

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: MN-506 - Northwest Minnesota CoC

1A-2. Collaborative Applicant Name: Inter-County Community Council

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	No	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

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

All of the above provide input into the CoC process via: membership (CoC, Board, Committee), meetings (1:1, focus group), surveys or targeted email exchange. All regional ESG and CoC recipients are members and participate on committees. 3 ESG recipients also host local homeless planning groups that engage vital local partners (hospitals, jails, businesses, liaisons, social services, food banks) whom don't engage at the regional level. All have also hosted CoC plan focus groups. Victim service providers are engaged at various levels (2 are Board & Committee members (CES, Executive, Performance) and Safe Harbor staff participated in 2 meetings with the CoC Coordinator and CAPs. Their input has effected CE policy and training. The Coordinated Entry committee includes; ESG, CoC, state funded (ESP, THP, prevention, supportive services and long-term homeless), DV, and tribal members. Members also represent CoC interests on local, regional and state boards/committee's.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Evergreen Youth and Family Services	Yes	Yes	Yes
Inter-County Community Council (ICCC)	No	Yes	Yes
BI-County Community Action Program (BI-CAP)	No	Yes	Yes
Mahube-Otwa Community Action Program	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Violence Intervention Project (VIP)	Yes	Yes
Village of Hope (VOH)/ Ours to Serve	Yes	Yes
Northwoods Coalition for Family Safety	Yes	No
Equay Wiigamig	No	No
Safe Harbor - MN Youth Sex Trafficking and Exploitation	No	No

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

The CoC is open to applications from eligible new and renewal projects. Pre-Applications & Intent to Apply were posted on the CoC website and sent to the CoC email list on 5/25/16 for renewals and 7/8/16 inviting new applications, with notification of bonus funding amount and Competition Overview/Timeline. The CoC received 2 inquiries and 1 Intent to Apply from a new organization developing new PSH in the region (which the CoC had received a previous updates on and issued a Certificate of Consistency for state funding). The new project ranked well in need and design.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

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

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

The State 5-year Con Plan is currently up for review with final comments due 9/15/16. The draft has been emailed to members with recommendation for review and comment. Staff and members have also participated in regional input session including:

1. 4/7/16: The CoC hosted a regional needs conversation with the State Director to Prevent and End Homelessness. (2 hours)
2. 5/10/16: Members participated in a draft Con Plan focus group. (1.5 hours)
3. 8/25/16: Staff and members participated in a Con Plan statewide webinar with Q & A. (2 hours)

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

CoC: With input from all ESG recipients in the region, the CoC developed and approved (2/23/16) Written Standards for the Administration of ESG And CoC Assistance. The CoC Performance Evaluation Committee, which includes recipient members, approves an annual review plan for all ESG and CoC projects and presents to the CoC. Projects will be evaluated annually on the CAPER and DHS report. Budget, utilization, housing stability, income, data quality, and CES participation are primary review areas.

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

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

Three Victim Services providers are active members of the CoC and provide regular input on considering victim safety and trauma in CoC policies and plans. The NW Coordinated Entry System (CES) has a shared central priority list that was piloted and approved by the victim providers which is hosted outside of HMIS. The list uses an ID created by the assessment agency and does not require any other identifying information (age, DOB, SS#, address, race, etc.).

The CES Diversion tool assesses safety in the first questions with immediate linkage to law enforcement or victim providers (2 are shelter providers, access and assessment sites - VIP and VOH, while 1 is shelter, but refers to CE) if safety or recent victimization is identified as a cause of homelessness. The other two victim providers have been engaged in CES planning and make referrals to CES sites. The CoC added trauma informed care training to the CES training in April and has a Safe Harbor training planned for the fall.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
NW MN Multit-County HRA	2.00%	No
HRA of Bemidji	10.00%	No
EDHA of East Grand Forks	6.00%	No
Crookston Housing and EDA	14.00%	No
Red Lake HRA	71.00%	No

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

The CoC has encouraged PHAs to establish a homeless and DV preference in PH and HCV programs. The NW region is fortunate to have a variety of non-federally funded supportive housing units to support persons who become homeless in our region including:

1. 266 state funded LTH Vouchers which target/require homeless status.
2. Center for Human Environment has 16 beds for chemically dependent persons, with priority for homeless. Four are targeted at CH.
3. Beltrami County has a MN Long-term homeless and Project Based Voucher 16 bed PH unit.
4. White Earth Tribe Giwanikimin Project is a 20 unit 2-3 bedroom project funded by state and tribal resources.
5. \$1.14 million in State Family Homeless Prevention and Assistance (FHPAP) funds are used to provide rent, deposits, and utilities in market rate units.

1C-6. Select the specific strategies implemented by the CoC to ensure that

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homelessness is not criminalized in the CoC's geographic area. Select all that apply.

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

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

Not Applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

The NW region assures accessibility to CES by having various access and assessment sites across the region that include both public and sub-population specific sites (Tribal, DV, MH, Veterans, and Youth) to respect the unique needs of sub-populations. Phone access is also incorporated due to the rural nature of the Continuum. NW CES includes both a Triage (Diversion) and Housing (VI-SPDAT + eligibility questions) Assessments that help prioritize limited resources to those who need it most. A central priority list uses non-identifying eligibility information, VI-SPDAT Score, and prioritization criteria (as established in NW Prioritization Policy), with a client code. The Triage tool is designed to direct persons towards: mainstream services, prevention services (FHPAP), or entry into shelter based on individual responses. The CoC adopted a low barrier policy in our Written Standards for ESG and CoC assistance. No by name registry is currently planned.

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

the screen, and then select the applicable checkboxes.

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

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	12
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	12
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

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

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

Need for specialized population services:

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

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

Ranking adjusts for severity of need through varied outcome measures for programs serving persons w/ higher barriers (i.e. Earned income is 16% standard/26% high performing for RRH/TH, but 10% standard/20% high performing for PSH). CES and HMIS track vulnerability criteria like: Length of homelessness, disability, criminal history, DV status, use of emergency services, helping inform on populations served. Projects are also scored on knowledge and incorporation of core best practices (Barrier Free, Housing First, Harm Reduction, and Client Centric) and CES (utilizing the Central Priority list and VI-SPDAT Tools), as evidenced by attendance at training's, answers to the Project Application, Intent to Apply/Threshold Assessment and CES Priority list usage. The CoC also utilized copies of policies received from two projects to assess compliance with core principles adopted by the CoC. The CoC has requested copies of policies from all projects to review for the next competition.

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

The CoC conducts an open competition for new and renewal projects, posting all Score/Ranking/Tier policies and decisions. Proposed updates to the Ranking & Reallocation Policies were sent to the CoC via email on 7/20/16. Approved policies were posted on the website on 7/21/16. Recommended scores and Tier were posted on the CoC website and emailed to the members on 8/17/16. The Coordinator contacted Tier 2 projects via phone. Edits were made to the proposed score based on clarification from applicants. On 8/18/16, CoC membership reviewed and approved the recommended Rank, Score and Tier. On 8/24/16 final documents were sent to applicants and approved Ranking posted on the CoC website. No projects were denied and no appeals submitted.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/09/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

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

1F-6. In the Annual Renewal Demand (ARD) Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

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

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

The CoC annually reviews projects 10-40 days prior to APR submission and during the NOFA Rank/Review process. Projects are reviewed on APR performance (utilization rates, housing stability, participant eligibility, length of time homeless, destination at exit, income (earned and increased/maintained), linkage to mainstream benefits, budget expenditure, HMIS data quality, goal achievement, CES and CoC participation, service plan, leverage/match, and incorporation of key principals (Housing First, Harm Reduction, Client Centered Care, Motivational Interviewing, Barrier Free). The CoC also does an annual threshold review for eligibility and organizational capacity, based on HUD requirements. Under-performing projects may be considered for reallocation or placed on a Performance Improvement Plan. Two projects are currently on an improvement plan requiring additional training, site/policy reviews and quarterly APR submission.

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. 4,5

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

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

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

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

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$10,658
ESG	\$122
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$10,780

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$1,065
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$277
Other Federal	\$2,000
Other Federal - Total Amount	\$3,342

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$11,670
State and Local - Total Amount	\$11,670

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$11,364
Private - Total Amount	\$11,364

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$22,003
Other - Total Amount	\$22,003

2B-2.6 Total Budget for Operating Year	\$59,159
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

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

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	153	21	135	102.27%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	149	6	143	100.00%
Rapid Re-Housing (RRH) beds	10	0	10	100.00%
Permanent Supportive Housing (PSH) beds	416	0	416	100.00%
Other Permanent Housing (OPH) beds	16	0	16	100.00%

The HMIS Bed Coverage Rate cannot exceed 100%

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

Not Applicable. NOTE: We had 1 DV program who reported in HMIS, who now has moved to another server. Our past HMIS SSA allowed them to enter.

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

VA Grant per diem (VA GPD):	<input type="checkbox"/>
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VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	4%	1%
3.2 Social Security Number	9%	13%
3.3 Date of birth	1%	0%
3.4 Race	3%	1%
3.5 Ethnicity	4%	1%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	2%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	13%	0%
3.16 Client Location	3%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	11%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
Client Served, Daily Unit, Entry/Exit, Needs, PATH, Referral, User, Service Transaction, SSVF, RHYMIS, customized	<input type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

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

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

Not Applicable.

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

Instructions:

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

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

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

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

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? No

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

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

Instructions:

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

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

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

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
HMIS plus agency survey for DV programs (not participating in HMIS)	<input checked="" type="checkbox"/>

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

The CoC participated in a statewide complete census count, coordinated through the Office to Prevent and End Homelessness and MN DHS. Planning included integrating standards from the PIT Count Methodology Guide. The

methodology was used to assure data accuracy and quality. HMIS was used as the primary data source, with agency surveys used for DV programs. The comprehensive list of sheltered sites and contacts was reviewed and updated. Sites received written instructions, training (webinar), and reminders. Uniform data was collected during a 24-hour period. Data was reviewed for completeness, duplication, and variations from the 2015 count. Follow-up was done at both the CoC and state level. A draft report was sent to providers for review and presented at the CoC meeting for approval prior to posting.

