

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

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

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

Things to Remember

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC

CoC Lead Agency Name: Scott Carver Dakota CAP Agency

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

Instructions:

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

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

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

Name of primary decision-making group: Dakota Anoka Scott Carver Washington Continuum of Care

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 71%

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

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

Specify "other" process(es):

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

As our CoC was merged this year, we have recently gone through the process of developing our committees and revising our bylaws to provide for details of membership, voting, and responsibility sharing. The two CoC's that were merged historically had similar processes that assembled a group representing the continuum components, housing providers, consumers, county staff, community members, such as developers and landlords that are committed to resolving homelessness and expanding affordable housing.

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

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

Specify "other" process(es):

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

Yes. The capacity exists within all five counties. Counties and several non-profits in our region have the capacity to serve as a grantee. The counties in our continuum are the lead agencies for HUD (CDBG, NSP, and HOME) funds as well as State funds such as Family Homeless Prevention and Assistance Program (FHPAP). Our non-profits, such as the community action agencies, also have experience with HUD funds, HPRP, State funded housing programs and emergency housing. Adequate administrative funding would be needed to add the required duties.

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

Instructions:

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

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Suburban Metro Area Continuum of Care (SMAC)	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 of 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 assists in the development of the regional Continuum of Care plan.	Monthly or more
Heading Home	Each SMAC member region has an active and productive Heading Home Minnesota 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, as well as the state-wide business plan to end long-term homeless and all local plans to end homelessness. The Heading Home subcommittees are charged with ten-year homeless planning coordination, point-in-time count, service evaluation, gap analysis and disaster planning. The Heading Home subcommittees focus on building awareness of homelessness in the communities by partnering with local businesses, public libraries, corrections, churches, and other community groups.	Monthly or more
Continuum of Care Committee	Each SMAC member region has a Continuum of Care committee (CoC). The CoCs 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 Exhibit 1 application. This includes CoC strategy review, individualized provider performance assessment, discharge and disaster review and planning. Each regional CoC appoints 5 members to represent their respective CoC at the SMAC level, including at least one member who is a currently or formerly homeless person in each of the four CoC regions.	Monthly or more

<p>Family Homeless Prevention and Assistance Program (FHPAP) Advisory Committee</p>	<p>The five counties of SMAC each plan and implement a Family Homeless Prevention and Assistance Program (FHPAP). The regions receive FHPAP funding from the Minnesota Housing Finance Agency on a biennial basis. The Advisory Committee oversees the outcomes and financial expenditures, monitors current trends, assists the CoC in identification of unmet needs, and plans for the next biennium. The Advisory Committee members are also involved in respective local homeless planning committees and Heading Home committees.</p>	<p>Monthly or more</p>
<p>Homeless Management Information System (HMIS) Governing Group</p>	<p>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.</p>	<p>quarterly (once each quarter)</p>

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

1D. Continuum of Care (CoC) Member Organizations

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

[Organization Name starts with 'S']

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Scott-Carver-Dakota CAP Agency	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Southern Minnesota Regional Legal Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Storefront Group	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Stepping Stone Emergency Housing	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
South Metro Human Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Scott, Carver, Washington, Anoka, Dakota Vetera...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Veteran s
Scott, Carver, Washington, Anoka County Mental ...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Serio...
School Districts 196,622,720,831,834,833,191,19..	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Shakopee Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Southern Minnesota Regional Legal Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Do...
Southern Valley Alliance for Battered Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Safe Haven For Youth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
ScotT,Carver,Anoka, Dakota, Washington County ...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Scott Family Net	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

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

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

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

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

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

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

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

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

Emergency Shelter: Yes

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

Alexandra House domestic shelter increased beds, as did Dakota Woodlands and Stepping Stone shelters. Tubman Family Alliance reported an increase in 2011 inventory, due to underreported beds in 2010.

HPRP Beds: Yes

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

Beds for HPRP were counted only in 2011; thus the change reflects HPRP startup that year over the previous year.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

The CoC incorrectly reported new (current) inventory of 20 beds for single males provided by Christian Restoration Services under "transitional housing." This should have been reported under permanent housing, in which case the CoC would be reporting a net decrease of 20 beds in transitional and increase in permanent housing by 20 beds. ELIM transitional housing reported incorrectly on the HIC for the Anoka Dakota SHP/Samaritan project, the correct amount is 4 beds.

Permanent Housing: Yes

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

The CoC increased permanent beds due through McKinney Vento funds to Christian Restoration Services, Project Restore, and Scott Carver leasing projects, as well as non-McKinney Vento (Chancellor Manor) and McKinney Vento (Project Restore, and Scott Carver leasing) projects. ELIM transitional housing reported incorrectly on the HIC for the Anoka County Permanent Supportive project, the correct amount is 33 beds.

