS at least three actual client entries into their programs within 2 weeks of completing set up with Wilder Research. On an on-going basis agencies must enter and update information on all current clients in their HMIS-relevant programs (homeless prevention, outreach, shelter, and housing programs) on at least a quarterly basis. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3).

   a. **Reporting**: Agencies are required to run reports in the system as directed by their funding sources, and should run these reports prior to actual report due dates to check for data entry errors. Agencies are <u>strongly encouraged</u> to use the systems reporting features on a more frequent weekly or monthly basis to check for data entry errors. <u>Agencies are responsible for the quality of the data that they report.</u>

## General on-going commitments

Participating agencies should be prepared to commit to the following:

■ Collecting and updating minimum data elements on all clients, and updating on a quarterly basis as necessary. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3). This is necessary for Wilder Research to be able to issue accurate quarterly reports.

■ Maintaining accurate data. The agency should run system reports on a regular weekly or monthly basis to check for errors. The agency should contact Wilder Research (HMIS@wilder.org, 651-280-2780, or 1-855-280-2780) if needing assistance with data correction, including deleting any client records that were entered by mistake.

■ Obtaining necessary client consent and releases of information for data sharing.

■ Agencies covered by HIPAA, domestic violence agencies, youth providers, and HIV/AIDS providers must develop joint legal agreements with other partner agencies if they will be sharing client records via the HMIS. Such agencies must work with Wilder Research to enable restricted data sharing.

■ Posting a Notice of Uses and Disclosures for Minnesota's HMIS (see exhibits at end of this manual). Agency staff should be able to provide a basic explanation of the notice and the agency should be able to provide a copy to each of its clients.

■ Cancel HMIS access of any end-user who is terminated from employment, leaves the agency, or needs to be restricted from the system for any other reason. The agency should contact Wilder Research as soon as possible and no more than 24 hours after the end-user is terminated.

## Information entry standards

■ Information entered into Minnesota's HMIS will be truthful, accurate and complete.

■ Agency staff will not enter information about clients into Minnesota's HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

■ When adding to- or modifying data in- an existing client's HMIS record, end users should check to see if that client is currently receiving services from a different HMIS partner agency (e.g., entered into, but not yet exited from another program).  If the client is active elsewhere, end-users should not alter or over-ride information possibly used by staff of that agency without first verifying the change with staff of the other agency.

## No conditioning of services

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

## Accountability for noncompliance

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

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

possibility of additional charges from Wilder Research to cover costs associated with rectifying substantial problems.

# Privacy Plan

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

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

■ Agency Agreement
  This form obligates organizations that participate in Minnesota's HMIS to abide by all applicable rules and regulations, and to oversee proper use of the HMIS by their staff.

■ User policy, responsibility statement & code of ethics
  This form, signed by all system end-users, specifies responsibilities of individuals who access Minnesota's HMIS, and includes limitations on collecting data and accessing data. End users must agree to honor the wishes of the persons whose information is interested into the HMIS; access only information for which they have a clear business purpose; and keep their username and passwords private.

■ Client data privacy notice and consent form
  This form, given to all persons (or their parents or guardians) whose information is entered into the HMIS, outlines allowable uses and disclosures of individually-identifiable data maintained in HMIS. It also informs clients of their rights to view and correct data held in Minnesota's HMIS, including a method for filing grievances.

■ Client release of information form
  This form, while not currently in wide use, specifies organizations that an organization may share data with via Minnesota's HMIS. Clients may elect to share data or to limit data sharing.

■ HMIS grievance procedure form
  This form provides a grievance process for those who feel that they have been somehow wronged by Minnesota's HMIS.

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

## Program Participant Rights

Program participants have a clear right to:

■ Keep their personal information held private. All clients have the right to choose to have their data entered in the system anonymously and refuse to have certain information recorded about them in the system. This can provide protections for clients who have experienced domestic violence, dating violence, sexual assault, or stalking at some point in their lives or who are uncomfortable having information entered about them for any other reason.

■ Have their preferences with regard to the entry and sharing of client information within Minnesota's HMIS respected, whether they prefer their data to be shared with other partner agencies or not.

■ Request a change in their information sharing preferences.

■ Refuse to allow entry of identifiable information into Minnesota's HMIS without being denied services (except if entry of identifiable information is necessary for program operation).

■ Have only truthful and accurate information about them entered into the system.

■ Not be asked for information unless the information is required for a legitimate business purpose such as to provide services to the client.

■ Inspect and obtain a copy of their own information maintained within Minnesota's HMIS (except for information that is used in preparation for a criminal or civil court case under release by subpoena).

■ File grievances related to the HMIS without retaliation.