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

Not Applicable.

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

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

Not Applicable.

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

Instructions:

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

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

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

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

Not Applicable.

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

A statewide count of known locations (service, public and outside) was used to assure reaching as many persons as possible. The count was coordinated through the Office to Prevent and End Homelessness. Survey questions, tools, date, and methodology were collectively developed and approved. A uniform survey with identifying questions was used during a 24-hour period. Planning groups collectively developed a broad list of known locations and volunteers. A statewide Veterans Registry was utilized in conjunction with the count to ensure identification and linkage to VA of un-sheltered Veterans. Outreach cards were also used. Sites were provided with written instructions, training and reminders. Data was reviewed for completeness, duplication, and variations from the 2015 count. The CoC followed-up with sites if data was incomplete or significantly varied from past counts. A draft report was sent to providers for review and presented at the CoC meeting for approval prior to posting.

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

The CoC provided additional training on the youth count and updated the training documents to reflect the added emphasis on a comprehensive and accurate youth count.

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

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

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

Instructions:

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

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

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

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

While the count was conducted in the same manner, additional effort was provided in training and planning to assure follow-up and verification for unsheltered veterans. Outreach cards were provided by VA to give to any homeless Veteran encountered. Volunteers were instructed to assist the veteran in contacting the VA to assure linkage to the statewide registry and verify Veteran status.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	254	290	36
Emergency Shelter Total	112	126	14
Safe Haven Total	0	0	0
Transitional Housing Total	127	162	35
Total Sheltered Count	239	288	49
Total Unsheltered Count	15	2	-13

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,465
Emergency Shelter Total	1,101
Safe Haven Total	0
Transitional Housing Total	443

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

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

(limit 1000 characters)

The CoC takes the following steps to identify & reduce 1st time homelessness:
1) The CoC reviews HMIS and MN Homeless Prevention Program (FHPAP) data to identify common characteristics/risk factors and will soon add CES after moving to HMIS in Oct. '16. FHPAP data was used to develop CES Triage questions and targets.
2) CES Triage is used to refer households to mainstream and community resources (food baskets, TANF, General Assistance, energy assit., Food stamps, etc.) or Prevention Services. The CoC utilizes over \$1.2 million in State FHPAP funds to provide: deposits, short-term rental assistance, past due rent, utility assistance, and landlord/tenant mediation.
3) Member programs provide advocacy and education (Renting 101, Financial Fitness, Efficiency matters, etc.).
4) Support affordable housing development. The CoC supported planning for 3 new state-funded projects in our region.

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

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

(limit 1000 characters)

The average LOT is 189 days w/TH which we know must be reduced. Efforts include: 1) Began CE on 7/1/16, expanding from pilot the number of agencies utilizing CE prioritization (based on HUD policy for CH, service usage and length of homelessness), vulnerability assessment, barrier free criteria, and a central list to fill units; 2) CoC training on Housing First and Low Barrier access; 3) Providers work to establish relationships w/ landlords and will be applying for MN risk mitigation funds approved in July. 4) Provision & Linkage to services (ID's, Transportation, employment fairs, Financial Fitness). 5) Agencies partnered on develop 3 new MN funded affordable/Long-term Homeless developments in our region.

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

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

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	20
Of the persons in the Universe above, how many of those exited to permanent destinations?	11
% Successful Exits	55.00%

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	113
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	101
% Successful Retentions/Exits	89.38%

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

SPMs show a return rate of 14.87% in 2 years. MN Housing completes an annual Return to Shelter report that is used to inform, evaluate, and target FHPAP funds, as well as inform CES Triage questions. In '16, CoC trained on key best practices (Housing First, Harm Reduction, Trauma Informed Care, Client Centric Care, and Motivational Interviewing) that are shown to improve housing stability. Practices were incorporated into CES training in April and projects are asked to incorporate into agency policy and practices. The CoC is currently reviewing policies and will make recommendations and plan additional training accordingly. Programs with low housing stability are placed on a Project Retention Plan. Agencies provide housing stability services like: financial fitness, rental education, and linkage to mainstream services. Two under performing projects are on an improvement plan.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

The CoC reviews & monitors income performance measures thru review of

APRs & our new SSA is creating dashboard reports to report key outcomes monthly. SPMs show a decrease in job and income growth and only 2 out of the 10 projects fully achieved both CoC outcome measures. In response, the CoC has prioritized additional training, review, and technical support. The Oct. and Dec. CoC meetings will focus on strategies and best practices, including strategies used by our 2 high performing projects. All projects make referrals to local workforce centers, but increased advocacy and transportation assistance are needed to assure linkages are effective. For non-employment, projects link households to SOAR advocates and mainstream benefits (TANF, General Assistance, etc.). Under performing projects are on an improvement plan.

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

- 1) 3 Providers partnered w/ employers and mainstream organizations to form a regional transportation committee in Cass & Beltrami counties. The committee is seeking rural and small city transportation solutions for access to employment and education.
- 2) Local homeless planning committees include workforce staff.
- 3) Bi-CAP participates in an employment/education case consult with Certified Employment Program.
- 4) Mahube-Otwa was part of a regional committee to develop 24 units of state funded workforce housing which broke ground this spring. Units will address the obstacle of affordable units and transportation access met by Mahube-Otwa's clients.

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

No areas were excluded. Count Coordinators assist in local planning and coordination. Coordinators review the recommended site checklist provided by the CoC and identify local sites (public, business and service) with input from providers and consumers. Coordinators hold local meetings to plan and train for the count. The VA provided outreach cards and was on call to link homeless veterans to the MN Veterans Registry. Two unsheltered persons were found, one was given a motel voucher and one shelter.

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

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

The CoC did not exclude geographic areas.

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

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

Not applicable - Data was submitted by deadline.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	74	22	-52
Sheltered Count of chronically homeless persons	60	22	-38
Unsheltered Count of chronically homeless persons	14	0	-14

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

The CoC had a decrease of 52 persons. The decrease was likely attributed to: 1) NW PSH Prioritization Policy; 2) Bemidji PHA outreached and housed numerous CH from the Church Sheltering beds; and 3) A new Tribal Shelter was opened in 2015 in a neighboring continuum. There was no change in PIT methodology.

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

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	29	27	-2

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

The CoC lost two dedicated beds, but all PSH beds were prioritized. The CoC did not feel the need to increase dedicated beds when all are prioritized. In this competition we will increase dedicated beds however.

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

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. 1, 2

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

This question will not be scored.

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

Prioritization of all PSH beds for CH will assure that those who are most vulnerable will be served first. The CoC updated our Prioritization Policy in August to reflect the July HUD notice. The CoC also began using a centralized prioritization list for the entire CoC on July 1st and has trained on the new mobility rule. The CoC issued a Certificate of Consistency in March for two new Permanent Housing development projects, both of which will be developed in 2017. 20 New tribal VASH vouchers and MN Long-term Homeless Support Services funds were received in 2016.

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

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

Instructions:

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

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

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

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

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

CE is used to rapidly rehouse families. The 3 stages include: 1) ACCESS-Triage linking persons to mainstream resources (TANF, employment, EA, GA, etc.), prevention (over \$1.2 million in our region), or entry into ES; 2) ASSESSMENT: VI-SPDAT + eligibility questions; and 3) ASSIGNMENT-a central prioritization and prioritization of supportive housing.

The CoC has established performance measures for CE implementation including: length of time from identification to assessment (10 days), referral to contact (72 hrs), and referral to housing (45 days). Underperformance of projects in any of these areas may lead to technical assistance &/or funding reallocation.

The CoC provided a best practices training on: Housing 1st, Client Centric Care, Harm Reduction, Motivational Interviewing, and Low Barrier models. The CoC monitors and scores projects on their adoption of low barrier policies to ensure eligibility criteria does not cause delays for families seeking to access housing.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	9	19	10

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

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

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

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	46	56	10
Sheltered Count of homeless households with children:	45	56	11
Unsheltered Count of homeless households with children:	1	0	-1

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

The CoC had an increase of 11 sheltered and no unsheltered households. There were 2 additional households in ES, and 9 in TH. The TH beds were a result of an increase in funds available for scattered site vouchers, a fund increased from State THP and ESG for FY15-16. The 2 shelter beds were the result of serving families vs. singles on the night of the count in the shelter rooms.

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

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

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

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

Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
MN Safe Harbor Regional Outreach, Training and Advocacy	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	5	13	8

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

FY'14 was lower by 8 youth. The Continuum received State funded Homeless

Youth Act (HYA) funding for the first time in FY'14 providing new targeted funds to serve homeless youth at 3 of our regional Community Action Agencies for the first time. Consumer and school network awareness and marketing of the funds increased awareness and allowed for housing some youth who may have otherwise remained doubled-up. Also, our primary youth provider lost their outreach program in September 2013 and recaptured in September 2014, resulting in reduced ability to seek out and identify youth.

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$550,505.00	\$550,505.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$160,755.00	\$160,755.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$389,750.00	\$389,750.00	\$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	31
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	22

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

The CoC receives an annual list of liaisons from the MN Dept. of Education and distributes to providers. Providers collaborate directly with school social workers and liaisons to assure enrollment in school, that they have transportation, and that basic needs are met. School liaisons currently serve on 2 of the 3 regional homeless advisory boards (FHPAP). Liaisons participate in PIT planning and implementation. The CoC held a listening session with the State Director to Prevent and End Homelessness which was attended by a school liaison and educational obstacles were addressed. CoC providers participate in regional youth collaborative's.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

The CoC Policy, included in the Written Standards for ESG and CoC assistance requires all projects to: 1) rapidly enroll (within 3 days) all school age children, 2) link children to school social worker or liaison, 3) assess the needs of children, and 4) when possible and desired by family, keep child in current/home school. Appropriate referrals or services are made to support the child's ability to access and engage in educational activities (i.e. healthcare, transportation, food, clothing, etc.). RHY and HYA providers conduct CES and other needs assessments.