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

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

Instructions:

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

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

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

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion, Applied statistics

Specify "other" data types:

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

The Minnesota Department of Human Services, Office of Economic Opportunity conducts a count twice a year of emergency shelters and transitional living programs. The CoC committees discussed unmet need at several meetings including the 10 year planning meetings. Through provider input and CoC Coordinator follow up, review of HMIS data, unsheltered counts and the most recently available Wilder Homeless Survey, the coordinators determined unmet need in these areas. The CoC believes more beds are needed than the results indicate as the homeless population in suburban areas is hard to count due to unreported cohabitation and a transient nature.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area: Statewide

Select the CoC(s) covered by the HMIS: (select all that apply) MN-501 - Saint Paul/Ramsey County CoC, MN-512 - Washington County CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC

Is the HMIS Lead Agency the same as the CoC Lead Agency? No

Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 02/01/2004

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The MN Interagency Council on Homelessness annually solicits resources for HMIS from 6 state agencies. The CoC continuously discusses HMIS funding and participation barriers, and encourages non-HUD funded providers to participate for the purpose of communicating the full picture of homelessness in MN. Public and private funders are facing cut-backs in MN, making it difficult to secure additional resources. Minnesota's HMIS administrators have offered free user licenses to agencies willing to enter data voluntarily. To address the barrier of multiple data systems, the CoC continues to support the efforts of HMIS administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by United Way and other funders.

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

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

Organization Name Amherst H. Wilder Foundation

Street Address 1 451 Lexington Parkway North

Street Address 2

City Saint Paul

State Minnesota

Zip Code 55104

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

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

Instructions:

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

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

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

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

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

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

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

Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	7%
* Date of Birth	0%	1%
* Ethnicity	0%	3%
* Race	0%	0%
* Gender	0%	1%
* Veteran Status	0%	1%
* Disabling Condition	16%	2%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	1%	6%
* Name	0%	3%

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

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

First, we want to clarify that the 16% (records with no values) reported for disabling conditions on the table above is due to adding the disabling condition variable for youth midyear. Since Minnesota's HMIS is the required reporting tool for several state funding streams, much of the data is reviewed closely by state-funded agencies during quarterly and bi-annual reporting periods. State funders and CoC coordinators follow up with agencies whose reports show poor data quality. Additionally, the HMIS Administrator (Wilder) staffs an HMIS help desk during business hours. Wilder also uses data quality tools, such as the Bed Utilization tool to improve data quality (includes AHAR).

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

It is the expectation of Minnesota state-funded programs to enter data based on actual program entry/exit and data quality reviewed regularly. Providers are encouraged to self-monitor entry/exit quality using HMIS reports. The APRs and Bed Utilization Tools also helps the HMIS administer and CoC coordinators review for valid program entry and exit dates. When entry/exit data quality issues are suspected providers are contacted and provided with technical assistance.

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

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

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

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

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

If 'Yes' indicate date of last review or update by CoC: 10/24/2011

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

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

Instructions:

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

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

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

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

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

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

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

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

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

Emergency Shelter: 100%
Transitional Housing: 100%

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

Just as a reminder our CoC merged into a five county CoC which changed the total numbers in the Coc MN503. With our combined data there was a significant decrease in the total number of persons who were homeless for 776 to 636; a decrease of 140 persons. There was a decrease in emergency shelter from 299 to 217; an increase in the number of persons utilizing transitional housing from 332 to 401; and a decrease in the number of persons unsheltered from 145 to 78. The data seems to demonstrate that we are more successful at sheltering the unsheltered and moving them quickly to transitional and/ or permanent housing. There is also an increase in the number of permanent beds. HPRP stimulus funding is likely a contributing factor to this positive change as well.

