

2007 Continuum of Care Application: Exhibit 1

Part I: CoC Organizational Structure

HUD-Defined CoC Name:	CoC Number
Southwest Minnesota CoC	MN-511

A: CoC Lead Organization Chart

CoC Lead Organization: Southwest Minnesota Housing Partnership		
CoC Contact Person: Jennifer Schuller		
Contact Person's Organization Name: Southwest Minnesota Housing Partnership		
Street Address: 2401 Broadway Avenue, Suite 4		
City: Slayton	State: MN	Zip: 56172
Phone Number: 507-836-8673 x409	Fax Number: 507-836-8866	
Email Address: jschuller@swmhp.org		

B: CoC Geography Chart

Geographic Area Name	6-digit Code
Big Stone County	279011
Chippewa County	279023
Cottonwood County	279033
Jackson County	279063
Kandiyohi County	279067
Lac Qui Parle County	279073
Lincoln County	279081
Lyon County	279083
McLeod County	279085

Geographic Area Name	6-digit Code
Meeker County	279093
Murray County	279101
Nobles County	279105
Pipestone County	279117
Redwood County	279127
Renville County	279129
Rock County	279133
Swift County	279151
Yellow Medicine County	279173

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CoC Primary Decision-Making Group						
Name:	Southwest Minnesota Continuum of Care Committee	X				21
Role:	Creates and reviews progress of workplans/goals; addresses Continuum needs and issues, establishes policies; conducts project reviews and rankings; and reviews regional efforts related to discharge planning, mainstream resources, HMIS, and coordination with State homeless initiatives.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	SW CoC - Project Renewal Sub-Committee			X		3
Role:	Reviews APRs and other project progress information, conducts site visits to each project in the continuum, and reviews client satisfaction surveys. Also, compiles this data for regular report to the CoC Committee.					
Name:	Heartland Family Homeless Prevention Committee		X			19
Role:	Discusses local homeless prevention as well as providing shelter, transitional and permanent supportive housing in a four county area of the continuum; also provides feedback to the full continuum on local gaps and needs.					
Name:	Homeless Task Force		X			12
Role:	Addresses gaps and needs in the largest community of the Continuum, the City of Willmar; also builds public awareness of homelessness and education of general public, schools, business and other groups in the area.					
Name:	SW Minnesota Adult Mental Health Consortium	X				25
Role:	Representing all 18 counties, focuses on mental health and related housing concerns including homelessness, and identifies specific supportive services and housing needs related to those with a serious and persistent mental illness.					
Name:	Regional Housing Advisory Group				X	22
Role:	Provides speakers and educational opportunities to elected officials, city staff, and service providers on supportive housing and affordable housing topics. Members are updated on trends, needs, service and housing opportunities related to homelessness.					
Name:	Willmar Area FEMA Committee			X		6
Role:	Discusses homeless issues and concerns for the area and identify local gaps and needs. Discusses allocation of FEMA funds for homeless service and housing needs.					
Name:	Transitional Housing Committee of Meeker County			X		8
Role:	Identifies transitional and permanent housing needs of homeless persons in Meeker County, coordinates agency resources, and promotes improvements to discharge planning and access to mainstream resources.					