Providers also serve on educational collaboratives' and a regional transportation board to advocate and inform on behalf of homeless children.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

No, but all 5 Community Action providers in our region have Head-Start programs with homeless preferences.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

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

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

The CoC had no unsheltered and 2 sheltered homeless veterans. One sheltered person counted as a veteran was later discovered not to be a veteran. The CoC had a Veterans Registry and VA outreach component to our count, but the veteran refused to register or talk with the VA, or provide a release to the VA to verify status, but the CoC decided to count the Veteran. For future counts and designation, agencies will have the ability to verify veteran status themselves besides contacting the VA.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to

**appropriate resources such as HUD-VASH and SSVF.
 (limit 1000 characters)**

Veterans are identified by VA outreach or through Coordinated Entry (CES) access points. Veterans participate in all 3 states of CES. At Triage, identified veterans will be offered referrals to the VA or MN Veterans Assistance Council to complete their assessment and be assessed for other eligible services, healthcare, and benefits. County Veterans Services Officers are another veteran specific mainstream referral. SSVF, VASH and Per Diem beds are available and serve persons in our region, although all but the tribal VASH, are administered outside of our region. The CoC also has a preference for veterans who are either ineligible or unwilling to accept VA specific housing, provided all other prioritization criteria is equal.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	13	2	-84.62%
Unsheltered Count of homeless veterans:	7	0	-100.00%

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

This question will not be scored.

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

The CoC has been working with the Fargo VA and the MN Special Adviser on Ending Veterans Homelessness to declare an end to veterans Homelessness on Veterans Day. The MN Veterans and CES Priority list will be used to attain and maintain an end to Veterans homelessness. The CoC has worked with the VA to adopt the necessary policies and strategies to reach and maintain our goal (immediate access to shelter, outreach, Housing First and Low Barrier Housing, veterans preference, central prioritization with weekly review, etc.).

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	11
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	11
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

MN operates a State-based Marketplace known as MNSure. The state has expanded coverage to low-income adults. The state funds regional navigators. Four of the Five Community Actions Programs (Mahube-otwa, Tri-Valley, Inter-County, NW Community Action) all provide healthcare navigation services, as well as Community Resources for Beltrami and Clearwater Counties. Enrollment in counseling is done 1:1 and at enrollment events. Promotion is done via the agency websites and through program intake assessments and is documented in HMIS. The past 12 month enrollment totals for MA and MNCare

are: NWCAA=402, Mahube-Otwa=396, Tri-Valley=296, ICC=17, and
Community Resources=1,887.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Communicating with health care professionals on behalf or in consult with consumers.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	8
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	8
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	8
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	8
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

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

Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Provider marketing and outreach to Stand Downs and at Community Connect events	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	9	10	1

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

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

Not Applicable.

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

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

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

Not Applicable.

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

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

Not Applicable.

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

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

This response does not affect the scoring of this application.

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

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

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

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

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	CoC Evidence of R...	09/09/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Evidence of Conso...	09/09/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	NW Rating and Rev...	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re...	09/06/2016
05. CoCs Process for Reallocating	Yes	CoC Process for R...	09/06/2016
06. CoC's Governance Charter	Yes	NW Governance Cha...	09/09/2016
07. HMIS Policy and Procedures Manual	Yes	MN HMIS Policy an...	09/09/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	09/09/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC HMIS MOU MN-506	09/06/2016
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/06/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-System Perfor...	09/06/2016
14. Other	No	Written Standards...	09/09/2016
15. Other	No		

Attachment Details

Document Description: CoC Evidence of Rejected participants

Attachment Details

Document Description: Evidence of Consolidated Plan Public Posting

Attachment Details

Document Description: NW Rating and Review Procedure - MN-506

Attachment Details

Document Description: CoC Rating and Review Procedure Public Posting MN-506

Attachment Details

Document Description: CoC Process for Reallocating MN-506

Attachment Details

Document Description: NW Governance Charter - MN-506

Attachment Details

Document Description: MN HMIS Policy and Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan - Statement of no priorities

Attachment Details

Document Description: CoC HMIS MOU MN-506

Attachment Details

Document Description: CoC Written Standards for Priority - MN 506

Attachment Details

Document Description:

Attachment Details

Document Description: HDX-System Performance Measures MN-506

Attachment Details

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

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/06/2016
1B. CoC Engagement	09/12/2016
1C. Coordination	09/12/2016
FY2016 CoC Application	Page 60
	09/12/2016

1D. CoC Discharge Planning	09/06/2016
1E. Coordinated Assessment	09/06/2016
1F. Project Review	09/12/2016
1G. Addressing Project Capacity	09/06/2016
2A. HMIS Implementation	09/06/2016
2B. HMIS Funding Sources	09/12/2016
2C. HMIS Beds	09/12/2016
2D. HMIS Data Quality	09/06/2016
2E. Sheltered PIT	09/06/2016
2F. Sheltered Data - Methods	09/06/2016
2G. Sheltered Data - Quality	09/06/2016
2H. Unsheltered PIT	09/06/2016
2I. Unsheltered Data - Methods	09/12/2016
2J. Unsheltered Data - Quality	09/06/2016
3A. System Performance	09/12/2016
3B. Objective 1	09/12/2016
3B. Objective 2	09/12/2016
3B. Objective 3	09/09/2016
4A. Benefits	09/12/2016
4B. Additional Policies	09/12/2016
4C. Attachments	09/12/2016
Submission Summary	No Input Required

CoC Evidence of communication to Rejected participants

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

Evidence of Public Posting of Collaborative Application

The screenshot shows a web browser displaying the website www.homelesstohoused.com/coc-program-information. The page title is "West Central and Northwest Minnesota Continuum of Care" with contact information: hbcoordinator@cablaone.net (701) 308-1944. The navigation menu includes: Home, Continuum of Care, Coordinated Assessment, Heading Home, Information & Data, and More.

HUD CoC Programs

2016 HUD CoC Competition

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

CoC Competition Materials

- Local NPIFA Timeline & Overview
- NW Reallocation Policy
- WC Reallocation Policy
- NW Rank & Selection Policy
- WC Rank & Selection Policy

Past Competitions

- NW Priority Listing 2014
- NW FY2013
- NW FY2012
- NW FY2011
- WC Priority Listing 2014



CoC POLICIES AND PROGRAM GUIDANCE

- HUD CoC Program Administration Guidelines
- HUD CoC Program Grant Online Training
- School Policies - NW
- Policies for the Administration of ESG and CoC Assistance - NW
- Policies for the Administration of ESG and CoC Assistance - WC
- Reallocation Policy - WC
- Reallocation Policy-NW
- ESG Income Calculator
- Determine Homeless Status of Youth
- HUD Homeless Definition Categories
- HUD Chronic Homeless Definition - Updated December 2015
- HUD Homeless Status Documentation Criteria
- MN Long-term Homeless
- HUD and Homeless Acronyms

The Windows taskbar at the bottom shows the time as 9:46 PM on 9/9/2016. A download bar indicates a file named "NW Collaborative A...pdf" has been downloaded.

Northwest Minnesota Continuum of Care HUD CoC Project Ranking and Prioritization Requirements

Proposed: July 2016

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

ELIGIBILITY

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

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

GUIDEANCE ON REQUIRED TIERS

HUD has made \$1.9 billion available in the FY16 CoC Competition and expects to have sufficient funding for all renewal projects. However, CoC's are still required to review and rank all projects, except Planning, into two tiers (Tier 1 and Tier 2). Tier 1 will equal 93% of the CoC's Final Pro Rata Need Amount

(FPRN). Tier 2 will equal 7% of the CoC’s FPRN plus eligible Bonus Project(s). The Planning Grant is not ranked.

- Tier 1 = \$607,214
- Tier 2 = 7% (\$45,704) + Potential Bonus (\$32,646) = \$78,350
- Planning Grant= \$19,588
- Total Available request amount = \$705,150

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

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

NEW PROJECT CRITERIA AND PRIORITY

There are four different types of projects that can be funded as new projects in the 2016 NOFA. The priority is based on the CoC Priority list and provider data.

Project Type	Eligibility Type	Priority Level	Justification for Priority
New Supportive Services Only (SSO) projects for centralized or coordinated entry systems.	Reallocation	1	<ul style="list-style-type: none"> • CE performance is a vital component to remaining competitive for future HUD funding.
New rapid re-housing projects for homeless individuals, unaccompanied youth, and families coming directly from the streets or emergency shelter or fleeing domestic violence.	Reallocation or Bonus	2	<ul style="list-style-type: none"> • Rapid rehousing has a higher unmet need than PSH based upon CES data. • Longer term Rapid-Rehousing is needed to assure households maintain stability.
New permanent supportive housing projects that serve chronically homeless individuals, unaccompanied youth, and families.	Reallocation or Bonus	3	<ul style="list-style-type: none"> • Continued HUD priority • We sometimes struggle filling the PSH chronic beds already, thus lower local priority.
HMIS expanded services carried out by HMIS Lead.	Reallocation	4	<ul style="list-style-type: none"> • HMIS is required by HUD and State funders. Currently, the NW CoC meets and exceeds the statewide HMIS recommended allocation of 1.5%.