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

Instructions:

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

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

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

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

If Other, specify:

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

A common reporting form was distributed to the following: shelter, housing, mental health, and substance abuse providers; county financial workers; food shelves; churches; law enforcement; outreach workers; schools; veterans office; hospitals; public health nursing; and job training center staff within the CoC for the point in time count. Respondents completed the common reporting form for the day/night of January 26, 2011. We imported the common reporting form into Survey Monkey to allow the providers the option of filling out the form online. The common reporting form gathered the individual first name, last initial, and gender, and respondent agency, worker name, and phone number to attempt to catch and remove any possible duplicate reports. Providers also utilized data in the HMIS system and/or updated HMIS data to ensure HMIS matched the survey information. The forms were either completed in Survey Monkey or returned/mailed to the CoC Coordinator. Data was checked for possible duplication and any such records were removed.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

The subpopulation data was collected from the CoC point-in-time count for both the sheltered and unsheltered populations. The CoC relied on the existing records (including HMIS) as well as expertise of case managers and shelter management to provide the subpopulation information. Shelter and housing providers and community members used the common reporting form to report the number of individuals, families, children and unaccompanied youth who were homeless on January 26, 2011 and any applicable subpopulation information. The common reporting form included instructions and descriptions to obtain consistent information from the various responders. CoC Coordinators reviewed data results, de-duplicated the data, and contacted respondents for any clarifications needed.

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

Instructions:

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

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

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

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

If Other, specify:

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

Partially identifying client information was collected to identify duplication, 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 reviewed the data and de-duplicated the data 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.

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

The CoC identified all emergency shelter and transitional providers to include them in the point in time count. A common reporting form was used to count sheltered homeless. Questions regarding sub populations were included on the form. Providers with HMIS data could access this information to fill out common reporting forms. Detailed instructions for filling out the common reporting forms were emailed to all providers and CoC coordinators were available to answer any questions. The common reporting form was also introduced and discussed at the local CoC meetings prior to the point in time date. Email reminders were also sent to providers to ensure their participation in the point in time count.

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

Instructions:

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

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

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

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

If Other, specify:

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

The local CoC's committee's identified volunteers, including staff from the VA to conduct a public place count on the night of January 26, 2011. Public places included rest areas, park n rides along highways, truck stops, large store parking lots, bridges, rail yards, parks and other known locations of unsheltered homeless. Volunteers were also utilized during the day after the count to capture homeless entering service based organizations such as food shelves, soup kitchens and community meals. Providers and volunteers used a common reporting form. Unsheltered households were captured in the point in time by all participating providers as well.

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

Instructions:

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Shelter and housing providers and community members were asked to report using a common form the number of persons who were homeless on January 26, 2011. The common form included instructions and descriptions to obtain consistent information from the various responders, and a comments section so they could provide any relevant information about the person who was homeless.

Partially identifying client information was collected to check for duplication. The information collected included: first name and last initial, the location the person was at on the day of the survey, and any comments listed by the person completing the common form.

The forms were returned to County staff who then reviewed the reports, unduplicated the data using the partially identifying client information, and contacted reporting agencies for any clarifications needed. Staff entered all reports in a spreadsheet and did numerous sorts and searches to find and remove potentially duplicate records.

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

The CoC efforts to reduce the number unsheltered homeless households with dependent children are outlined in the ten year plan. The Heading Home plan stresses the need to educate our community which includes raising awareness of homelessness in suburban areas to garner community support to end homelessness. Two additional shelters that serve families were created and began operations in the past year. Both shelters are faith-based community organizations. The YMCA conducts outreach in public schools to provide information to staff in identifying homeless families. Identified families are given appropriate resources. Outreach staff are well connected with school district homeless liaisons.

The CoC members outreach efforts have also increased. CoC members have been doing presentations at public forums and garnered media attention resulting in several stories in local and metro newspapers. Members encourage participants to get involved in ending homelessness.

Resource information is readily available to the community via brochures in public places, a resource guide available on the Internet and in publication, and provider websites that are widely publicized.

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

The CoC maintains communication with schools, businesses, police departments, city offices, public libraries, and the faith community to make sure they are aware of resources and where to refer homeless persons for assistance.

Outreach workers reach out to homeless persons and offer to help in accessing resources and services. The adult emergency shelters encourage residents to assist others who are homeless and offer referral information.

The YMCA is working with schools to identify youth who are homeless and help them address family issues and access services. The YMCA receives referrals from agencies and the community at large as to locations homeless youth are believed to be at and then attempts to find those youth and provide assistance.

PATH workers conduct outreach to persons on the street and accept referrals from emergency shelters and mental health providers. The workers meet with the homeless person as many times as needed to gain their trust and help them access services. The PATH workers work closely with service providers to help individuals access appropriate resources and gain stability.

Additionally, the CAP Agency visit Loaves and Fishes free dining site to conduct outreach. Outreach is also conducted at the public libraries. Through education efforts to build awareness of homelessness, more residents are aware of resources available. The CoC has after-hours crisis phone lines for emergency response and intervention.