Name:	Homelessness and Hunger Task Force		X			26
Role:	Focuses on local homeless prevention as well as providing shelter, transitional and permanent supportive housing in a five county area of the continuum; provides feedback to the full continuum on local gaps and needs.					
Name:	Ending Long Term Homelessness Advisory Council			X		22
Role:	Provides ongoing advice and support to the state in implementing the plan to end chronic homelessness and holds the state accountable for implementation of the plan in a cost effective manner.					
Name:	Ending Long-Term Homelessness – Evaluation Committee		X			9
Role:	Oversees comprehensive evaluation of the State Business Plan to End Long-Term Homelessness, including advising on the design of the evaluation, understanding the results, and soliciting funds to pay for the evaluation.					
Name:	Ending Long-Term Homelessness – Services Funding Committee		X			9
Role:	Advises Department of Humans Services (DHS) on flexible services fund, develops expertise in mainstream funding for supportive housing, and advises DHS on selection criteria for projects.					
Name:	Ending Long-Term Homelessness – Landlord Committee		X			2
Role:	Analyzes and addresses barriers for landlords reluctant to rent to long-term homeless persons, and aims to develop a cadre of landlords willing to rent to long-term homeless persons.					
Name:	Ending Long-Term Homelessness – Best Practices: Housing and Construction Rehab Committee		X			3
Role:	Monitors development costs, advises MN Housing on construction decisions related to State Business Plan, and advises MN Housing on selection criteria for projects.					
Name:	Ending Long-Term Homelessness – Regional Needs and Analysis		X			3
Role:	Oversees alignment of regional plans with State Business Plan, determines needs by region, identifies technical assistance needs in developing projects to meet determined needs.					
Name:	Ending Long-Term Homelessness – Community Support Task Force		X			5
Role:	Develops private sector resources to support State Business Plan and develops broad base of private (corporate and philanthropic) supporters knowledgeable about and supportive of the plan.					
Name:	HMIS Implementation Group		X			26
Role:	Coordinates HMIS for the CoC and entire state of Minnesota; address any issues surrounding HMIS, establishes policies and procedures as needed, disseminates implementation updates to the CoC, and ensures trainings are conducted on a regular basis.					
Name:	Interagency Task Force	X				18
Role:	Develops the homeless sections related to the State’s Consolidated Plan and serves as a vehicle to strengthen the state’s response to homelessness including the Southwest Continuum.					
Name:	Interagency Task Force – Greater Minnesota Supportive Housing Workgroup		X			8
Role:	Provides pre-development technical assistance for chronic and other homelessness permanent supportive housing.					
Name:	MN Comprehensive Offender Reentry Plan Committee		X			8

Role:	Addresses statewide and Continuum reintegration strategies for ex-offenders, coordinates efforts of eight state agencies.				
Name:	The Refuge – Emergency Shelter Planning Group		X		8
Role:	Raises community awareness of homelessness in the Marshall-Lyon County area and plans for permanent homeless shelter options for families and individuals.				

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Minnesota Department of Corrections	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	SMI	SA
	Minnesota Department of Education	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	Y	
	Minnesota Department of Employment and Economic Development	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	VET	
	Minnesota Department of Health	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	HIV	
	Minnesota Department of Human Services	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	SMI	SA

PUBLIC SECTOR	Minnesota Department of Public Safety	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	DV	
	Minnesota Department of Veterans Affairs	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	VET	
	Minnesota Housing Finance Agency	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	HIV	
	Minnesota State Council on Disability	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Minnesota State Courts Administration	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	DV	
	Minnesota Veterans Homes	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	VET	
	Southwestern Minnesota Adult Mental Health Consortium	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	SMI	SA
	LOCAL GOVERNMENT AGENCIES			
	Big Stone County Human Services	279011	SMI	
	Chippewa County Human Services	279023	SMI	
	Cottonwood County Human Services	279033	SMI	
	Jackson County Human Services	279063	SMI	
	Kandiyohi County Human Services	279067	SMI	
Lac Qui Parle County Human Services	279073	SMI		

PUBLIC SECTOR	Lincoln County Board of Commissioners	279081		
	Lincoln/Lyon/Murray Human Services	279081, 279083, 279101	SMI	
	Lyon County Courts – Probation	279083		
	Lyon County Sheriff’s Department	279083		
	Lyon County Veterans Service Office	279083	VET	
	McLeod County Human Services	279085	SMI	
	Meeker County Court Services-Probation	279093	SMI	SA
	Meeker County Human Services	279093	SMI	
	Murray County Economic Development Authority	279101		
	Nobles County Human Services	279105	SMI	
	Pipestone County Human Services	279117	SMI	
	Redwood County Human Services	279127	SMI	
	Renville County Human Services	279129	SMI	
	Rock County Human Services	279133	SMI	
	Swift County Human Services	279151	SMI	
	Yellow Medicine Human Services	279173	SMI	
	City of Dawson	279073		
	PUBLIC HOUSING AGENCIES			
	Hutchinson HRA	279085		
	Kandiyohi County Housing and Redevelopment Authority	279067		
	Meeker County HRA	279093		
	Willmar Housing and Redevelopment Authority	279067		
	Worthington Housing and Redevelopment Authority	279105		
	SCHOOL SYSTEMS / UNIVERSITIES			
	ACGC School District	279067, 279093		
	Southwest Minnesota State University	279083		
	LAW ENFORCEMENT / CORRECTIONS			
	Kandiyohi County Community Corrections	279067	SMI	SA
	Meeker County Corrections	279093	SMI	SA
	Willmar Police Department	279067		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Central Minnesota Jobs and Training	279093, 279085, 279067, 279129		
Southwest Minnesota Private Industry Council	279083, 279023, 279063, 279081, 279011, 279101, 279033, 279073, 279105, 279117, 279133, 279127, 279151, 279173			