SCORING & RANKING PROCESS

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

RANKING CRITERIA

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

The Ranking Committee thoroughly reviews each project during the ranking process utilizing the approved CoC Scoring Tool (see attached tool and score sheet). Projects are assigned a score based on the following categories:

- a. Budget
- b. HUD Priorities
- c. CoC Engagement
- d. Project Plan
- e. Project Performance (APR reviewed using calendar year 1/1/2015-12/31/2015 provided by HMIS SA)
- f. Need
- g. HMIS Utilize & Data Quality

REVIEW AND RANKING PROCESS

1. The CoC solicits Pre-application and Project Threshold Assessments from both new and renewal applicants.
2. The CoC Coordinator follows-up with new applicants or renewal applicants interested in or targeted for reallocation.
3. Within 1 week of the release of the NOFA, the CoC Coordinator presents the list of projects and the CoC Timeline/Process to the CoC Membership. New Applicants are again invited to submit interest through the CoC Pre-Application and Project Threshold Assessment.
4. The CoC Ranking Committee meets prior to the first meeting following the release of the NOFA to:
 - a. Review of Pre-applications
 - i. Review projects for potential reallocation
 - ii. Review new project pre-applications and interest
 - b. Recommend Ranking and Prioritization Criteria
5. At the first meeting following the release of the NOFA, the CoC reviews and approves the annual Ranking Process and reviews the applicant list. The CoC votes to invite applications from eligible applicants and whether to implement planned or new reallocation of projects.
6. Project Applications are due to the CoC Coordinator vis PDF by CoC Deadline.
7. The CoC Ranking Committee members receive applications and conducts initial scoring independently.
8. The CoC Ranking Committee meets to review and align scores.
9. The CoC Coordinator emails individual score sheets to all applicants and invites applicants to respond by CoC deadline. Projects were allowed to amend applications when applicable. Amended applications were reviewed and scoring was adjusted.
10. The CoC Ranking Committee meets to deliberate scores (specifically any adjustments due to amended application or other input from projects) and to prioritize projects in Tier 1 and Tier 2.

11. The CoC Ranking Committee presents final applicant scores and recommended prioritization to the CoC membership for review and approval.
12. Approved Priority Listing placed on CoC website and mailed to CoC mailing list and Project Applicants. Project Applicants are notified of the CoC appeals process.

APPEALS PROCESS

The following appeals process applies to the annual HUD Continuum of Care competition:

1. Any applicant that submits a project and is rejected by the CoC for inclusion in the annual HUD CoC competition will be notified via email by the CoC with an explanation for the decision to reject the project. Projects will be notified by the local deadline (included in the '*Overview of the FYXX Continuum of Care (CoC) Competition*' document).
2. Project applicants whose project is rejected for inclusion in the CoC Consolidated Application AND believe they were denied a fair opportunity in the CoC planning process may submit a written appeal within 5 business days to the CoC Collaborative Applicant at: Catherine Johnson @ ICCC with a copy to the CoC Coordinator.
3. The CoC Ranking Committee and Executive Committee will review any appeals received by the deadline and respond in writing with determination to applicant within 5 business days.
4. If the project applicant remains unsatisfied with outcome of the local CoC competition decision AND believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner; the applicant can submit a Solo Application in e-snaps directly to HUD prior to the annual HUD CoC application deadline. The CoC's notification of rejection of the project in the local competition must be attached to the Solo Application. If the CoC fails to provide written notification outside of e-snaps, the Solo Applicant must attach evidence that it attempted to participate in the local CoC planning process and submitted a project application that met the local deadlines, along with a statement that the CoC did not provide the Solo Applicant written notification of the CoC rejecting the project in the local CoC competition.

Northwest Minnesota CoC (MN 506)

Approved August 18, 2016

APPROVED RANK & SCORE

SCORE	RANK	Project Name	Type	Units	Request
100%	1	Youth PSH	Renewal	11	\$160,755
99%	2	VIP TH	Renewal	2	\$21,656
97%	3	ICCC PSH	Renewal	5	\$39,433
95%	4	Tri-Valley PSH	Renewal	11	\$123,206
92%	5	VIP - RRH	Renewal	2	\$33,938
89%	6	Beltrami PSH	Renewal	8	\$109,254
83%	7	HMIS NW	Renewal	N/A	\$10,658
82%	8	Cornerstone	Renewal	8	\$34,803
80%	9	Conifer TH	Renewal	3	\$36,217
81%	10	AI PSH	Renewal	6	\$60,437
73%	11	Beltrami CH PH	Renewal	3	\$22,561
72%	12	Park Place	Bonus	5	\$32,646
				13	\$685,564

APPROVED TIERS

TIER 1

RANK	Project Name	Type	Units	Request
1	Youth PSH	Renewal	11	\$160,755
2	VIP TH	Renewal	2	\$21,656
3	ICCC PSH	Renewal	5	\$39,433
4	Tri-Valley PSH	Renewal	11	\$123,206
5	VIP - RRH	Renewal	2	\$33,938
6	Beltrami PSH	Renewal	8	\$109,254
7	HMIS NW	Renewal	N/A	\$10,658
8	Cornerstone	Renewal	8	\$34,803
9	Conifer TH	Renewal	3	\$36,217
10	AI PSH	Renewal	6	\$37,294
			50	\$607,214

TIER 2

RANK	Project Name	Type	Units	Request
10	AI PSH	Renewal	6	\$ 23,143
11	Beltrami CH PH	Renewal	3	\$22,561
12	Park Place	Bonus	5	\$32,646
			14	\$78,350

Continuum of Care 2016 Ranking Scoring Sheet - Proposed

Checklist	ELIGIBILITY CRITERIA		DOCUMENTATION REQUIRED	
	Eligible Eligibility: - Project Type - Eligible Applicant Type - Target Population - DUNs# and SAM Registration - Certifications		Project Application	
	HMIS Participation		HMIS or Pre-Application & Threshold Assessment	
	Financial and Administration Management		LOCSS shows a minimum of quarterly draw-downs No outstanding findings Audit	
	Coordinated Entry Participation		CES Prioritization and CES Review	
	Reporting & Deadline Compliance		CoC Coordinator report	
	Adherence to CoC Policies		CES, Peer Feedback, Self-Certification	
Eligible Points	SCORING SECTIONS	LOW CRITERIA	MEDIUM CRITERIA	HIGH CRITERIA
Leverage: 4 POINTS				
4	Leverage amount	(0) Under 100% (1) 100%-124%	Correct dates on letters & (2) 125%-149% (3) 150%-199%	(4) Over 200% w/ correct dates on letters.
Local Need: 6 POINTS				
2	Project Type	(0) There is an abundance of services.	(1) There is a low need for this project type in our CoC.	(2) There is a strong need for this project type in our CoC.
2	Geographical Need	(0) There is an abundance of services in the area.	(1) There is a low need for this project in the service area.	(2) There is strong need for this project type in the service area.
2	Target Population	(0) Target population is not a priority.	(1) There is a low need for serving population.	(2) There is a strong need for serving population.
HUD Priorities: 20 POINTS				
3	All PSH beds are dedicated to Chronic Homeless	(-1) no increase in dedicated CH beds	(0) maintain dedicated CH Beds	(3) All PSH beds are dedicated to CH
4	Housing First Approach (PSH ONLY)	(-1) Did not demonstrate or complete Housing First documentation	(1) Determined to be Housing First in Application AND (2) demonstration of Housing First approach in practice AND (1) completed USICH tool.	
3	Strategic Resource Allocation	(0) Not cost effective & does not collaborate, self-evaluate, or integrate.	(1) Comprehensive & diverse service plan/partnerships + (1) Cost effective + (1) Self-evaluation	
6	Removing Barriers to Housing:	(-1) NOT Barrier Free	(3) Self verified low barrier AND (3) demonstrates barriers free entry.	
4	Prioritization of need and history of homelessness.	(0) PH beds turned over are not prioritized for CH	(5) 100% PH beds turned over are prioritized for CH and all beds follow CoC priority policies (TH, RRH, PSH).	
CoC Participation: 10 POINTS				
3	CoC Reporting	(-1) Consistent late reports & outstanding reports (2) 1 late report	(2) CoC reports are completed on time but require extra prompts.	(3) All CoC reports are completed on time and with little prompts

2	Participation in annual CoC Planning & Needs Assessment Process	(-1) did not participate or provide data.	(0) Did not participate, but provided data.	(2) Participated in meetings and provided necessary data.
3	Meeting Attendance	(0) less than 50%	(1) 50% of last 10	(3) over 75% of last 10
2	Agency staff participates in at least 1 CoC committee and regularly attends.	(0) no staff participating on CoC Committee in last year.	(1) Assignment of staff to at least 1 committee	(2) Assignment of staff to CoC Committee and at least 50% attendance
Service Quality Plan (PH, TH, PSH only): 18 POINTS				
5	Understanding of core principles ((harm reduction, person centered care, data informed planning, low barrier, housing first).	(0) No training or plan demonstrated.	(2) Demonstrates partial understanding & plan to train/enhance understanding.	(5) Verify and demonstrate that staff are trained & follow: CoC/CES policies & data requirements & EVP.
5	Participation in Coordinated Entry	N/A	N/A	(5) All beds filled through CES prioritization process use of Assessment tool.
2	Outreach		(1) At least 85% coming from streets, ES or DV.	(2) 100% coming from ES and Streets or fleeing DV.
2	Accessibility Plan: Transportation, outreach & non-discrimination	(-1) No plan demonstrated.		(2) Demonstrated in threshold.
2	Collaboration with mainstream and key support services.	(0) Poor service access plan and linkage to mainstream resources.	(2) Utilizes Single mainstream application, regular follow-ups & SOAR. Services Plan.	
2	Educational Assurances & Non-separation (Family programs only)	(0) Does not demonstrate compliance w/ CoC Education policy.	(2) Agency demonstrates compliance w/ CoC policy.	
PERFORMANCE: 30 POINTS (Assessed on APR)				
3	CoC APR pre-review	(0) No pre-review conducted.	(2) On time. Did not respond to findings prior to esnaps submission.	(3) On time. Corrected issues prior to esnaps submission.
8	HUD Housing Stability Objective	(0) -60% (2) 65%-75%	(4) 76%-80%	(6) 81%-85% (8) 86%+
4	HUD Earned Income Objective	(0)PSH: 0-9% (0)RRH/TH: 0-15%	(3) PSH: 10-20% (3) RRH/TH:16-25%	(4) PSH: 20% or higher (4) RRH/TH: 26% +
4	HUD Maintain or Increase Income Objective	(-1) 0-24% (1) 25%-50%	(3) PSH: 51-54% (3) RRH/TH:51-74%	(4) PSH: 55% or higher (4) RRH/TH: 75% +
3	HUD Mainstream Objective	(0) 0-24% (1)25%-49%	(2) 50%-56%	(3) 57%-79% (4)80%+
4	Budget Expenditure	(-1)49-74% (0) 75%-85%	(1)85-90% (2)90-95%	(3) 96-99% (4)100%
4	Utilization	(-1) -50% (0) 50%-74%	(2) 75%-85% (3)86%-99%	(4) 100%+
HMIS: 12 POINTS				
4	Data Privacy and Security	(-3) Demonstrate data privacy or security issues		(4) Demonstrate compliance
4	Bed Coverage	(-3) NOT all beds in HMIS		(4) All beds in HMIS
4	Data Quality	(-1) over 10%	(3) 5-10%	(4)0-4% null/missing/refused/unknown
100	TOTAL SCORE			