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

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

Instructions:

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

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

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

How many permanent housing beds are currently in place for chronically homeless persons? 80

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 83

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 100

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 120

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

Scott Carver Dakota CAP Agency, as the lead agency, will work with CoC members coordinate new funding through McKinney-Vento awarded last year to provide permanent beds currently in process through CommonBond Communities and Christian Restoration Services. The CoC is applying for Bonus Funding for South Metro Human Services to provide permanent supportive housing, which is anticipated to serve additional chronically homeless through scattered site leasing throughout the CoC region.

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

As the lead agency, Scott Carver Dakota CAP Agency will ensure the preservation of existing beds by providing necessary support to chronic homeless households, including county assistance and access to mainstream resources. CAP Agency, in partnership with CoC members, also plans to increase the number of chronic homeless beds, to meet the unmet need as identified by the PIT data. The CoC is a five-county regional CoC, and therefore is uniquely positioned to leverage additional funding and resources to benefit the entire region, such as access to funding and provider expertise. Examples include Metropolitan Council, Federal VA grant recently awarded to Minnesota Assistance Council for Veterans, state long-term homeless funds, HUD VASH, Family Unification Program (FUP), and HOME Tenant Based Rental Assistance. Utilizing all resources available, the CoC intends to create 40 new beds for chronically homeless over the next 10 years.

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

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

Instructions:

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

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 86

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

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

Scott Carver Dakota CAP Agency, as the lead agency, along with CoC members, will continue to support its successful model of supportive housing, and will continue to exceed the 77 percent threshold of persons staying in permanent housing longer than 6 months by utilizing state, federal, and private funds for rental assistance and support services. CoC members will aggressively pursue and continue to work in-depth with individuals to address their barriers and access additional public and private resources to maintain stable housing, such as Homeownership Assistance, Social Security disability, Medicaid, mental health services, etc.

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

Scott Carver Dakota CAP Agency, as the lead agency, will work with CoC members to continue to meet and exceed HUDs goal by utilizing state, federal, and private funding to prevent homelessness and rapidly re-house persons who become homeless. Households in temporary crisis, who are at risk of losing their housing, will receive assistance such as legal assistance and advocacy, landlord mediation, direct assistance to landlords, financial literacy and budgeting classes. Scott Carver Dakota CAP Agency and CoC members will assist new providers to implement strategies to exceed HUDs goals by sharing best practices. The goal is to continue to assist homeless clients with multiple and complex barriers, which have an impact on the percentage of successful participants.

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

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

Instructions:

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

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 87

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 87

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 87

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 89

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

Scott Carver Dakota CAP Agency will work with CoC members to continue to exceed the threshold of moving individuals from transitional to permanent housing by utilizing housing and service funds from various sources, such as State, and private funding sources. The availability of new housing, such as Christian Restoration Services, Scott Carver Dakota CAP, and CommonBond, will provide units to move individuals into permanent housing.

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

The Heading Home Plans in our region all have goals and activities to increase the amount of affordable housing. The Heading Home Coordinators will take the lead to assist transitional housing providers in connecting with affordable housing throughout our region to ensure that people exiting transitional housing move to permanent housing. Market rate re-housing for families in Dakota County will support this goal, funded with United Way. Each county in the CoC region has adopted Heading Home, 10-year homeless planning, that outline the strategies to provide permanent housing.

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

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

Instructions:

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

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 27

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 20

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

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

In the next 12-months, Scott Carver Dakota CAP Agency, as the lead agency, will work with CoC members to continue to exceed the 20 percent threshold by coordinating stakeholders to work with mainstream employment and rehabilitation services for job seeking, interviewing, and skill building so individuals can obtain employment. The CoC will continue to work to overcome barriers such as lack of adequate child care and transportation by communicating needs to local providers and funders while working to develop resources to meet the needs. Some providers are developing more focused strategies to assist persons with disabilities to become employed.

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

Scott Carver Dakota CAP Agency, as the lead agency, and CoC members will work to create employment partnerships, mentorship programs, and volunteer opportunities with employers to assist people in obtaining jobs. CoC members will continue to help individuals obtain their GED, if needed, and to work with local technical and community colleges for easier access to education programs that will lead to employment.

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

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

Instructions:

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

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 162

In 12 months, what will be the total number of homeless households with children? 120

In 5 years, what will be the total number of homeless households with children? 70

In 10 years, what will be the total number of homeless households with children? 0

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

Scott Carver Dakota CAP Agency, as the lead agency, will work with CoC members to support activities to decrease the number of homeless households with children include an increased grant award to the YMCA to provide case management and housing support services to youth with children, United Way funding re-housing activities and prevention activities specific to families who will obtain and keep market-rate housing, Family Unification Program (FUP) housing vouchers will stabilize more homeless families, and Family Promise of Anoka County, which is an inter-faith hospitality network to shelter up to 12 homeless families with children per year.