## Data sharing

One of the potential benefits – and potential risks – of Minnesota's HMIS is the ability to easily share data between agencies in a standardized format. Certain agencies, like youth providers, HIV/AIDS providers, and HIPAA-covered agencies, will only share data with other service providers if they have developed specific agreements allowing them to do so. Others will choose to share data routinely with other HMIS partner agencies. In either case, clients have the right to control access to their data and must sign a Client Release of Information form before an agency can share information about the client with other agencies via Minnesota's HMIS (see appendix or electronic forms at

).  Note that agency staff must be prepared to explain the HMIS system and agency privacy policies upon request.

Additionally, please note that:

■ Agency staff have the ability to designate information entered into the HMIS as "open" – meaning shared with other partner agencies, or "closed" – meaning hidden from other partner agencies.  While Wilder will set defaults for data sharing in consultation with the agency, it is the responsibility of the agency staff to make sure that the data they are entering is secure consistent with agency practices and client preferences.

■ HMIS project staff at Wilder Research and Bowman Systems, LLC. will have access to all information entered into the system.  Wilder and Bowman routinely deal with sensitive data and abide by strict data privacy practices.  Wilder and Bowman will only access identifying information for business-related reasons, including administering the database, conducting research, and preparing reports (only aggregate information will be included in reports).

■ Minnesota's HMIS is not a government database.  Federal agencies, including HUD, do NOT have direct or routine access to the HMIS.  State government employees do not have direct access to the system, but in some cases do see client-level information about persons served under the grant programs that they monitor.

# Security Plan

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

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

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

- Firewall protection against attempted system hacks.

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

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

## Agency Responsibilities

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

- **Access**. Agencies will permit access to Minnesota's HMIS or client-level information obtained from it only to paid employees or supervised volunteers who need access to Minnesota's HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Volunteers should only be designated as system users as a last resort, and are subject to the same training and legal requirements as all other system users.

- **Computers**. Agencies will allow access to Minnesota's HMIS only from computers which are (a) physically present on Agency's premises; (b) owned by the Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota's HMIS. The latter (c) shall apply only in extra-ordinary circumstances, when it is not feasible to meet conditions (a) or (b). Agency shall maintain written statements of any approvals of computers not owned by or located in the agency. Additionally, agencies should protect computers used to access Minnesota's HMIS with commercially available virus protection software.

- **Usernames and passwords**. Usernames and passwords shall not be stored or displayed in any publicly accessible location. Usernames and passwords may only be used by the person to whom they are assigned; licenses may not be shared under any circumstance.

- **Change in Employee status**. Any employee that is terminated or quits should have their user name and password immediately removed by contacting Wilder Research (651-280-2780; HMIS@wilder.org).

- **Training**.  Agency will only allow their staff to access Minnesota's HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder Research.  Licenses granted to approved staff must not be shared; each staff who accesses HMIS must have a unique username and password.

# Data Quality Plan

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

## Timeliness

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

## Completeness

- Current applicable policy: *Information entered into Minnesota's HMIS will be truthful, accurate and complete.*
- Purpose is to ensure that MN and each CoC can accurately describe the clients and services provided to clients who are accessing services. A complete record also is important for reporting for the use of data in any community level reporting as well as

for HUD required processes such as NOFA and AHAR which can affect funding for the CoC and its providers.

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

**Accuracy/Consistency**
- Current applicable policy: *Clients have the right to: Have only truthful and accurate information about them entered into the system*
- Purpose: To ensure that data in HMIS is collected and entered in a common and consistent manner.
- HMIS users should focus on accuracy of program start and end dates. To support this CoC Coordinators, state and private funders, and HMIS staff review reports:
  - CoC Coordinators review APRs to verify client counts are correct/as expected.
  - State and Private funders review reports that are required for their programs to verify client counts are correct/as expected
  - HMIS staff periodically verifies bed counts and program counts through the Bed Inventory Reporting process associated with the AHAR reporting process.

**Data Quality Process/Monitoring**
- Purpose: To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.
- Proposed Standard:
  - Agencies and CoC Coordinators provide timely updates to CoC HMIS staff regarding any changes to programs
  - HMIS will run quarterly data quality reports and bed utilization rate reports and will provide these reports to the CoC Coordinator to review.
    - HMIS will send reports to CoC Coordinators on the 22nd of the month, or next business day thereafter, following the end of each quarter. (January, April, July, October)
  - CoC Coordinators will review the reports and request that program providers make any necessary changes to their data.
  - Program providers will review their data and make necessary corrections to meet the above data standards.
    - Program providers/agencies which had data quality errors will be asked by their CoC coordinators to send a copy of the report to the CoC Coordinators showing that the errors have been corrected. (See Data Quality Monitoring Plan Report Instructions for more details on running data quality reports.)
  - HMIS staff will assist providers in correcting data and updating program information as needed.