2016 HUD CoC Application Score Sheet

Applicant: _____ Project Name: _____

Does Applicant meet Eligibility Criteria? Yes No

MAX POINTS	ELIGIBLE POINTS	SCORING SECTIONS	PERFORMANCE	SCORE
		Leverage: 4 POINTS		
4		Leverage amount		
		Need: 6 POINTS		
2		Project Type		
2		Geographical Need		
2		Target Population		
		HUD Priorities: 20 POINTS		
3		Dedicated CH Beds (PSH ONLY)		
4		Housing First Approach (PSH ONLY)		
3		Strategic Resource Use		
6		Removing Barriers to Housing:		
4		Prioritized CH Beds (PH ONLY)		
		CoC Participation: 10 POINTS		
3		CoC Reporting		
2		Participation in annual CoC Planning Process		
3		Meeting Attendance		
2		CoC Committee Participation		
		Service Plan (PH, TH, PSH only): 18 POINTS		
5		Utilization of Key principals & EBP		
5		Participation in Coordinated Entry		
2		Outreach		
2		Accessibility/Transportation		
2		Collaboration w/ support services		
2		Educational Assurances: Family programs only		
		PERFORMANCE: 30 POINTS		
3		APR pre-review		
8		HUD Object: Housing Stability		
4		HUD Employment Objective		
4		HUD Income Objective: Maintain or Increase		
3		HUD Mainstream Resource Objective		
4		Budget Expenditure		
4		Bed Utilization Rate (PIT)		
		HMIS: 12 POINTS		
4		Data Privacy and Security		
4		Bed Coverage		
4		Data Quality		
100		TOTAL SCORE		
		Adjusted Score for overall need & changes in performance.		
		% based on eligible points		
		RANK		

Public Posting Notice MN-506

- The CoC sent notice on May 25th on the CoC website and through the CoC email list inviting Pre-Applications and Intent to Apply notifications, due June 10th.
- On July 8th, the CoC announced the availability of Bonus funds through a CoC email and on the CoC website.
- On July 20th, the proposed Ranking and Reallocation Procedures were sent to the CoC for review and vote at the July 21st CoC meeting.
- On August 16th, the Rank Committee met to review and recommend rank and tier and contacted projects via phone who were in Tier 2.
- On August 17th, proposed Rank and Tier options were sent to the membership.
- On August 18th, the CoC Membership met to review and approve Rank and Tier for 2016. The approved documents were placed on the CoC website.
- On August 24th, final Project ranking, Score and Tier Sheets were sent to applicant. Appeals were invited, but not appeals were made.

 Reply  Reply All  Forward



Carla Solem <carlas@cableone.net>

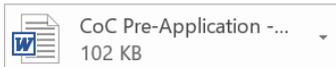
Amanda LeBlanc; Andrea Kingbird; + 56

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5/25/2016

2016 CoC Competition Pre-Application - RESPONSE REQUIRED

 This message was sent with High importance. 



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

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

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

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

Reply Reply All Forward



Carla Solem <hthcoordinator@cableone.net>

Amanda LeBlanc; Andrea Kingbird; + 59 2

7/8/2016

NOFA - Funds Available

FY-2016-CoC-Program... 377 KB	NOFA Timeline_Overvi... 33 KB
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The 2016 HUD NOFA was released last week and the 2016 CoC and Project Applications are anticipated today or next week. I will forward the link to the application once received. In preparation, I have attached the entire NOFA and highlights with CoC Deadline for Project Application Submission.

All renewal projects submitted their Intent to Apply and Threshold Forms by the June deadline. I have not yet received any inquiries about new applications. **There will be \$32,646 available for a new 1-year renewable Permanent Supportive Housing Bonus Project serving Chronic Homeless or a Rapid Rehousing Project serving persons coming from the streets, emergency shelter or domestic violence situations. Please direct all inquiries to me before noon on Wednesday, July 20th.**

Carla Solem, Coordinator
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Website: <http://www.homelesstohoused.com/>

- All Unread By From A to Z
- 'april@ndhomelessco...' 7/19/2016
RE: DRAFT: The FY 2016 CoC Pr...
You will need to have applicants
 - 'Sandi Bentley' 7/18/2016
RE: CoC Meeting reminder
Glad recovery and rehab are
 - 'Penny Grove' 7/15/2016
RE: CoC Meeting reminder
It was supposed to be just
 - 'Sandi Bentley' 7/15/2016
RE: CoC Meeting reminder
Coordinated Entry and Ranking
 - Amanda Zenzen; Ang... 7/13/2016
Additional Meeting Documents
Ok, these really are the final
 - Amanda Zenzen; Ang... 7/12/2016
Meeting documents
Attached are the meeting
 - Amanda LeBlanc; And... 7/8/2016
NOFA - Funds Available
The 2016 HUD NOFA was



Carla Solem <hthcoordinator@cableone.net>

Amanda LeBlanc; Andrea Kingbird; + 59 2

7/8/2016

NOFA - Funds Available

FY-2016-CoC-Program... 377 KB	NOFA Timeline_Overvi... 33 KB
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Website: <http://www.homelesstohoused.com/>

rank X Current Folder

All Unread By Date Newest

'Charles Objie'
RE: NOFA application for new p...
Charles, Attached is our 7/26/2016

Demetri.vencze@icall...
FW: FY 2016 Continuum of Car...
From: HUD Exchange Mailing 7/25/2016

Marcia Otte
FW: NOFA Budget for review a...
Can you print a couple copies 7/21/2016

David Schmidt (david...
Agenda and documents
Carla Solem, Coordinator 7/20/2016

Amanda LeBlanc; And...
Meeting documents & reminder
Attached are the additional 7/20/2016

'Marcia Otte'
RE: Ranking Committee
Excellent! They will seem 7/20/2016

Penny Grove; 'Kristi D...
RE: Ranking Committee
Log in information for our 8 AM 7/19/2016

Reply Reply All Forward

Carla Solem <carlas@cableone.net> Amanda LeBlanc; Andrea Kingbird; + 59 - 5 7/20/2016

Meeting documents & reminder

NW Agenda 7-21-16.d... 35 KB

Coordinators Report 7... 26 KB

Ideas for Workforce In... 24 KB

Reallocation Policy - N... 32 KB

NOFA Ranking and Pri... 42 KB

Attached are the additional meeting documents for tomorrow's CoC meeting.

Stay Cool!

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

rank X Current Folder

All Unread By Date Newest

Elias, Diane (MHFA); P...
Rank and Tier
Hello, I put together the two 8/17/2016

'Jennifer Prins'; 'Abby ...
RE: HMIS messaging - Coordin...
Sorry, I have our WC Ranking 8/17/2016

Amanda LeBlanc; And...
Meeting documents
Attached are meeting 8/17/2016

'Choi, Ji-Young (MHF...
RE: RESCHEDULED: CES Work ...
Welcome back! I hope you had 8/17/2016

'Hall, Diana'; 'Grumda...
RE: [EXTERNAL] RE: Regional G...
I can do noon on Friday. 8/16/2016

'Hall, Diana'; 'Grumda...
RE: [EXTERNAL] RE: Regional G...
I would have time before noon. 8/16/2016

'Grumdahl, Eric (MDV...
RE: Regional Group addressing...
Sorry I missed our call. Our NW 8/16/2016

Reply Reply All Forward

Carla Solem <carlas@cableone.net> Amanda LeBlanc; Andrea Kingbird; + 61 - 4 8/17/2016

Meeting documents

Tier options NW.xlsx 23 KB

Nw Minutes 7-21-16.d... 24 KB

Northwest Prioritizatio... 24 KB

NW Agenda 8-18-16.d... 35 KB

Attached are meeting documents for tomorrow's CoC meeting. The Coordinators report will be sent later and copies will be available at the meeting.

Carla Solem, Coordinator
Northwest & West Central Minnesota Continuum of Care
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Phone: 701-306-1944
Website: <http://www.homelesstohoused.com/>

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Carla Solem <hthcoordinator@cableone.net>

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 3

Wed 8/24

NOFA **Rank** and Score

 NOFA Ranking and Pri... 43 KB	 Score Sheet - Park Plac... 30 KB	 Park Place - 2016 Proje... 28 KB
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Patty,

Thank you for applying in the 2016 HUD CoC Competition. Attached are your project **Ranking** and Tier sheets and project feedback. Please review carefully and contact me with any questions.

Carla Solem, Coordinator
Northwest & West Central Minnesota Continuum of Care
Email: hthcoordinator@cableone.net
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Northwest MN CoC Reallocation Policy

Updated July 2016

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

What is Reallocation?

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

Different types of reallocation

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

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

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

What types of projects can be reallocated?

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

- a. New permanent supportive housing (PSH) for people experiencing chronic homelessness;
- b. Rapid re-housing (RRH) to serve households with children coming from the streets or an emergency shelter;
- c. HMIS activities conducted by HMIS System Administrator; and
- d. Supportive Services Only (SSO) project for Coordinated Entry.