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

Scott Carver Dakota CAP Agency as the lead, along with CoC members, will work to decrease the number of homeless household with children. Methods will include increasing the availability of HOME and FUP vouchers, rental subsidies, and resources like FHPAP and HPRP\ESG. Members also provide renter workshops, financial literacy classes, job training, and other educational opportunities to help persons achieve self-sufficiency; and provide resources like long-term case management, mental health services, and medication management to stabilize households and prevent future homelessness. Dakota County received United Way funding for three years for market rate rental assistance and supportive services for families. The CoC will also continue to work with landlords to provide affordable housing, and will reach out to faith groups and school homeless liaisons for referrals to appropriate providers.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Foster Care (Youth Aging Out):

Protocol is in place so that no one is discharged from foster care without a stable home to live in. Minnesota legislation has directed counties to develop discharge plans with all foster care youth at age 16. The human services departments in Anoka, Carver, Dakota, Scott and Washington have processes to assure the States mandates are enforced. All youth receive a notice regarding their rights. Foster care youth may stay in foster care until age 21 or youth may 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. All youth transitioning from foster 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. This process is designed to ensure that youth, foster care providers, county case managers and other relevant parties participate. The county's service coordination team has a collaborative approach and includes staff from child protection services, county housing departments, mental health, public health, foster care and other service providers. The CoC reviews the foster care discharge policy with county staff annually. Child protection staff who are responsible for foster care discharge and childrens mental health participate in monthly CoC meetings.

Health Care:

SMAC local homeless planning committees have been actively engaging representatives from local hospitals in their 10-year plans to end homelessness. Committees work with hospitals to plan services and referral processes to assist persons being discharged.

Releasing medically fragile people who do not have housing is a growing problem. There are medical respite beds available in the metro area and the CoC is collaborating with other metro providers to establish a program that will house persons being released from hospitals without housing to go to. They will be able to stay in this housing until their medical needs are met or permanent housing with needed services is found.

If warranted, Healthcare for the Homeless will monitor and provide medical services in shelter. The American Red Cross provides emergency social services during non business hours to accomodate discharge activities. Hospital social workers make a referral to Social Services, and the individual is offered Adult Protection services. If eligible, the client is offered direct assistance in obtaining appropriate housing. If not eligible for Social Services or case coordination through Public Health Nursing, the person is referred to Economic Assistance to determine eligibility for financial aid. If there is a safety concern, including risk of exposure during the winter months, the county may place non-disabled adults in a motel in lieu of shelter for up to three days.

Mental Health:

Protocol is in place so that no one is discharged from a mental health facility without a stable home to live in. Per state mandate, all persons committed to any of the state regional treatment facilities are assigned a mental health case manager through the county of the person discharged. 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/sustained. The comprehensive discharge planning includes regional treatment facilities staff, social workers, case managers, the client/family, and others as appropriate. The plan includes case management services, housing, employment, medical and psychiatric treatment, and aid in the readjustment to the community. Persons leaving mental health facilities are typically discharged to adult foster care or may access other state resources such as housing subsidies. Multiple Mental health service providers are active members of the CoC and provide housing and services to persons leaving Mental Health Facilities using non-HUD McKinney-Vento resources. These providers ensure that persons are not discharged to homelessness.

Corrections:

The State of Minnesota, Department of Corrections (DOC) staff complete an intake when entering and assesses eligibility for county services and income supports. If an inmate is homeless upon entering, their correctional officer will coordinate with other County personnel for housing search assistance. The State Prison conducts training classes for inmates leaving the facility that deals with issues the inmate will encounter upon their release, including housing. Local jails have prevention coordinators or Release Transition Program sessions to assist inmates in planning for housing and employment needs. In addition, DOC has worked with members of the CoC to eliminate significant barriers to rehousing ex-offenders. One such barrier is employment discrimination. The DOC is advocating to remove disclosure of prior felonies from State and local government employment applications, with hopes of carrying this initiative also to private employers. At the local CoC level, CoC members attend Transition Fairs at the correction facilities and receive ongoing notification of Transition Fairs and will attempt to have providers at these events. In addition, members of the CoC advocate directly with property owners who provide housing subsidies to ease screening criteria for felons.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

- 1- Develop and increase the supply of affordable housing units for the homeless;
- 2- Increase the number of permanent supportive housing units for the chronically homeless;
- 3- Provide information and referral to mainstream resources;
- 4- Prevent homelessness by providing resources, training programs that promote self reliance and employment, and requesting funding for people at risk of homelessness;
- 5- Increase community awareness and involvement in ending homelessness.