**Incentives/Enforcement**
- *To be developed with input from system funders, CoC Coordinators, agencies, and users.*

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# Oversight of Minnesota's HMIS

## *Composition of HMIS Governing Group*

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

- 13 representatives appointed by Continuum of Care regions in Minnesota.

- 1 representative of the Minnesota Coalition for the Homeless

- 1 representative of the Metro-wide Engagement on Shelter and Housing (MESH)

- 2 representatives from the state's Inter-Agency Task Force on Homelessness

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

- 2 additional at large representatives, nominated and elected by current members.

- 2 representatives with expertise in the field of technology.[3]

Representatives shall be appointed for two year cycles.

## *Additional provisions*

- A chairperson (or co-chairs or "officers") will be elected from the membership serve as the main point of contact between the oversight body and project staff, and to set meeting agendas.

- Decisions will be made by consensus when possible, by majority vote when necessary. Proxy voting is allowed and encouraged if members are unable to attend meetings, but a quorum is not required for group meetings or decisions.

- Project staff will staff meetings and will not serve as voting members.

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

- Subcommittees shall be appointed as needed.

## *Governing Group roles and responsibilities*

### Budget and Financing

- Periodically reviews HMIS system budget

- Sets goals for user-based fees

- Assists with fundraising

### System Policies

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

- Development of standardized reports (resolving disagreements between regions, providers, etc. concerning standardized reporting)

- Approval of necessary forms

- Approval of agency participation

- Deciding on the appropriate system rights for participating agencies and staff

- Penalizing agencies that do not comply with system policies

- Hearing client grievances, and recommending appropriate remedy

- Approval of data requested by non-participants (e.g., academic researchers)

- Approval of requested narrative reports (special or first-time requests)


Current membership, including contact information, is available at www.hmismn.org.

# Expectations for HMIS System Administrator

## Providing an HMIS

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

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

## HMIS Governing Group

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

## Training

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

## Right to Deny Access

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

## Availability of Project Staff

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

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

## Notice of Planned Interruption in Service

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

# HMIS Policy Considerations

## Individual access and corrections to personal information maintained in HMIS

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

Requests for inspection or copies of personal data or private information or by individual program participants shall be accommodated with no service charges or fees. Agency or Wilder may deny access to information that is legally protected due to current or pending legal activity. An agency or program may deny inspection or copies of personal information if the individual program participant has requested the same data or information more than two times in a calendar year (unless substantive change have been made to the record – program participants may request another copy upon substantive change to their records).

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

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

## Grievance procedures for individual program participants

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

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

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

## All agencies are encouraged to complete Data Privacy and Protection training

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

## Ensuring Data Accuracy

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

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

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

## Third party access to data

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

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

# Appendix

*Glossary*

*Goals of HMIS In Minnesota*

*Sample HMIS grievance procedure form \**

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

*Client data privacy notice and consent form \**

*Client release of information form \**

*Policy for Research uses of HMIS data\**


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

## *Glossary*

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

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

DHS – Minnesota Department of Human Services.

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

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

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

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

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

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

# Goals of HMIS in Minnesota

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

## Overall vision and goal

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

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

Minnesota's Homeless Management Information System will:

- Help us find and access shelter and housing—quickly and accurately

- Help us identify other services for which we are eligible

- Protect the privacy of our personal data, and strip away personally-identifying information as soon as possible

- Improve the accessibility to housing and services for those who do not speak English and those who have disabilities

- Get the job done with the minimum number of questions

- Eliminate the need for us to repeatedly give the same information to service providers

- Enhance the effectiveness of our working relationships with case workers and others who may be accessing the system

- Include protections against using the system's data to deny service, or to abuse civil rights

- Provide us with a printout of our personal data upon request

- Gather data that demonstrates our needs to others—hopefully resulting in improved housing and services

- **In sum, improve access to shelter, housing, and services**

**Goals from the service provider perspective:**

Minnesota's Homeless Management Information System will:

■ Be user friendly, and include adequate training and available help for users

■ Easily provide accurate agency-level data, including client demographics, needs, and trends over time

■ Cost little

■ Be useful for us even if we do not have computers or much technical capacity

■ Cover our reporting requirements

■ Protect our clients' confidentiality—and us from liability

■ **In sum, provide an affordable, user-friendly tool to accurately track client service usage.**

**Goals from the continuum of care perspective:**

Minnesota's Homeless Management Information System will:

■ Provide accurate regional data on demands, migration, capacity, and gaps

■ Easily summarize data for the continuum of care

■ Include as many providers as possible

■ Be affordable and adequately staffed

■ **In sum, strengthen continuum of care planning by providing improved data on demands, migration, capacity, and gaps.**

**Goals from the state agency perspective:**

Minnesota's Homeless Management Information System will

■ Interface with (or replace) state data systems

■ Produce state and federal reports

■ Improve service delivery to clients

■ Provide improved, standardized, and timely statewide data for planning

■ Provide a good return on the investment

■ Help identify gaps in mainstream resources and the barriers that those experiencing homelessness face when trying to access these goals

■ **In sum, help coordinate statewide data collection to improve public policy.**

# Minnesota's HMIS: grievance procedure form

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

1. Your Agency

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

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

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

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

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

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

---

## <u>GRIEVANCE FORM</u>

NAME:          _____ DATE: _____

ADDRESS:      _____ Phone Number:_____

              _____

              _____

Complaint:

_____

_____

_____

# User Policy, responsibility statement, & code of ethics

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

For: _____ from:_____
      User (print name)                           (print Agency Name)

## USER POLICY

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

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

## USER RESPONSIBILITY

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

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

## USER CODE OF ETHICS

A. Users must be prepared to answer client questions regarding Minnesota's HMIS.

B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.

C. Users must allow client to change his or her information sharing preferences at the client's request.

D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.

E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.

F. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.

G. Users will not alter or override information entered by another Agency.

H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.

I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.

J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 1295 Bandana Blvd, No., Suite 210, St. Paul, MN 55108). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may *not* be retaliated against for filing complaints.

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


_____        _____

User signature                                                                    Date

        Preferred ServicePoint Login (username): _____

        Contact Information

                Work phone:    _____    e-mail address: _____


_____        _____

Witness signature ( MHP   or   WRC )                                          Date

> **WRC/MHP**
>
> *User's access level (circle):    Case Worker        Agency Admin    Other: _____*
> *(if multiple "providers" in agency)*
> *        User's home provider: _____*
> *        Other providers this user may enter data as: _____*

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

## Instructions
### PLEASE READ BEFORE USING CONSENT FORMS
### **THIS PAGE NOT MEANT FOR DISTRIBUTION TO CLIENTS**

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

<u>How to use the HMIS consent forms and notices</u>

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

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

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

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

> Consent <u>for research uses</u> of information in Minnesota's HMIS.  Please check  (✔) one:
>
> ❑     Yes, include in research.  I understand that information about me that is in Minnesota's HMIS may be used by Wilder Research to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness.  My name, social security number or other information that would identify me personally will **never** appear on a research report.
>
> ❑     No, do not include in research.  I do not want my information used for research purposes.

- **HUD-Funded agencies** need to explicitly list HUD as having rights to view client data entered into Minnesota's HMIS.  Please replace the second bullet under "who can see information entered into HMIS?" (currently "Auditors or others who have legal rights to review the work of this agency") with, "Auditors or others who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development."

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

**What is Minnesota's HMIS?**

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

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

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

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

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

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

**Know Your Rights:**

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

**Signed consent**

**For**: _____     _____
      Print complete name (First, Middle, Last)                                                                                   Birth date

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

_____ _____ _____ _____
**SIGNATURE OF CLIENT OR GUARDIAN**          **DATE**          **Signature of witness**                              **Date**

# *Minnesota's HMIS:  Release of Information*

**For**: _____   _____
              Print complete name (First, Middle, Last)                                                                     Birth date

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

**Please check (✓) a box:**

☐ **DO NOT SHARE**:  I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers.  *(Data security = Closed)*

☐ **SHARE**:  This agency may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other members of my family who are being served with me at this time.
*(Data security = Closed with exceptions)*

> **If you checked SHARE**, please check (✓) the agencies that you would like to share with:
>
> | ☐ Share with all agencies listed below | |
> |---|---|
> | ☐ *<Agencies should use this space to>* | ☐ *[Please communicate this list to ]* |
> | ☐ *<fill in names of up to 10 other programs>* | ☐ *[Wilder:      hmis@wilder.org), ]* |
> | ☐ *<that use ServicePoint, and are most>* | ☐ *[subject line: potential exceptions list ]* |
> | ☐ *<likely to have some of the same clients>* | ☐ *[see www.hmismn.org/agencies/ ]* |
> | ☐ *<or receive referrals from this agency>* | ☐ *[for a current list of HMIS agencies]* |
>
> **If you checked SHARE**, please check (✓) if we should let these agencies see information about…
>
> ○ Services you receive                      ○ Educational background
>
> ○ Your income and income sources            ○ Employment status
>
> ○ If you are homeless or not                 ○ Military history
>
> ○ Reasons for seeking services               ○ Other: _____
>
> ○ Living situation and housing history       ○ Other: _____

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

• We will **not** deny you help if you do not want your personal information shared.