PUBLIC SECTOR	OTHER			
	USDA – Rural Development	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Minnesota River Area Agency on Aging	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		

PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	American Red Cross	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Habitat for Humanity	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Heartland Community Action Agency	279085, 279093, 279129 279067		
	Hecla Adult Foster Care Homes	279093		
	Kitchen Table Food Shelf	279083		
	Lutheran Social Services	279173, 279127, 279073, 279151, 279023, 279093, 279129, 279067	Y	
	Meeker County Victims Advocate	279093	DV	
	Minnesota Community Action Association	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Minnesota Assistance Council for Veterans	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	VET	

PRIVATE SECTOR	Motivation, Education and Training, Inc.	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	New Horizons Crisis Center	279083	DV	
	PACT 4	279067, 279093, 279129, 279173		
	Prairie Five Community Action Council, Inc.	279011 279023 279073 279151 279173	VET	
	Sexual Violence and Abuse Center	279067	DV	
	Shelter House	279067	DV	
	Southwest Center for Independent Living	279081, 279083, 279133, 279117, 279127, 279101, 279105, 279033, 279063		
	Southwest Minnesota Housing Partnership	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Southwest Minnesota Opportunity Council	279101, 279105, 279133, 279117		
	Western Community Action, Inc.	279083, 279127, 279081, 279063, 279033		
	Wilder Research	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Willmar Area Food Shelf	279067		
	FAITH-BASED ORGANIZATIONS			
	Catholic Charities	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Common Cup Ministry	279085		
Evangelical Free Church	279067			
Holy Redeemer Catholic Church	279083			

PRIVATE SECTOR	Salvation Army – Northern District Division	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Salvation Army-Southwest Field Rep	279033, 279083, 279063, 279081, 279085, 279105, 279093, 279101, 279117, 279133, 279129, 279127		
	Salvation Army-Willmar Corps	279067		
	Wesley United Methodist Church	279083		
	FUNDERS / ADVOCACY GROUPS			
	Corporation for Supportive Housing	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	General Mills Foundation	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Greater Minnesota Housing Fund	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Hunger Solutions Minnesota	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	League of Minnesota Cities	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Lutheran Coalition for Public Policy in Minnesota	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		

PRIVATE SECTOR	Minnesota Coalition for Battered Women	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Minnesota Coalition for the Homeless	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Minnesota Housing Partnership	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	SMI	
	Minnesota Multi-Housing Association	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	United Way of Kandiyohi County	279067		
	United Way of Southwest Minnesota	279081, 279083, 279129, 279033, 279063		
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Bremer Bank	279083, 279127		
	Fannie Mae	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Minnesota Association of Realtors	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		
	Minnesota Business Partnership	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173		

PRIVATE SECTOR	Peterson Brothers Funeral Home	279067			
	Rental Locators	279085			
	Security Management and Reality	279067, 279085, 279093, 279129			
	West Central Tribune	279067			
	HOSPITALS / MEDICAL REPRESENTATIVES				
	Beverly Healthcare Inc.	279127, 279151, 279129			
	Meeker County Public Health	279093	HIV		
	Rice Memorial Hospital	279067	HIV		
	Southwest Mental Health Center	279105, 279063, 279133, 279117	SMI	SA	
	State Operated Services – Willmar (Regional Treatment Center)	279011, 279023, 279033, 279063, 279067, 279073, 279081, 279083, 279085, 279093, 279101, 279105, 279117, 279127, 279129, 279133, 279151, 279173	SMI	SA	
	Western Mental Health Center	279083, 279081, 279127, 279173, 279101,	SMI	SA	
	Woodland Centers	279023, 279067, 279073, 279093, 279129, 279151	SMI	SA	
	HOMELESS PERSONS				
	Chris-Hutchinson	279085			
	Paula-Marshall	279083			
	Sharee-Marshall	279083			
	OTHER				
	Cityside Townhomes Management	279083			
	Concerned Citizens – Dan and Nancy	279083			
	Concerned Citizens – Renee	279127			
	Concerned Citizen – Amanda	279081			
	J&J Apartments	279083			
	Mental Health Consumer Rep-Lac Qui Parle County	279073			
	Mental Health Consumer Rep-Rock County	279133			
	Mountain Lake Apartments	279033			
	Paul White – Landlord	279067			
	Vince Vahn – Landlord	279067			
	Wagoner Apartments	279085			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Structure Chart