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

All 5 counties within the CoC participated in HPRP and are coordinated with County Action Plans. Local planning committees have representation from HPRP providers and are involved in program planning. HPRP funded agencies report to the CoC on a regular basis and work together to coordinate services and reduce duplication. HPRP programs communicate regularly with staff overseeing HUD's CoC SHP funds, as well as State of Minnesota Family Homeless Prevention and Assistance Program (FHPAP) funds, which in many ways complement the HPRP program. Each local committee is involved in FHPAP, HPRP, and CoC planning. HPRP has proven to be an extremely successful program and have had great success in utilizing CoC members as a referral source to quickly prevent homelessness and connect homeless families to housing.

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

The CoC coordinates with local NSP initiatives through the County CDAs/HRAs. Anoka County HRA continues to utilize NSP funds to demolish, acquire, and/or rehabilitate homes for sale to households at or below 120% AMI. Homes are purchased and the rehabilitation is targeted towards issues that address lead-based paint, health, safety and energy improvements. Twenty-five homes have been sold to families below 120% of AMI, most below 80% AMI, 12 sold to households at or below 50% AMI, and one home remains for sale on the market. Five homes have been demolished and the vacant lots sold to Habitat for Humanity to construct affordable housing on.

Dakota County acquired and rehabilitated one single family home and one 4-plex. Both properties are complete and occupied. The properties are held in a land bank and five vacant lots will be maintained by the Dakota County CDA until resale.

Scott-Carver-Dakota County CAP Agency has utilized ARRA funds to administer a high performing weatherization program that benefits low income homeowners by allowing energy efficient implements to be completed at no cost to the client, to reduce their energy costs and maintain long term affordability by reducing their energy burden.

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

If yes, please describe the established policies that are in currently in place. The CoC requires member agencies to prioritize enrollment in school for homeless children and youth.

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

The CoC collaborates with local education agencies and the homeless liaisons in school districts are in regular communication with local homeless planning groups, and in many cases school district liaisons are members of the local planning groups. The increase in homeless youth and homeless children in families, as evidenced in recent Point in Time counts in the CoC region, has lead to an increased emphasis on providing homeless services and shelters. CoC members agencies prioritize enrollment in school for homeless families as part of their program operations. Additionally, Head Start programs in the region enforce a policy that requires homeless families receive priority for enrollment. CoC members and providers have received training on the education definition of homelessness and services available through the school. For example, Dakota Woodlands, a family shelter, has both Early Childhood Family Education and Head Start programs in-house, has an educational coordinator that works closely with school liaisons to arrange for educational services and provide transportation, funding, supplies for school programs/projects. This can be verified by testimonials from the partner programs (Head Start, ECFE and liaisons), financial records, family case notes if necessary.

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

The CoC will continue to require member agencies to prioritize enrollment in school for homeless families as part of their program operations. The CoC also ensures that project applicants serving families provide a staff person to ensure that children are enrolled in school. The CoC also receives a regularly updated list of the current school homeless liaisons for providers. Additionally, school homeless liaisons are actively involved in the CoC, have participated in trainings for resources, and coordinate services with providers. Providers make every effort to arrange for children in the shelters to continue to attend their school of origin or in case of a need for a fresh start to help them enroll in a new school environment. This can be verified by family case notes if necessary.

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

The CoC is committed to combating homelessness among veterans. The CoC has active participation through the MN Assistance Council for Veterans (MAC-V), that works closely with veterans and refers homeless veterans to the VASH program at the Minneapolis VA. The CoC has had VASH staff speak at CoC meetings. The local County Veterans Service Office staff and MAC-V regularly attend CoC meetings and provide updates on program changes and assist with clients. To ensure veterans are identified among the homeless population, CoC providers ask clients if they have served in the military, as part of their general intake process. Clients who answer yes, are referred to the Veteran's Service Office in the appropriate county office. The CoC uses the State funded FHPAP to provide housing assistance to combat homelessness among veterans. The CoC continues to seek funding sources to provide housing assistance to veterans. With the a new VA clinic opening in Anoka County, local providers are actively seeking ways to coordinate with the clinic to provide medical services and housing services for veterans.