• If you want us to share your data, this consent will expire in 1 year.

• If you want us to share your data, you may change your mind and cancel this consent at any time.

• Even if you check "do not share" your information in HMIS may still be seen by the people listed on Minnesota's HMIS Data Privacy Notice, and any others listed on this agency's privacy statements.

_____  _____        _____  _____
**SIGNATURE OF CLIENT OR GUARDIAN     DATE**         **Signature of agency witness                           Date**

## Minnesota's HMIS:  Posted Data Privacy Notice

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

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

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

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

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

# Minnesota's HMIS
# Policy for Research uses of HMIS data[5]

1.  **Discuss project with HMIS staff**, including identifying the way that the least amount of identifiable data can change hands. If the requestor's research/evaluation questions can be answered without transferring identified data to the requestor, step 3 is not necessary.

2.  **Work plan and budget agreed to.** Data and related reporting generally cannot be provided without proper compensation for staff time and other resources.

3.  **Requestor provides a written request outlining uses of data, including research questions, and procedures for protecting data** (including assurances that data will be destroyed after use, and that the data will not be re-used for purposes beyond those outlined in the request).

    a.  Wilder notifies HMIS Governing Group that a request has been received.

    b.  Requestor or Wilder informs or obtains consent from HMIS participating agencies and/or individual clients as necessary/depending on nature of project.

    c.  Requestor clears the project with outside Institutional Review Boards (IRBs) as necessary/depending on nature of project.

    d.  Requestor clears the project with Wilder's Research Review committee for approval or denial.
        [Note: This committee meets quarterly, but sometimes is able to address requests via a virtual meeting between planned meetings.]

    e.  Wilder notifies Governing Group of whether the project is moving ahead.

    f.  At any time throughout the process Wilder reserves the right to consult with the Governing Group (including a subcommittee thereof) for purposes of providing advice to Wilder and the requestor on any issues that may arise from the project, and to more fully inform the group. The Governing Group may pass motions regarding the project, but those motions technically are not legally binding. Any members with a conflict of interest (e.g., those requesting data themselves or working directly with the requestor) should recuse themselves from votes taken on the project in question.

4.  **After the analysis findings from the project are provided to Governing Group via Wilder Research.** The format of this report depends on the nature of the project**.**

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

## Metro-wide Engagement on Shelter and Housing Website



MESH-MN » Suburban Metro Continuum of Care HUD Homeless Grant Application - Microsoft Internet Explorer provided by Dakota Coun

http://mesh-mn.org/local-national-advocacy-organizations/suburban-metro-continuum-of-care-hud-homeless-grant-application/

File   Edit   View   Favorites   Tools   Help

Favorites      IT Support   Cities 97 – Discover New ...

MESH-MN » Suburban ...   G3™ e.Forms

Home      About MESH      Donate      Links      MESH's Role      Trainings & Events      Golf Tournament

### Suburban Metro Continuum of Care HUD
### Homeless Grant Application

The Suburban Metro Continuum of Care is the homeless planning collaborative in Dakota, Anoka, Washington, Scott, and Carver Counties.  Each year, this collaborative applies for competitive funding to provide housing and services for persons who are homeless.

The following documents describe the process of ranking Continuum of Care funding applications in the Suburban Metro Continuum of Care   The projects are recommended for funding as part of the Continuum of Care homeless grant application to be submitted to the Dept. of Housing and Urban Development (HUD) on February 3, 2014.

The projects recommended for funding are identified in 'Tier 1'.  Projects in 'Tier 2' may be funded if additional funding is received from HUD.

SMAC CoC Application for Review

FINAL SMAC Ranking Committee Overview of Scoring

2013 SMAC Final Project Ranking

2013 SMAC objective criteria tool FINAL

SMAC 2014 Tiers FINAL

Internet | Protected Mode: On          75%

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1/31/2014

## Washington County
### MINNESOTA

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Library
Parks and Open Space
Property and Taxation
Public Safety
Public Works

**▼ Community Services - Homeless Resources**

- 2013 SMAC Application for Review
- Continuum of Care Plan
- Washington County Homeless Response System
- Suburban Metro Area Continuum of Care Discharge Plans
- Minnesota Housing Finance Agency (FHPAP)
- Wilder Foundation Homeless Data
- Minnesotahelp.info
- Family Homeless Prevention Committee