<p>1. Is the CoC's primary decision-making body a legally recognized organization (check one)?</p> <p> <input type="checkbox"/> Yes, a 501(c)(3) <input type="checkbox"/> Yes, a 501(c)(4) <input type="checkbox"/> Yes, other – specify: _____ <input checked="" type="checkbox"/> No, not legally recognized </p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p>Yes, provided that the following conditions be met: 1) CoCs review the proposed duties, fees, and other requirements before the changes are made; 2) training/technical assistance is provided to CoCs regarding the required activities; and 3) funds used to support these activities do not come from current Homeless Assistance fund allocations.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p><u>57</u> %</p>
<p>4a. Indicate how the members of the primary decision-making body are selected (check all that apply):</p> <p> <input type="checkbox"/> Elected <input checked="" type="checkbox"/> Assigned/Volunteer <input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____ </p>	
<p>4b. Briefly explain the selection process.</p> <p>The Southwest Minnesota CoC strives to select members in an open and democratic way. The members of the Continuum of Care committee are representatives of all agencies in the region that receive funding dedicated for homeless persons. Each agency selects a representative (or several) to be a member of the Continuum of Care committee. Other agencies and persons interested or engaged in addressing homelessness are encouraged to participate. This is done through email list serves, solicitation at other local planning groups and committees, and CoC committee new-member open houses held approximately every three years.</p>	
<p>5. Indicate how the leaders of the primary decision-making body are selected (check all that apply):</p> <p> <input checked="" type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer <input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____ </p>	

F: CoC Project Review and Selection Chart

1. Open Solicitation	
a. Newspapers <input checked="" type="checkbox"/>	d. Outreach to Faith-Based Groups <input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership <input checked="" type="checkbox"/>	e. Announcements at CoC Meetings <input checked="" type="checkbox"/>
c. Responsive to Public Inquiries <input checked="" type="checkbox"/>	f. Announcements at Other Meetings <input checked="" type="checkbox"/>
2. Objective Rating Measures and Performance Assessment	
a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/>	j. Assess Spending (fast or slow) <input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings <input checked="" type="checkbox"/>	k. Assess Cost Effectiveness <input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings <input checked="" type="checkbox"/>	l. Assess Provider Organization Experience <input checked="" type="checkbox"/>
d. Review Independent Audit <input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity <input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results <input checked="" type="checkbox"/>	n. Evaluate Project Presentation <input checked="" type="checkbox"/>
f. Review Unexecuted Grants <input checked="" type="checkbox"/>	o. Review CoC Membership Involvement <input checked="" type="checkbox"/>
g. Site Visit(s) <input checked="" type="checkbox"/>	p. Review Match <input checked="" type="checkbox"/>
h. Survey Clients <input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements) <input checked="" type="checkbox"/>
i. Evaluate Project Readiness <input checked="" type="checkbox"/>	
3. Voting/Decision System	
a. Unbiased Panel / Review Committee <input checked="" type="checkbox"/>	d. One Vote per Organization <input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote <input checked="" type="checkbox"/>	e. Consensus (general agreement) <input type="checkbox"/>
c. All CoC Members Present Can Vote <input type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest <input checked="" type="checkbox"/>