Reallocation Process

1. In the months preceding the release of the NOFA the CoC will begin discussing at monthly CoC meetings the concept of reallocation and brainstorm potential projects. When considering the need for reallocation, various factors will be considered including: existing inventory, system needs, gaps, duplication, program performance, potential grant mergers/collaborations, Coordinated entry data, utilization rates and other funding resources (both new and existing).
2. Within 5 days of the release of the annual NOFA, the CoC will publish the CoC timeline and process for accepting renewal, new bonus or reallocated projects.
3. Within 7 days of the release of the annual NOFA, the CoC will publish an Intent to Apply and Project Threshold Application, also inviting new applicants to seek funding. Renewal applicants will be asked to identify whether they intend to reallocate any funds in the annual competition.
4. At the first CoC meeting following the release of the NOFA:
 - a. The CoC will present and discuss potential projects for reallocation, both those being reallocated and potential new projects. Discussion will also include system needs, gaps, duplication, program performance, potential grant mergers/collaborations, other funding options, and impact for projects targeted for potential reallocation.
 - b. The CoC ranking committee will present proposed updates to ranking procedures for vote. The ranking procedures include a threshold for project capacity and/or performance in which reallocation will be recommended.
5. Following the CoC Application deadline, the Ranking Committee will meet to review projects (Project Application, APR, Intent to Apply & Project Threshold, other performance reviews, HMIS data quality reports, meeting participation, and adherence to deadlines) and may make recommendations to the CoC for reallocation based on performance or agency capacity. Projects can either be recommended for immediate reallocation or be monitored for potential reallocation in the following competition.
6. Within 3 days following the meeting, the CoC Coordinator will provide Ranking Committee score and feedback to each applicant, including whether project has been identified for potential reallocation. The project will be encouraged to respond with any updates or explanations (i.e. verifiable reasons for poor performance or capacity, plan for improvement).
7. The CoC ranking committee may adjust score or reallocation recommendation based on feedback and make final recommendation for ranking and prioritization.
8. The ranking committee will present ranking and reallocation recommendations to the CoC for discussion and vote. The CoC will want to assure that no one will become homeless as a direct result of reallocation prior to final vote on project ranking and tiers. Projects not included in final CoC prioritization may choose to appeal the CoC decision.
9. The CoC Executive Committee and Ranking Committee will meet to review any appeals if applicable.

CONTINUUM OF CARE GOVERNANCE CHARTER

I. Name

Northwest Minnesota Continuum of Care (NW MN CoC)

II. Purpose

The Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). The program is designed to:

1. Promote community wide commitment to the goal of ending homelessness;
2. Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation cause to homeless individuals, families, and communities by homelessness;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
4. Optimize self-sufficiency among individuals and families experiencing homelessness.

NW MN CoC (herein referred to as NW CoC or simply CoC) serves as the HUD-designated primary decision making group and oversight board for the 12 contiguous counties of Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Roseau, and Red Lake in Northwest Minnesota (hereinafter referred to as the “geographic area”) for the HUD Continuum of Care process. Within the CoC region lie three American Indian Reservations – the entire Red Lake Nation, a large portion of the White Earth Nation in Mahnomen and Clearwater Counties, and a small portion of Leech Lake Reservation in Beltrami and Hubbard Counties.

As the oversight entity of the Continuum of Care program, NW CoC’s responsibilities are:

1. To ensure that the CoC is meeting all of the responsibilities assigned to it by HUD regulations and the HEARTH Act (see CoC Responsibilities below);
2. To help facilitate housing stability for persons who become homeless, or are at imminent risk of homelessness in a fair and supportive manner;
3. To represent and encourage collaboration among the relevant organizations and programs serving persons who are homeless;
4. To be inclusive of all the needs of all of Northwest Minnesota region’s homeless population, including the special service and housing needs of homeless subpopulations;
5. To facilitate discussion and planning within and beyond the HUD CoC process on policy, program, and social issues related to ending homelessness;
6. To encourage and educate on service and housing best practices and quality performance; and
7. To hire and evaluate the CoC Coordinator.

III. Responsibilities of the Continuum of Care

As the designated board of the CoC for the geographic area, HUD requires the CoC to works with the CoC Collaborative Applicant to fulfill four major duties:

1. Operate a CoC:
 - a. Hold meetings of the full membership, with published agendas, at least semiannually;
 - b. Publically invite new membership to join the CoC at least annually;

- c. Adopt and follow a written process to select a CoC board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the NW CoC membership at least once every 5 years;
- d. Appoint committees, subcommittees, or workgroups as needed to help carry out the goals and responsibilities of the CoC;
- e. In consultation with the CoC Collaborative Applicant and/or the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with CoC requirements as prescribed by HUD; and a code of conduct and recusal process for the CoC, its chair(s), and any person acting on behalf of the board;
- f. In consultation with recipients and sub-recipients of CoC and Emergency Solutions Grant (hereinafter referred to as ESG) funding, establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- g. Evaluate outcomes of projects funded under ESG and CoC programs and report to HUD;
- h. Establish and operate a coordinated assessment system, in consultation with the recipients of Emergency Solutions Grants program funds, that
 - i. provides an initial, comprehensive assessment of the housing and services needs of individuals and families within the CoC's area;
 - ii. develops a policy that guides consistent operation of the system, with respect to how the system will triage and address the particular safety needs of individuals and families who are experiencing homelessness (including the needs of persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking; and
 - iii. demonstrates compliance with the following minimum requirements:
 - Cover the geographic area served by the CoC
 - Be easily accessed by individuals and families seeking housing or services
 - Be well advertised
 - Include a comprehensive and standardized assessment tool
- i. In consultation with recipients of CoC and ESG funds within the geographic area, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
 - i. Policies and procedures for evaluating individuals' and families' eligibility for CoC assistance;
 - ii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - iii. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
 - iv. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
 - v. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
 - vi. When the CoC is designated a high-performing community, policies and procedures for determining and prioritizing which eligible individuals and families will receive Homelessness Prevention Assistance.

2. Designating and operating an Homeless Management Information System (HMIS):
 - a. Designate a single HMIS for the geographic area;
 - b. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
 - c. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
 - d. Ensure consistent participation of recipients and sub-recipients of CoC and ESG funding in the HMIS;
 - e. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

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

4. Prepare an application for CoC funds:
 - a. Design, operate and follow a collaborative process for the development of applications and approve the submission of applications in response to the annual HUD NOFA;
 - b. Establish priorities for funding projects in the geographic areas;
 - c. Determine if one, or more than one, application will be submitted for all projects in the geographic area.
 - d. Designate a Collaborative Applicant to collect all applications in the geographic area and submit on behalf of the CoC.
 - e. Apply, through the Collaborative Applicant, for any desired planning activities.
 - f. Approve the CoC application.

IV. CoC Membership:

1. General Membership: The General membership of the CoC is defined as those persons and organizations signing an annual membership agreement. Each year, the NW CoC will invite membership from across the geographic area and ask interested persons and organizations to enter into a membership agreement. The CoC will also hold an annual meeting announcing members, reviewing the CoC governance structure, electing the NW CoC Board, and soliciting committee memberships. The slate of potential NW CoC Board Officers and Committee Chairs (developed as described in the Nomination and Terms section below) are presented to and voted on by the CoC membership.

The CoC will promote membership to the following; homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. The CoC will strive to include representation from each of these groups through membership, ideally, or through input derived through other means (focus groups, surveys, mailing lists, meetings, etc.).

Membership Responsibilities and Conditions:

1. Each organization/agency can appoint up to three persons to represent their organization.
 2. No organization may have more than one (1) vote at NW CoC Membership Meetings, regardless of how many staff are regularly in attendance or how many programs the organization administers;
 3. Each organization shall sign an annual membership agreement and Code of Conduct.
 4. In addition to electing the Board of Directors, the membership shall approve:
 - i. Established Governance Charter & Bylaws;
 - ii. Written policies to select the board & standing committees; and
 - iii. The HMIS lead agency and system.
2. Board of Directors: The NW CoC shall annually elect a Board of Directors (hereinafter referred to as the “Board”) to act on behalf of the CoC to conduct CoC business and assure compliance with HUD regulations. Annual meeting will be held in November with officers taking their elected position in January. The Annual meeting is open to the public. The Board shall meet a minimum of 8 times annually; additional meetings may be scheduled based on a meeting calendar accepted by the Board and also as necessary to accomplish Board business. Notice of meetings and minutes from previous meeting will be sent to the full membership by email no less than 7 days prior to the meeting.

The Board must be representative of the relevant organizations in the region and of projects serving the region’s homeless subpopulations and must include at least one homeless or formerly homeless individual.

Specific responsibilities of the Board include:

- a. Plan and conduct an annual membership recruitment process;
- b. Appoint Committees and workgroups as needed to help conduct the business of the NW CoC and assure compliance with HUD regulations;
- c. Vote to approve the following:
 - i. Standards for administering CoC assistance; outcomes for ESG and CoC programs; HMIS lead; HMIS Agreement with Lead Agency and/or State System Administrator; HMIS Data System; Annual Gaps Analysis; Collaborative Applicant; CoC Funding Priorities; and CoC Application Process. *Note: Consideration and vote on the above items shall come from committee recommendations, with input from the CoC Membership.*
- d. Develop, approve and evaluate an annual CoC plan;
- e. Review and approve the annual HUD CoC application;

Membership of the Board shall be comprised of agencies attending at least 50% of the last 10 CoC meetings.

Additional Board Conditions:

- a. Executive Officers: The General membership will annually elect the following officers from the Board: Chair, Chair Elect, Secretary, and Committee Chairs.
 - b. Removal: The seat of any representative who is absent without cause for three (3) consecutive meetings of the Board of Directors may be declared vacant by the remaining members of the board. Such seats will then be filled through the processes described above under vacancies.
 - c. Resignation: Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chairperson. Any such resignations shall take effect at the time specified within the written notice or if the time be not specified therein upon its acceptance by the Board.
3. Committees: The NW CoC Board may establish standing and adhoc committees to help carry out the work of the CoC and assure compliance with HUD regulations. The standing committee chairs shall be elected annually by the CoC Board. The Board shall establish meeting frequency and annual work plan for each committee.
1. Standing Committees: The NW CoC membership has approved the development and maintenance of four (4) standing committees. Only the CoC Membership can vote to add additional standing committees. The NW CoC Board will annually review committee roles and responsibilities.