☐ Categories

- All Categories
- Accounting and Finance
- Administration - Comprehensive Plan
- Advisory Board - Mental Health
- Advisory Board - Per Diem
- Advisory Board Application - Civic Protection
- Advisory Board Application - General
- Advisory Board Application - Housing Commission to Board of Adjustment and Appeals
- Advisory Board Application - Watershed District
- Advisory Board Application - Wire Fire

### Heading Home: Minnesota's Business Plan to End Long-Term Homelessness

### Community Plans to End Homelessness

### Continuum of Care Information

⌂ County Home

*Dakota*
COUNTY

WELCOME TO
# DAKOTA COUNTY, MINNESOTA
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## Public Assistance

Sha&ha&ha&haMore

### Housing & Urban Development Homeless Grant

Suburban Metro Continuum of Care HUD Homeless Grant Application

The following documents describe the process of ranking continuum of care funding applications in the Suburban Metro Continuum of Care, which is comprised of Dakota, Anoka, Washington, Scott and Carver counties.

The projects are recommended for funding as part of the Continuum of Care homeless grant application to be submitted to the Department of Housing and Urban Development (HUD) on Feb. 3, 2014.

- Overview of Scoring
- Objective Criteria Tool
- Final Project Ranking
- Tiers
- Suburban Metro Continuum of Care Application for Review

Last updated: 1/29/2014 7:16 AM

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- Requests for Bids/Proposals
- Sheriff
- Tax Forfeiture
- Veterans Services

## Contacts

- **First Street Mental Health**
  540 E. 1st Street, Waconia
  (952) 442-4437
- **ENCORE Adult Day Services**
  609 W. 1st Street, Waconia
  (952) 442-7660
- **Day Care Licensing**
  602 E. 4th Street, Chaska  55318
  (952) 361-1714
- **Foster Care Licensing**
  (952) 361-1603

Mental Health Crisis Program  24/7 mobile crisis services.
**Call 952-361-7601** .
Crisis Nursery childcare for children whose parents are in crisis.
**Call 612-839-6101** .
Sexual Violence Center 24/7 Crisis Line, counseling, and victim support.
**Call 952-448-5425** .
Five Stars Recovery Center chemical dependency treatment and sober housing.
**Call 952-454-0468** .
Veterans Services emergency shelter and housing services for veterans.
**Call 952-442-2323** .
Southern Valley Alliance for Battered Women emergency shelter for battered women and their children.
**Call 952-873-4214** .
First Street Center crisis services, mental health assessments, therapy and psychiatry to adults, adolescents, and children in Carver County, case management services, and chemical health services.
**Call 952-442-4437** .
myHealth (formerly West Suburban Teen Clinic) medical and reproductive healthcare, mental health counseling for teens and young adults.
**Call 952-474-3251** .
Bridge for Youth crisis shelter for youth ages 10-17 located in Minneapolis.
**Call 612-377-8800** .

**Suburban Metro Continuum of Care HUD Homeless Grant Application:** *The following documents describe the process of ranking continuum of care funding applications in the Suburban Metro Area Continuum of Care (SMAC), which is comprised of Carver, Dakota, Anoka, Washington and Scott counties.  The projects are recommended for funding as part of the Continuum of Care homeless grant application to be submitted to the Dept. of Housing and Urban Development (HUD) on February 3, 2014.*

SMAC Ranking Committee Process

SMAC Objective Criteria Tool

SMAC Tier 1 and Tier 2

SMAC Final Tier Ranking

SMAC 2014 Grant Application

Community Development > Getting Help with Housing and Homelessness

# Anoka County Continuum of Care

## *Continuum of Care Overview*

The Anoka County Continuum of Care (CoC) is the county's **local planning group working to end homelessness**. The CoC is a network of organizations, community residents, and businesses that plan programs with the primary goal of alleviating homelessness in all areas of Anoka County.

**Michele Reid** serves as the Anoka County Continuum of Care Coordinator.

**Want to learn more?** Take a look at these:
- CoC Policies and Guidelines
- "CoC 101 Training" presentation
- Anoka County CoC Bylaws
- **Robert's Rules of Order training**

**Interested in joining?**
- CoC Member application

## *The purpose of the Continuum of Care*

The Continuum of Care serves two main purposes:

1. To develop a **long-term strategic plan and manage a year-round planning effort** that addresses the identified needs of homeless individuals and households; the availability and accessibility of existing housing and services; and the opportunities for linkages with mainstream housing and services resources.
2. To prepare an **application** for McKinney-Vento Homeless Assistance Act (McKinney-Vento) competitive grants.