G: CoC Written Complaints Chart

<p>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If Yes, briefly describe the complaints and how they were resolved.</p> <p>Not applicable – No written complaints were received.</p>	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Alcoholics Anonymous											X							
Adult Basic Education (ABE) and English Language Learner (ELL) - all school districts										X					X			
American Legion	X	X																
ATLAS				X					X						X	X		
Big Stone County HRA		X	X															
Big Stone County Sheriff								X										
Big Stone-Chippewa-Lac qui Parle-Swift- Yellow Medicine Public Health												X	X	X				
Catholic Charities		X	X	X					X		X							
Central Minnesota Legal Services				X	X			X	X						X			
Central Minnesota Jobs and Training Services	X	X	X						X						X	X	X	X
Chemical Dependency of Luverne									X		X		X					
Child Care Resource & Referral															X		X	
Chippewa County HRA	X	X	X															
Chippewa County Human Services	X	X	X	X					X	X	X	X		X	X	X	X	X
Chippewa County Sheriff								X										
Cottonwood-Jackson Public Health												X	X	X				
Cottonwood County Sheriff								X										
Greater Minnesota Affiliated Medical Center												X	X	X				
Greater Minnesota Family Services									X		X				X			
Habitat for Humanity	X	X																
Headstart - Heartland, Prairie Five, SMOC, Western Community Action Agencies																X		
Heartland Community Action	X	X	X	X					X	X			X	X	X	X	X	X
Hutchinson Area Health Care											X	X	X	X				
Hutchinson HRA		X	X												X			
Jackson County Sheriff								X										
Kandiyohi County Community Corrections								X	X	X								
Kandiyohi County HRA	X	X																
Kandiyohi County Human Services	X	X	X	X					X	X	X	X		X	X	X	X	X

Kandiyohi County Public Health							X						X	X					
Kandiyohi County Sheriff								X											
Kinderkare															X			X	
Lac Qui Parle County Sheriff								X											
Lincoln-Lyon-Murray-Pipestone Public Health													X	X	X				
Lincoln County Sheriff								X											
Lincoln-Lyon-Murray Human Services	X	X	X	X					X	X	X	X		X	X	X	X	X	X
Lutheran Social Services	X	X		X		X			X	X		X			X	X			X
Lyon County Sheriff								X											
Madison Hospital										X		X	X						
Marshall YMCA									X								X	X	
McLeod County Alliance for Victims of Domestic Violence				X	X						X	X							
McLeod County HRA	X	X	X																
McLeod County Sheriff								X											
Medallion Program								X		X		X							
Meeker County HRA	X	X	X																
Meeker County Sheriff								X											
Meeker-McLeod-Sibley Public Health												X	X	X					
Migrant Health Services						X			X		X		X						
Migrant Legal Services			X	X		X													
Minnesota AIDS Project			X									X	X	X					X
Minnesota Assistance Council for Veterans	X	X		X				X	X	X		X		X	X				X
Minnesota Child Care Assistance Program																		X	
Minnesota West CTC									X		X				X				
Minnesota Workforce Center – Marshall									X						X	X	X		
Minnesota Workforce Center – Montevideo									X						X	X	X		
Minnesota Workforce Center – Willmar									X						X	X	X		
Minnesota Workforce Center – Worthington									X						X	X	X		
Motivation, Education, & Training, Inc.	X	X	X	X		X			X						X	X			X
Murray County Sheriff								X											
NAMI (National Alliance on Mental Illness) Affiliates - Hutchinson, Willmar, Worthington			X	X							X				X				
New Beginnings								X		X									
New Careers for Older Workers								X	X						X	X			
New Horizons Crisis Center			X								X				X			X	
New Life Treatment Center								X		X	X								
Nobles County Human Services	X	X	X	X				X	X	X	X		X	X	X	X	X	X	X
Nobles/Rock Public Health												X	X	X					
Nobles County Sheriff								X											
Pact 4											X								
PATH, Inc.								X			X				X				
Pipestone Area Alternative Learning Center															X	X			
Pipestone County HRA	X	X													X				
Pipestone County Human Services	X	X	X	X				X	X	X	X		X	X	X	X	X	X	X
Pipestone County Sheriff								X											