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

With the increase in the homeless youth and homeless families with children, there is an increased emphasis on providing services to the youth homeless population. State Family Homeless Prevention and Assistance Program (FHPAP) funding received by agencies within the CoC region are focusing special programs on reducing and preventing youth homelessness. Providers assisting in this effort include Human Services, Inc., Safe Haven, The Link, YMCA ; Emma B. Howe Branch, Elim Transitional Housing, and Scott Carver Dakota CAP Agency. This effort is in line with the strategic plan goals by striving to reduce and ultimately end youth homelessness, as well as to ensure that youth and children remain in their school and receive appropriate education services. Future efforts include continuing to explore private funding sources and working closely with school district liaisons and early education programs. A new bonus project submitted by The Link will provide 5 units of housing to young adults who are experiencing homelessness.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

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

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

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

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

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

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

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

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

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

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

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

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	46	Beds	80	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	82	%	86	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	87	%
Increase the percentage of homeless persons employed at exit to at least 20%	21	%	27	%
Decrease the number of homeless households with children.	199	Households	162	H o u s e h o l d s

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

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

The CoC exceeded all goals set for 2011. We will continue to operate our extremely successful supportive housing programs and meet or exceed goals.

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

Instructions:

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2009	72	35
2010	65	40
2011	82	80

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 40

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$74,515				
Total	\$74,515	\$0	\$0	\$0	\$0

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

The CoC added new beds for chronically homeless singles and families due to the following factors: First, we added chronically homeless beds funded through the State of Minnesota. Second, new inventory included chronically homeless beds for families which was due to HUD's new definition, allowing families to be included. Finally, several service providers added chronically homeless beds, either through HUD's bonus CoC funds or other leveraged resources.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	57
b. Number of participants who did not leave the project(s)	261
c. Number of participants who exited after staying 6 months or longer	40
d. Number of participants who did not exit after staying 6 months or longer	233
e. Number of participants who did not exit and were enrolled for less than 6 months	28
TOTAL PH (%)	86

Instructions:

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	47
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	41
TOTAL TH (%)	87

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

Instructions:

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

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

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

Total Number of Exiting Adults: 90

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	15	17	%
SSDI	9	10	%
Social Security	0	0	%
General Public Assistance	17	19	%
TANF	23	26	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	24	27	%
Unemployment Benefits	4	4	%
Veterans Health Care	0	0	%
Medicaid	32	36	%
Food Stamps	44	49	%
Other (Please specify below)	28	31	%
Child Support			
No Financial Resources	5	6	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

This year, as a newly merged 5-county Continuum, we are reviewing APR's for performance and access to mainstream programs on a quarterly basis. This is done through our regional Suburban Metro Area Continuum of Care committee. Additionally, CoC coordinators review APR's and share HUD letters with the CoC on a monthly basis, as appropriate. If there is a particular HUD finding or question, the CoC coordinator may contact its members prior to monthly CoC meetings. Otherwise, specific HUD findings, such as grants unspent or funds recaptured are communicated at these meetings. At each monthly meeting CoC members are informed of mainstream program participation and updates in eligibility, such as recent General Assistance Medical Care and Food Support Outreach changes. As each APR in this CoC has a separate timeline, communications may be staggered. At least once each year, the CoC conducts a formal review of APR's, analyzing performance to goal.

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

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

Jan. 25, Feb. 22, April 26, May 31, June 28, July 26, Aug. 30, Sept. 27, Oct. 4 and scheduled for Nov. 1.

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

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

If yes, identify these staff members Both

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

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

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

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

SSI, SSDI, Social Security, General Public Assistance, TANF (MFIP-Minnesota Family Investment Program), Emergency Assistance, MSA (MN Supplemental Aid), SCHIP (MN care for children), Veteran's Benefits, Unemployment Insurance, Veterans Health Care, MNCare (for adults), Medicaid, Medicare, GAMC, Food Stamps, WIC, child support, child care, alimony, worker's compensation, student grants\scholarship, tribal funds, child care, TANF transportation services, Section 8, public housing or rental assistance, and other cash or non-cash benefits.

Has the CoC participated in SOAR training? Yes

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

June 8, 2009; March 30, 2010; April 14, 2010; and June 30, 2010, January 26, 2011, March 23, 2011, and March 30, 2011.