The NW CoC standing committees are:

- a. Executive: Comprised of the Chair, Chair elect, Secretary, and Past Chair, the Executive Committee is responsible for annually reviewing CoC Coordinator performance, establishing an annual work plan with the CoC Coordinator, and providing feedback to the CoC Coordinator on CoC business between meetings.
- b. Coordinated Assessment:
 1. Plan a Coordinated Assessment system in coordination with board & membership.
 2. System must include; Evaluation of eligibility for assistance, prioritization of who receives TH, Rapid Rehousing and PH Assistance, and Determination of % rent received in Rapid Rehousing.
 3. Facilitate annual system mapping exercise.
 4. Annually evaluate system policies, participation and performance.
- c. Performance and Evaluation:
 1. Take lead in establishing performance measures for ESG and CoC programs.
 2. Review outcomes for ESG & CoC programs and report to Board.
 3. Regularly monitor system wide performance targets.
 4. Provide input to data committee on desired data input.
- d. Data:
 1. Conduct annual gaps analysis – needs & services
 2. Plan & conduct annual PIT Count
 3. Obtain participant feedback on program performance and gaps
 4. Reviews agency participation in HMIS (policy adherence, agreement signed,
 5. Reviews HMIS privacy, security, data quality plan, data quality)
 6. Assure HMIS is administered in compliance w/HUD
 7. Provide information to Consolidated plans

e. Additional Committee Conditions:

1. Membership: Committee membership shall be comprised of members of the NW CoC, as well as representatives from the geographic region with interest and expertise relevant to the said committees. The CoC shall hold an annual solicitation for committee membership. Additionally, the chair, with support of the members, can recruit membership to fill out the membership.
2. Vacancies: Vacancies on the committee will be handled as follows:
 - a. Chairs: The board shall be responsible for designating another staff person to fill the vacant seat until the next election.
 - b. Committee members: The Committee chair, with support from the CoC board and membership, shall recruit for the vacant seat.
4. Work Groups and Sub-Committees: The Board may establish committees as it deems necessary. However, only the General CoC membership can designate a standing committee.
5. Code of Conduct: Members of the NW CoC and all committees will sign a Code of Conduct annually. The Code of Conduct includes agreement to act in professional and collaborative manner and includes Conflict of Interest policy. Any member (CoC, Board, or Committee) having a conflict of interest or a conflict of responsibility on any matter shall refrain from voting on such matter.

V. **Meetings:**

1. Call to Meetings: All meetings shall be held at the call of Chair or a designated representative of the chair;
2. Notice: Notice of all meetings, including the time and place shall be delivered by email at least 4 days prior to the meeting;
3. Frequency:
 - a. General Membership: Meetings shall be held at least 8 times annually.
 - b. Board: Meetings shall be held at least 8 times annually;
4. Facilitation: The respective Chairs or Vice Chairs shall preside over all meetings when present OR appoint a member to act as chair in his or her absence or during a conflict of interest.
5. Annual Meeting:
 - a. Annual meetings of the Board and the General Membership shall be held for the purpose of electing Board members, committee chairs and officers.
 - b. Annual meetings shall be held, as set by the Board, not less than 10, or more than 13 months after the annual meeting held the prior year.
 - c. The annual meeting shall be open to the public, and to the extent possible, should be held in different locations around the region.
6. Meeting minutes: The Board Secretary shall keep accurate records of the acts and proceedings of all CoC and Board meetings of the NW CoC, or designate another person to do so at each meeting. Committees and workgroups shall either; elect, nominate or appoint a member to take minutes at each meeting. Minutes shall document all actions taken without a meeting, as described above. Such records will include the names of those in attendance. The Board Secretary shall have general charge of NW CoC records and shall keep or cause to be kept all such records at the CoC collaborative applicant's office.
7. Voting: At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented.

- a. Each agency shall have one vote, regardless of member representatives;
 - b. No member may vote on any item which presents a real or perceived conflict of interest;
 - c. A quorum will be met when a majority of active membership is represented;
 - d. Electronic voting may take place through roll call. The final vote shall be reported to the respective membership and noted in the minutes. If the validity of the electronic vote is questioned, the board may request a recount.
 - e. Manner of Acting: The act of the majority of the representatives present at a meeting of the committee at which a quorum is present shall be the act of the committee.
8. Action Without a Meeting: Any action that may be taken at any meeting of the committee may be taken without a meeting if that action is approved, in writing (e.g. letter, email) by a majority of all members who would be entitled to vote if a meeting was held for such purpose.

V. Amendments

The Governance Charter and Bylaws may be altered, amended, repealed or added to by majority vote of a quorum of the voting General Membership. Membership shall be notified at least 30 days prior to an actual vote on any changes to this document.

Northwest Prioritization Policy

Updated August 2016

The Northwest Continuum of Care utilizes a single prioritization list for Coordinated Entry. The single prioritization list applies to the entire geographic region, all populations/subpopulations and must be utilized to fill all dedicated homeless Transitional Housing, Rapid-Rehousing, Long-term Homeless and Permanent Supportive Housing units/vouchers.

Prioritization is utilized for all dedicated supportive housing programs to help strategically and fairly target available resources, better assuring that those who are most vulnerable receive housing more rapidly than those with who are less vulnerable.

TOOL: Drop Box is the current tool used for Prioritization in Northwest MN. If you currently are not invited to Drop Box, please contact the CoC Coordinator for information on completing the required training.

STEPS:

1. Sort by Program Category:

- Utilize the Sort & Filter function to select all households within the appropriate VI-SPDAT score range for your Program Category. Copy and paste these into a new spreadsheet.

Program Category	Singles	Families	Youth
Mainstream/Prevention	0-3	0-3	0-3
Transitional/Rapid RH	4-7	4-8	4-7
PSH/LTH	8+	9+	8+

Note: Those scoring in Mainstream/Prevention range should not be on the Priority list and should not be prioritized for TH, RRH, PSH or LTH units/vouchers.

2. Sort Specific Funder Requirements or Special Populations (if applicable):

- On the new spreadsheet, utilize the Sort & Filter function to sort out households who meet specific program criteria as defined by the CoC System Mapping (Veterans, Domestic Violence, Youth, Singles or Families, Tribal Enrollment).

3. Prioritize Order by Vulnerability: Within each score category, households will be selected in the following order:

- Permanent Supportive & Long-term Homeless Programs:
 - Chronic Homeless with:
 - Highest VI-SPDAT Score (highest service needs), disability and longest period of homelessness and in this order, coming from:
 - Unsheltered
 - Emergency shelter
 - Transitional housing
 - Highest VI-SPDAT Score (highest service needs), disability and in this order, coming from:
 - unsheltered
 - emergency shelter

- c. transitional housing
 - ii. Highest VI-SPDAT score, disability, and longest period of homelessness coming from:
 - 1. Unsheltered
 - 2. Emergency shelter
 - 3. Transitional Housing
 - iii. Highest VI-SPDAT score and longest period of homelessness coming from:
 - 1. Unsheltered
 - 2. Emergency Shelter
 - 3. Transitional Housing
- **Rapid Rehousing Programs:**
 - i. Highest VI-SPDAT Score and coming from:
 - 1. Unsheltered
 - 2. Emergency Shelter
 - 3. Transitional Housing
- **Transitional Housing Programs:**
 - i. Highest VI-SPDAT Score and coming from:
 - 1. Unsheltered
 - 2. Emergency Shelter
 - 3. Transitional Housing
- 4. **Handling Ties:** If two or more persons/households have equal vulnerability scores/criteria please follow these steps to prioritize ties:
 - Persons in unsafe situations prioritized.
 - Families only: pregnant women and households with small children prioritized.
 - If still unresolved a full SPDAT is recommended.
- 5. **Verification of Eligibility**
 - Projects are required to keep documentation eligibility.
- 6. **Offer to Client**
- 7. **Providers Right to Refusal**
 - Providers maintain the right to refuse a client if there has been past documented incidents working with that client where there was potential harm to the service provider or if there is documented conflict of interest (provider is relative of client, there is a lawsuit pending against client/agency)
 - If a client failed out, was evicted, or there is rent owed provider, providers should not automatically deny clients. Providers should first work with clients to assist with negative balances and prevent similar incidences in the future.
 - Provider is unable to financially provide services in clients desired location.
 - Providers refusing clients must complete the NW CES Denial Form and submit to the CoC Coordinator within 3 days of refusal.

Addendum B: School Enrollment

**Northwest MN CoC Policy
Requiring School Enrollment and Connection to Appropriate Services for
All Children**

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

Date Approved: April 2013

Addendum C: Family Separation Policy

Family Separation and Emergency Shelter and Transitional Housing

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

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

Minnesota's HMIS Policies and Procedures

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

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

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

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Acknowledgments

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

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

Contact Information

Web site information on Minnesota's HMIS:

<http://www.hmismn.org>

HMIS help desk:

HMIS@wilder.org

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

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

HMIS Grievances (reported to HMIS Governing Group):

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

Background

Introduction

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

History

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

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

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

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

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

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

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

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

Eligible programs

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

- Emergency shelters serving homeless adults, families, and youth²
- Transitional housing programs
- Supportive Housing Programs (whether scattered site or on-site)
- Street and Community outreach programs to persons who are homeless

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

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

- Supportive Service programs serving persons who are homeless

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

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

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

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

Minnesota Department of Human Services/Office of Economic Opportunity

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

Minnesota Housing Finance Agency

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

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

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

Why is this important?

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

Expectations for HMIS Partner Agencies

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

Implementing HMIS

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

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

The steps for implementation include the following:

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

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

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

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

General on-going commitments

Participating agencies should be prepared to commit to the following:

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

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

Information entry standards

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

No conditioning of services

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

Accountability for noncompliance

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

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

Privacy Plan

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

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

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

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

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

Program Participant Rights

Program participants have a clear right to:

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

Data sharing

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

Additionally, please note that:

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

Security Plan

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

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

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

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

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

Agency Responsibilities

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

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

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

Data Quality Plan

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

Timeliness

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

Completeness

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

Accuracy/Consistency

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

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

Data Quality Process/Monitoring

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

Incentives/Enforcement

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

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

Progress Charts

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

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

Oversight of Minnesota’s HMIS

Composition of HMIS Governing Group

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

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

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

Representatives shall be appointed for two year cycles.