Prairie Community Services									X	X		X			X				
Prairie Five Community Action Council	X	X	X	X					X	X					X	X	X	X	
Project Turnabout									X	X	X								
Rainbow Behavioral Health Services											X								
Reach Out for Warmth			X																
Recovery Resources of Winsted									X		X								
Redwood County Human Services	X	X	X	X					X	X	X	X		X	X	X	X	X	X
Redwood County Sheriff								X											
Redwood Falls Literacy Project															X				
Redwood-Renville Public Health													X	X	X				
Renville County Energy Assistance Program			X																
Renville County Human Services	X	X	X	X					X	X	X	X		X	X	X	X	X	X
Renville County Sheriff								X											
Rice Hospital						X				X	X	X	X						
Rice Institute									X			X							
Road to Recovery										X	X								
Rock County Chemical Dependency												X							
Rock County Human Services	X	X	X	X					X	X	X	X		X	X	X	X	X	X
Rock County Literacy Project															X				
Rock County Sheriff								X											
Rural AIDS Action Network (RAAN)				X	X									X	X				X
Salvation Army of Kandiyohi County	X	X	X	X		X			X	X									X
Salvation Army – Southwest Regional Service Teams						X			X	X					X	X			X
Senior American Program															X	X			X
Shelter House				X					X	X				X					X
Southern Minnesota Regional Legal Services	X	X	X	X	X			X											
Southwest Center for Independent Living				X					X	X					X	X			X
Southwest Crisis Center				X	X							X	X						
Southwest Mental Health Center						X		X	X	X	X	X							X
Southwest MN Adult Mental Health Consortium	X	X	X						X	X	X	X			X	X			X
Southwest Minnesota Housing Partnership	X									X									
Southwestern MN Opportunity Council	X	X	X	X					X	X			X	X	X	X	X	X	X
Swift County HRA	X	X	X							X					X				
Swift County Sheriff								X											
University of Minnesota Extension Service										X					X				
Veterans Administration Center									X	X	X		X			X			X
Veterans Service Offices									X			X							
Vineyard Growth Associates												X							
Volunteers in Mercy		X	X															X	X
Wabasso Health Care Center											X		X	X					
Western Community Action	X	X	X	X					X	X			X	X	X	X	X	X	X
Western Mental Health Center				X					X	X	X	X							
Western Minnesota Legal Services				X	X										X				
Willmar HRA	X	X																	
Willmar Regional Treatment Center	X	X							X		X	X	X	X					
Willmar YMCA															X			X	

Women's Rural Advocacy Program				X	X			X	X	X		X			X	X		X
Woodland Centers									X	X	X	X			X			X
Worthington Area Learning Center															X			
Worthington HRA	X	X	X															
Yellow Medicine County HRA	X	X	X															
Yellow Medicine County Human Services	X	X	X	X					X	X	X	X		X	X	X	X	X
Yellow Medicine County Sheriff								X										

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Shelter House	Shelter House	DV	0	0	279067	FC	DV	1	16	0	16	0	0
Heartland Community Action Agency	Hotel/Motel Vouchers	PA	0	0	279067	M		0	0	0	0	0	1
Redwood County Human Services	Hotel/Motel Vouchers	D	0	0	279127	M		0	0	0	0	0	1
Western Community Action Agency	Hotel/Motel Vouchers	PA	0	0	279083	M		0	0	0	0	0	2
Southern Minnesota Opportunity Council	Hotel/Motel Vouchers	PA	0	0	279105	M		0	0	0	0	0	11
Salvation Army – Kandiyohi County	Hotel/Motel Vouchers	PA	0	0	279067	M		0	0	0	0	0	9
SUBTOTALS:			0	0	SUBTOTAL CURRENT INVENTORY:			1	16	0	16	0	24
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
None													
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
None													
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0
Unmet Need			UNMET NEED TOTALS:			2	3	5	8	0	0	0	0

Total Year-Round Beds—Individuals		Total Year-Round Beds—Families	
1. Total Year-Round Individual Emergency Shelter (ES) Beds:	0	6. Total Year-Round Family Emergency Shelter (ES) Beds:	16
2. Number of DV Year-Round Individual ES Beds:	0	7. Number of DV Year-Round Family ES Beds:	16
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	0	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):	0
4. Total Year-Round Individual ES Beds in HMIS:	0	9. Total Year-Round Family ES Beds in HMIS	0
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	0 %	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	0 %

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds		
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds			
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.									
Heartland Community Action Agency	Transitional Housing Program	PA	0	6	279067	FC		2	6	0	6		
Lutheran Social Services	SEARCH	PA	14	4	279067	M		2	4	14	18		
Southwestern Minnesota Opportunity Council	Transitional Housing Program	PA	2	12	279105	M		3	12	2	14		
Western Community Action Agency	Transitional Housing Program	PA	9	12	279083	M		4	12	9	21		
SUBTOTALS:			25	34	SUBTOTAL CURRENT INVENTORY:			11	34	25	59		
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
None													
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
None								0	0	0	0		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:			0	0				0	0	0	0		
Unmet Need								UNMET NEED TOTALS:		3	10	4	14
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families									
1. Total Year-Round Individual Transitional Housing Beds:		25		6. Total Year-Round Family Transitional Housing Beds:		34							
2. Number of DV Year-Round Individual TH Beds:		0		7. Number of DV Year-Round Family TH Beds:		0							
3. Subtotal, non-DV Year-Round Individual TH Beds		25		8. Subtotal, non-DV Year-Round Family TH Beds		34							