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

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

Activity	Percentage
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p>	100%
<p>In order to take advantage of all resources available to clients, each case manager and financial worker is trained to assess each client's needs and eligibility. Providers will accompany those who need assistance to the county of service responsibility if needed. Those able to complete their own applications do so at County offices or at community based agencies. The county worker then reviews the application, determines eligibility and suggests any other resources (mainstream or local county) that the client may be eligible to receive. Minnesota has a combined application that is used by all county offices to assist in the determination of client's eligibility for mainstream resources.</p>	
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	100%
<p>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:</p>	100%
<p>Medical Assistance/ Medicaid; Food Support/Food Stamps; Temporary Assistance to Needy Families(TANF)/ Minnesota Family Invest Program (MFIP); General Public Assistance; the state's version of SCHIP (MinnesotaCare); Emergency Assistance; Minnesota Supplemental Aid.</p>	
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</p>	100%
<p>4a. Describe the follow-up process:</p>	
<p>Staff have follow-up contacts with clients, and housing case managers can be authorized in the electronic Minnesota state public assistance program to receive notices of changes in public assistance eligibility. Case managers receive timely notification of each of their client's benefits, when they change, via an automated follow-up system. In addition, community based service providers conduct outreach to homeless clients who are unable to access county offices directly.</p>	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Supportive Housin...	2011-10-26 11:16:...	1 Year	Dakota County	410,844	Renewal Project	SHP	TH	F
Mosaic Homes 2011	2011-10-25 16:46:...	1 Year	Human Services, I...	41,874	Renewal Project	SHP	PH	F
Dakota County SHP...	2011-10-26 09:44:...	1 Year	Scott-Carver-Dako...	23,230	Renewal Project	SHP	PH	F
ARCH (Anoka Resid...	2011-10-25 21:18:...	1 Year	People Incorporated	64,426	Renewal Project	SHP	PH	F
SHP Washington 20...	2011-10-25 13:04:...	1 Year	Supportive Housin...	26,724	Renewal Project	SHP	PH	F
HMIS SMAC (MN0072...	2011-10-25 12:22:...	1 Year	Amherst H. Wilder...	105,410	Renewal Project	SHP	HMIS	F
Shelter Plus Care...	2011-10-25 16:51:...	1 Year	Dakota County CDA	233,028	Renewal Project	S+C	TRA	U
Safe Haven for Youth	2011-10-25 11:41:...	1 Year	Safe Haven for Youth	26,889	Renewal Project	SHP	PH	F
Anoka Dakota SHP/...	2011-10-26 11:47:...	1 Year	Elim Transitiona I...	30,319	Renewal Project	SHP	PH	F
Carver CDA S+C Pr...	2011-10-25 14:10:...	1 Year	Carver County CDA	100,620	Renewal Project	S+C	TRA	U
Anoka County Shel...	2011-10-26 15:00:...	1 Year	Metropolitan Coun...	228,012	Renewal Project	S+C	TRA	U
Scott/Carver Tran...	2011-10-26 09:58:...	1 Year	Scott-Carver-Dako...	119,961	Renewal Project	SHP	TH	F

Permanent Housing...	2011-10-26 08:55:...	1 Year	Mental Health Res...	26,402	Renewal Project	SHP	PH	F
H238	2011-10-25 15:43:...	1 Year	Scott County Huma...	186,720	Renewal Project	S+C	TRA	U
Pro Rata/Bonus Le...	2011-10-26 10:09:...	1 Year	Scott-Carver-Dako...	24,253	Renewal Project	SHP	PH	F
Elim THP 1	2011-10-26 11:51:...	1 Year	Elim Transitiona l...	33,101	Renewal Project	SHP	TH	F
HomeFree 2010	2011-10-26 09:33:...	1 Year	Washingto n County...	236,592	Renewal Project	S+C	SRA	U
Anoka County Perm...	2011-10-26 11:44:...	1 Year	Elim Transitiona l...	152,325	Renewal Project	SHP	PH	F
SHP Danoka 2010 (...)	2011-10-25 12:02:...	1 Year	Supportive Housin...	69,204	Renewal Project	SHP	PH	F
Project Restore	2011-10-26 08:57:...	1 Year	Mental Health Res...	173,315	Renewal Project	SHP	PH	F
SMHS-Suburban Lea...	2011-10-27 10:34:...	1 Year	South Metro Human...	48,297	New Project	SHP	PH	P1
Lincoln Place	2011-10-26 19:31:...	1 Year	The Link	50,075	New Project	SHP	PH	P2
Scott/Carver Perm...	2011-10-26 09:41:...	1 Year	Scott-Carver-Dako...	28,419	Renewal Project	SHP	PH	F
SHARE 2011	2011-10-25 16:56:...	1 Year	Human Services, l...	52,701	Renewal Project	SHP	PH	F
People Experienci...	2011-10-26 11:54:...	1 Year	Elim Transitiona l...	13,983	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$1,423,380
Permanent Housing Bonus	\$98,372
SPC Renewal	\$984,972
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	10/19/2011

Attachment Details

Document Description: Certification of Consistency