Additional provisions

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

Governing Group roles and responsibilities

Budget and Financing

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

System Policies

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

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

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

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

Expectations for HMIS System Administrator

Providing an HMIS

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

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

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

HMIS Governing Group

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

Training

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

Right to Deny Access

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

Availability of Project Staff

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

Notice of Planned Interruption in Service

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

HMIS Policy Considerations

Individual access and corrections to personal information maintained in HMIS

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

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

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

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

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

Grievance procedures for individual program participants

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

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

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

All agencies are encouraged to complete Data Privacy and Protection training

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

Ensuring Data Accuracy

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

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

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

Third party access to data

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

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

Appendix

Glossary

Goals of HMIS In Minnesota

*Sample HMIS grievance procedure form **

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

*Client data privacy notice and consent form **

*Client release of information form **

*Policy for Research uses of HMIS data**

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

Glossary

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

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

DHS – Minnesota Department of Human Services.

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

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

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

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

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

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

Goals of HMIS in Minnesota

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

Overall vision and goal

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

Goals from the perspective of those experiencing homelessness:

Minnesota's Homeless Management Information System will:

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

Goals from the service provider perspective:

Minnesota's Homeless Management Information System will:

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

Goals from the continuum of care perspective:

Minnesota's Homeless Management Information System will:

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

Goals from the state agency perspective:

Minnesota's Homeless Management Information System will

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

Minnesota's HMIS: grievance procedure form

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

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

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

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

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

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

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

GRIEVANCE FORM

NAME: _____ DATE: _____

ADDRESS: _____ Phone Number: _____

Complaint:

User Policy, responsibility statement, & code of ethics

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

For: _____ from: _____
User (print name) (print Agency Name)

USER POLICY

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

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

USER RESPONSIBILITY

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

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

USER CODE OF ETHICS

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

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

User signature _____ Date _____

Preferred ServicePoint Login (username): _____

Contact Information

Work phone: _____ e-mail address: _____

Witness signature (MHP or WRC) _____ Date _____

WRC/MHP

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

(if multiple "providers" in agency)

User's home provider: _____

Other providers this user may enter data as: _____

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

Instructions

PLEASE READ BEFORE USING CONSENT FORMS

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

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

How to use the HMIS consent forms and notices

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

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

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

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

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

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

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

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

Minnesota's HMIS: Data Privacy Notice & Consent Form

What is Minnesota's HMIS?

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

Why is information collected in Minnesota's HMIS?

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

Who can see information entered into Minnesota's HMIS?

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

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

Know Your Rights:

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

Signed consent

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

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

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of witness Date

Minnesota's HMIS: Release of Information

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

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

Please check (✓) a box:

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

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

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

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

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

When you sign this form it shows that you understand:

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

 SIGNATURE OF CLIENT OR GUARDIAN DATE _____
 Signature of agency witness Date

Minnesota's HMIS: Posted Data Privacy Notice

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

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

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

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

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

Minnesota's HMIS Policy for Research uses of HMIS data⁵

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

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

There are no PHAs with Homeless Priorities. The CoC has contact the top 6 PHAs in our region and requested meetings and encouraged priorities, but none were willing to establish priorities at this time. The CoC Coordinator has worked with MN NAHRO to establish guidelines for recommended engagement with Continuums of Care. The recommendations will be presented at the October statewide conference.

Minnesota Homeless Management Information System

Memorandum of Understanding for Lead Agency and System Administrator Duties

A. Goals and Objectives

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

B. Background

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

C. Purpose of HMIS

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

D. Duration

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

E. Designations

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

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

F. Specific Responsibilities of the Parties

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

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

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

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

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

G. Deliverables and timeframes

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

I.

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

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

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

J. Performance and Evaluation of Services

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

K. Payment Standards

Payment standards and dates are covered under individual funder contracts.

L. Period of Agreement and Modification/Termination

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

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

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

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

Northwest _____ Minnesota Continuum of Care MN- 506 _____

BY *Catherine Johnson* Date 5-18-16

NAME Catherine Johnson

The Institute for Community Alliance

BY *David Eberbach* Date June 1, 2016

NAME David Eberbach, Executive Director

Northwest Prioritization Policy

Updated August 2016

The Northwest Continuum of Care utilizes a single prioritization list for Coordinated Entry. The single prioritization list applies to the entire geographic region, all populations/subpopulations and must be utilized to fill all dedicated homeless Transitional Housing, Rapid-Rehousing, Long-term Homeless and Permanent Supportive Housing units/vouchers.

Prioritization is utilized for all dedicated supportive housing programs to help strategically and fairly target available resources, better assuring that those who are most vulnerable receive housing more rapidly than those with who are less vulnerable.

TOOL: Drop Box is the current tool used for Prioritization in Northwest MN. If you currently are not invited to Drop Box, please contact the CoC Coordinator for information on completing the required training.

STEPS:

1. **Sort by Program Category:**

- Utilize the Sort & Filter function to select all households within the appropriate VI-SPDAT score range for your Program Category. Copy and paste these into a new spreadsheet.

Program Category	Singles	Families	Youth
Mainstream/Prevention	0-3	0-3	0-3
Transitional/Rapid RH	4-7	4-8	4-7
PSH/LTH	8+	9+	8+

Note: Those scoring in Mainstream/Prevention range should not be on the Priority list and should not be prioritized for TH, RRH, PSH or LTH units/vouchers.

2. **Sort Specific Funder Requirements or Special Populations (if applicable):**

- On the new spreadsheet, utilize the Sort & Filter function to sort out households who meet specific program criteria as defined by the CoC System Mapping (Veterans, Domestic Violence, Youth, Singles or Families, Tribal Enrollment).

3. **Prioritize Order by Vulnerability:** Within each score category, households will be selected in the following order:

- Permanent Supportive & Long-term Homeless Programs:**

i. Chronic Homeless with:

- Highest VI-SPDAT Score (highest service needs), disability and longest period of homelessness and in this order, coming from:
 - Unsheltered
 - Emergency shelter
 - Transitional housing
- Highest VI-SPDAT Score (highest service needs), disability and in this order, coming from:
 - unsheltered
 - emergency shelter

- c. transitional housing
 - ii. Highest VI-SPDAT score, disability, and longest period of homelessness coming from:
 1. Unsheltered
 2. Emergency shelter
 3. Transitional Housing
 - iii. Highest VI-SPDAT score and longest period of homelessness coming from:
 1. Unsheltered
 2. Emergency Shelter
 3. Transitional Housing
 - **Rapid Rehousing Programs:**
 - i. Highest VI-SPDAT Score and coming from:
 1. Unsheltered
 2. Emergency Shelter
 3. Transitional Housing
 - **Transitional Housing Programs:**
 - i. Highest VI-SPDAT Score and coming from:
 1. Unsheltered
 2. Emergency Shelter
 3. Transitional Housing
4. **Handling Ties:** If two or more persons/households have equal vulnerability scores/criteria please follow these steps to prioritize ties:
- Persons in unsafe situations prioritized.
 - Families only: pregnant women and households with small children prioritized.
 - If still unresolved a full SPDAT is recommended.
5. **Verification of Eligibility**
- Projects are required to keep documentation eligibility.
6. **Offer to Client**
7. **Providers Right to Refusal**
- Providers maintain the right to refuse a client if there has been past documented incidents working with that client where there was potential harm to the service provider or if there is documented conflict of interest (provider is relative of client, there is a lawsuit pending against client/agency)
 - If a client failed out, was evicted, or there is rent owed provider, providers should not automatically deny clients. Providers should first work with clients to assist with negative balances and prevent similar incidences in the future.
 - Provider is unable to financially provide services in clients desired location.
 - Providers refusing clients must complete the NW CES Denial Form and submit to the CoC Coordinator within 3 days of refusal.

Performance Measurement Module (Sys PM)

Summary Report for MN-506 - Northwest Minnesota CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		834		140			20	
1.2 Persons in ES, SH, and TH		1201		189			43	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	51	1	2%	0	0%	6	12%	7	14%
Exit was from ES	120	5	4%	6	5%	18	15%	29	24%
Exit was from TH	124	7	6%	3	2%	10	8%	20	16%
Exit was from SH	0	0		0		0		0	
Exit was from PH	122	2	2%	2	2%	2	2%	6	5%
TOTAL Returns to Homelessness	417	15	4%	11	3%	36	9%	62	15%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	299	254	-45
Emergency Shelter Total	159	112	-47
Safe Haven Total	0	0	0
Transitional Housing Total	121	127	6
Total Sheltered Count	280	239	-41
Unsheltered Count	19	15	-4

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1285	
Emergency Shelter Total		873	
Safe Haven Total		0	
Transitional Housing Total		441	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		23	
Number of adults with increased earned income		0	
Percentage of adults who increased earned income		0%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		23	
Number of adults with increased non-employment cash income		0	
Percentage of adults who increased non-employment cash income		0%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		23	
Number of adults with increased total income		0	
Percentage of adults who increased total income		0%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		19	
Number of adults who exited with increased earned income		3	
Percentage of adults who increased earned income		16%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		19	
Number of adults who exited with increased non-employment cash income		3	
Percentage of adults who increased non-employment cash income		16%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		19	
Number of adults who exited with increased total income		6	
Percentage of adults who increased total income		32%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1181	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		217	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		964	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1330	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		239	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		1091	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		107	
Of persons above, those who exited to temporary & some institutional destinations		17	
Of the persons above, those who exited to permanent housing destinations		73	
% Successful exits		84%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		987	
Of the persons above, those who exited to permanent housing destinations		453	
% Successful exits		46%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		503	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		407	
% Successful exits/retention		81%	