(Line 1 minus Line 2):		(Line 6 minus Line 7):	
4. Total Year-Round Individual TH Beds in HMIS:	25	9. Total Year-Round Family TH Beds in HMIS	34
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100 %	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100 %

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds		
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds			
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.									
Worthington HRA	Shelter Plus Care*	PA	2	13	297105	M		6	13	2/0	15		
Willmar HRA	Country View Place*	PA	0	18	297067	FC		6	18	0/0	18		
SUBTOTALS:			2	31	SUBTOTAL CURRENT INVENTORY:			12	31	2/0	33		
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
Salvation Army of Kandiyohi County	Housing Services of Kandiyohi County*	PA	7	0	297067	SMF		0	0	7/7	7		
Willmar HRA	Shelter Plus Care – Rural Homeless Project*	PA	3	0	297067	SMF		0	0	3/0	3		
SUBTOTALS:			10	0	SUBTOTAL NEW INVENTORY:			0	0	10/7	10		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
Southwest Minnesota Housing Partnership	Viking Terrace Apartments	PA	4/01/2007		297105	M		2	5	2/0	7		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								2	5	2/0	7		
Unmet Need								UNMET NEED TOTALS:		7	29	19/4	48
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families								
1. Total Year-Round Individual Permanent Housing Beds:		12		6. Total Year-Round Family Permanent Housing Beds:		31							
2. Number of DV Year-Round Individual PH Beds:		0		7. Number of DV Year-Round Family PH Beds:		0							
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):		12		8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):		31							
4. Total Year-Round Individual PH Beds in HMIS:		12		9. Total Year-Round Family PH Beds in HMIS		31							

5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100 %	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100 %
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J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: 1/25/2007	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input checked="" type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
95.3%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: Wilder Research Center Statewide Survey of Homeless Persons (October 26, 2006); MN Department of Human Services, Office of Economic Opportunity Shelter Survey (January 25, 2007).
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:
<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 1/25/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households <u>with</u> Dependent Children:	7	7	16	30
1a. Total Number of Persons in these Households (adults and children)	20	26	58	104
2. Number of Households <u>without</u> Dependent Children**	14	20	23	57
2a. Total Number of Persons in these Households	14	20	31	65
Total Persons (Add Lines 1a and 2a):	34	46	89	169
Part 2: Homeless Subpopulations (Adults only, except g. below)				
	Sheltered***		Unsheltered*	Total
a. Chronically Homeless	8		4	12
b. Severely Mentally Ill	23		11	34
c. Chronic Substance Abuse	7		4	11
d. Veterans	2		0	2
e. Persons with HIV/AIDS	0		0	0
f. Victims of Domestic Violence	14		9	23
g. Unaccompanied Youth (Under 18)	1		3	4

*Optional for unsheltered homeless subpopulations

** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

***For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input checked="" type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input checked="" type="checkbox"/>	Other –specify: Extrapolation from detailed point-in-time survey conducted in October 2006. Proportions in each sub-population were taken from October 2006 and applied to the counts gathered in the January 25, 2007 point-in-time survey.
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input checked="" type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: 11/2007	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
95.3 %	Emergency shelter providers
100 %	Transitional housing providers

*Please refer to ‘A Guide to Counting Sheltered Homeless People’ for more information on unsheltered enumeration techniques.