These resources are invaluable in providing housing and supportive services for people who are homeless. These funds are made available through a national competition announced each year in HUD's Notice of Funding Availability (known as the HUD SuperNOFA). Applications should demonstrate broad community participation and identify resources and gaps in the community's approach to providing outreach, emergency shelter, and transitional and permanent housing, as well as related services for addressing homelessness. An application also includes action steps to end homelessness, prevent a return to homelessness, and establishes local funding priorities.

There are **four key reasons** why Continuum of Care is important in organizing services which meet the needs of homeless populations and the action steps taken to combat homelessness:

- ○ *It can assess capacity and identify gaps.* CoC planning provides communities with an opportunity to step back, critically assess capacity, and develop solutions to move homeless people toward permanent housing and self-sufficiency.

- ○ *It is proactive rather than reactive.* CoC planning helps communities look comprehensively at needs, to anticipate

**Upcoming Events**

- 12 February - Continuum of Care (CoC) Meeting

**Links to Information and Events**

**2013 Point In Time Homeless Count (PIT)**

- **Homeless Point-in-Time survey (PDF)**
- **Homeless Point-in-Time guide (PDF)**
- **Volunteer Handbook (PDF)**

**2012 Point In Time Homeless Count (PIT)**

- **Final Report**
- **Click here for video summarizing the day of the homeless count**
- **Click here to see the story by CTN Studios in Coon Rapids**

**Heading Home Anoka Meeting Minutes:**

- October 2012
- December 2012
- February 2013
- April 2013
- June 2013
- November 2013
- December 2013

policy or demographic changes, and develop the capacity to respond to these changes.

- ○ *It creates common goals for which to advocate.* CoC planning helps communities develop a common vision and a set of common goals.
- ○ *The CoC creates coordination and linkages with others.* Continuum of Care planning helps providers identify ways of coordinating and linking resources to avoid duplication and facilitate movement towards permanent housing and self-sufficiency.

Click here to view the 2011 Exhibit 1 Application

## *Regional Role*

Anoka County CoC is part of a regional planning group of Conintuum of Care committees, called the Suburban Metro Area Continuum of Care or SMAC. The SMAC is composed of five counties of four former Continuum of Care regions (Anoka, Dakota, Scott/Carver and Washington) that had previously served as independent Continuum of Care regions.

The Mission of SMAC is to coordinate the response of the suburban metropolitan counties to homelessness and maximize access to funding from the US Department of Housing and Urban Development McKinney-Vento Continuum of Care competition.

The Suburban Metro Area Continuum of Care is the planning entity that provides leadership and strategic planning to address the needs and resources of the homeless population within the Suburban Metro Area Continuum of Care region. It assists in the development of the regional Continuum of Care plan and makes recommendations to Local Homeless Planning Committees for formal vote.

Click here to view SMAC bylaws

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**Suburban Metro Area Continuum of Care (SMAC) Meeting Minutes:**

- **August 2013**
- **September 2013**
- **October 2013**
- **December 2013**

**Meeting attendance**


**Heading Home Anoka's 10-year Plan to End Homelessness**


**2012 CoC Registration document**

**SMAC CoC Application 2013- for review**

APR Review and Evaluation - coming soon!


**Current Active Grants**

- **SMAC Final Project Ranking**
- **SMAC Ranking Overview Scoring**
- **SMAC Final Tiering**
- **SMAC Final Objective Criteria Tool**

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## *Continuum of Care Meeting Information*

All meetings will held at the Anoka County Government Center, Room 710, unless otherwise noted.

Location address: 2100 3rd Ave, Room 710, Anoka, MN 55303

Click here for a map showing parking areas


New member orientation will be scheduled as needed throughout the year


Please contact Michele Reid, Anoka County Continuum of Care Coordinator with questions at: 763-323-5707 or **michele.reid@co.anoka.mn.us**

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# *Suburban Metro Area Continuum of Care*
### *Summary of Funds Available*
### *August 16, 2013,*
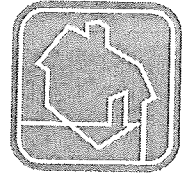
The 2012 HUD Super NOFA is expected to be released sometime in fall of 2013. The Suburban Metro Area Continuum of Care (SMAC), consisting of the counties of Anoka, Dakota, Scott-Carver and Washington, are coordinating efforts to meet community needs for homeless and chronically homeless households and are working together to best access available HUD funding. SMAC will be submitting a combined HUD Continuum of Care application. The Regional SMAC Committee (RSMAC), consisting of representatives from each local continuum of care planning group meets regularly to plan and prepare the Continuum application and assist with new and renewal Project applications. For the 2013 competition, it is uncertain if any funding will be available for a Permanent Housing Bonus Project. The SMAC receives about $2.5 million annually in funding for existing projects. These projects are evaluated on their performance and if a project is not meeting expectations funding could be reallocated to a new project.

HUD prioritizes housing for veterans who are experiencing homelessness. Creating new permanent housing beds for chronically homeless remains a HUD priority and HUD strongly encourages the use of reallocated or Permanent Housing Bonus funds to serve this population. (A chronically homeless household is defined by HUD as a single adult -or head of household, if it's a family- who has been homeless continuously for one year or had four episodes of homelessness over the past three years **AND** also has a qualifying disability. HUD includes mental, physical, and chemical health disabilities as qualifying). Reallocated funds could also be used for a Rapid Rehousing project for families.

Applications for scattered site or site based housing will be accepted. New projects will have an initial application for one year with annual renewals. For most projects HUD requires a match in services or cash.

## SELECTION PROCESS
**Interested organizations should complete a letter of interest and attached pre-application; return via email to Mike Manhard at mike@mesh-mn.org by October 25, 2013, 5:00pm CST.** An initial screening of organizations will be conducted and then eligible Letters of Interest/pre-applications will be forwarded to a committee of RSMAC for further review and input on which provider or combination of providers is best equipped to apply for HUD funding. RSMAC will then make a recommendation to be voted on at local Continuum of Care meetings; approved recommendations will then be sent to HUD to determine what course of action to take; HUD makes the final decision for approval.

## Requirements:

The following are **REQUIREMENTS** for potential applicants. Selected providers must perform in all areas.

- Must be a non-profit agency or unit of local government (county, city or housing authority)
- Must be capable of submitting an electronic application
- Administrative costs are limited to 5% of total funding requested from HUD
- Up to 20% of the funding request may be used for services
- HUD requires a match up to 25% of the funding request
- HUD has required 200% of the request in HUD funding in leverage to receive full points. Assistance is available to new projects on how to determine and maximize leverage
- Participation in Homeless Management Information System (HMIS) and Coordinated Assessment
- Must be able to submit Annual Progress Report through esnaps
- Able to manage federal grants and compliance including quarterly draws of funding and Annual Progress Reports
- Must attend 50% of local and/or Regional Suburban Metro Area Continuum of Care meetings annually
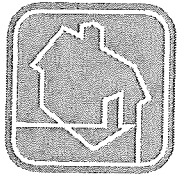- Must have DUNS number and be up to date on CCR

## Priorities:

The following are **PRIORITIES** (not in order) by which competitive applications will be ranked (both bonus and pro rata projects):

- Projects that can serve all participating SMAC counties
- If a suburban-wide project cannot be identified, Washington County is prioritized for bonus funding
- Housing Emphasis
- Leveraging
- History of using HMIS correctly
- Ability to submit Annual Progress Reports on a timely and accurate basis
- History of federal grant experience and compliance
- Service Model
- Local success
- Demonstrated history of successful collaborations
- Demonstrated cultural competency
- Demonstrated ability to achieve HUD outcomes
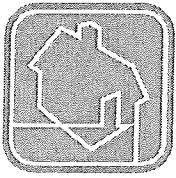
# *Suburban Metro Area Continuum of Care*
## 2013 Pre-Application

| | |
|---|---|
| Organization Name | |
| Address | |
| Phone Number | FAX |
| Email | |
| Contact Person and Title | |

Brief summary of your organization (mission statement, counties in which you presently operate, etc.) and capacity to implement federal funding:

One paragraph description of current programs/service model:

Please place a check next to the SMAC service areas in which the program will serve:

- [ ] Anoka
- [ ] Carver
- [ ] Dakota
- [ ] Scott
- [ ] Washington

Describe your experience serving the suburban Metro area:

Please list the dollar amount that you are requesting and the purpose of the funds (annual budget):

Leasing $_____

Operations $_____

Services $_____

Admin $_____

Please list the number and type of households (families, singles, youth) you propose to serve:

Please describe your target population (and subpopulation, if applicable) and experience serving target population. Please also provide the corresponding number of households proposed to be served for target population (if serving more than one target population/subpopulation) include number of chronic households to be served:



Describe your organization's ability to meet expectations outlined by HUD (income, housing stability, and HMIS goals, etc.). *List and briefly describe any existing HUD contracts your organization currently has:*



Please describe your experience with/ability to work collaboratively with multiple organizations:



Please provide evidence of Cultural Competency within your organization:



Please describe your ability to provide required leveraging:



**All Applicants are required to sign the following statement:** _____
is interested in applying for 2013 project funding for the SMAC region (comprised of
Anoka, Carver, Dakota, Scott and Washington counties).