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input checked="" type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input checked="" type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input checked="" type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input type="checkbox"/>	Homeless and/or formerly homeless persons
<input type="checkbox"/>	Other – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input type="checkbox"/>	Other – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: 01/2009	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: Amherst H. Wilder Foundation	Contact Person: Craig Helmstetter
Phone: 651-647-4616	Email: cdh@wilder.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC in HMIS Implementation:

HUD-Defined CoC Name	CoC #	HUD-Defined CoC Name	CoC #
Minneapolis/Hennepin County CoC	MN-500	Coon Rapids/Anoka County CoC	MN-507
Saint Paul/Ramsey County CoC	MN-501	Moorehead/West Central Minnesota CoC	MN-508
Rochester/Southeast Minnesota CoC	MN-502	Duluth/Saint Louis County CoC	MN-509
Dakota County CoC	MN-503	Scott, Carver Counties CoC	MN-510
Northeast Minnesota CoC	MN-504	Southwest Minnesota CoC	MN-511
St. Cloud/Central Minnesota CoC	MN-505	Washington County CoC	MN-512
Northwest Minnesota CoC	MN-506		

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy) 08/2004	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
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Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

The single biggest challenge facing our HMIS implementation continues to be a lack of resources. HMIS staff provide group trainings and user groups, but with additional resources, additional project staff time could be devoted to providing assistance on the agency and program level. Such assistance could include help incorporating HMIS requirements into other data entry forms, help incorporating HMIS into the daily business practices of organizations, and more focused attention on the programs that have data quality programs. HMIS challenges also include implementing a more efficient reporting; some of the state sources that require HMIS participation currently require pulling as many as 7 different reports per quarter. Also, even though several state programs use HMIS as the required reporting tool, many agencies operate parallel data collection tools for reporting to other funding streams. Finally, we have not had the resources to reach out to many service providers that are not mandated to use HMIS.

2. HMIS Data and Technical Standards Final Notice requirements:

As shown in Table M-5 below, the completeness of certain universal variables, especially zip code of last permanent address, continues to be a challenge. Our state-wide HMIS supplements the zip code question with city and state of last permanent address, which helps for local purposes.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	66	64
2005	578	542
2006	684	640

Please provide a brief explanation of the reason(s) for any decreases in the number of records

(duplicated or unduplicated) from year to year.
Not applicable.

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0.0%	Gender	0.0%
Social Security Number	11.7%	Veteran Status	15.1%
Date of Birth	2.6%	Disabling Condition	16.5%
Ethnicity	2.6%	Residence Prior to Program Entry	23.7%
Race	0.4%	Zip Code of Last Permanent Address	37.4%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

To date nearly all participation in Minnesota’s HMIS is due to funding requirements; Minnesota’s HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	YES*	NA	NA
Transitional Housing	YES	NA	NA
Permanent Supportive Housing	YES	NA	NA

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.

* The region’s emergency shelter beds are all motel vouchers, except for a domestic violence shelter.

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

	Y	N	P
1. Training Provided:			
Basic computer training		X	
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training		X	
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?			X
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		

Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?		X	
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?	X		
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?		X	
Program level data quality (i.e. data not entered by agency in over 14 days)?		X	
CoC bed coverage (i.e. percent of beds)?	X		
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count?	X		
Uses data integration or data warehouse to generate unduplicated count?		X	
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count		X	
Project/Program performance monitoring	X		
Program purposes (e.g. case management, bed management, program eligibility screening)		X	
Statewide data aggregation (e.g. data warehouse)			X

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	a. Seek funding to expand rental assistance available for the chronic homeless with SHP leasing for 4 beds through Salvation Army.	Allison Uthke-Scalleta: Government Grants Writer, Salvation Army N. Division	7 Beds	11 Beds	15 Beds	22 Beds
	b. Create a CoC chronic homeless task force to inform location of new units, program outreach strategies, and agency capacity evaluation.	Harmonie Brown: Program Manager, Salvation Army – Willmar Corps				
	c. Implement monthly PH unit-availability updates to improve referrals and access to PH for chronic homeless persons.	Jennifer Schuller: SW CoC Coordinator, SWMHP				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	a. Seek funding for four SRA S+C units in Viking Terrace to complement the supportive services available.	Jennifer Schuller: Supportive Housing Specialist, SWMHP	54%	71%	73%	75%
	b. Ensure eviction prevention and personal finance training to all persons in PH through Rentwise and financial literacy programs in region.	Angela Larson, Community and Family Support Director, Western Community Action				
	c. Explore methods of tracking “tenant length of stay” beyond APRs by participating in Performance Measures training.	Jennifer Schuller: Chair, CoC Project Performance Committee				

3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	a. Seek funding to create 2 new permanent supportive housing units through Lutheran Social Services (LSS) that will create new permanent housing units opportunities for households exiting transitional housing.	Liz Christenson: Program Manager, Lutheran Social Services	92.2%	73%	75%	77%
	b. Implement monthly PH unit-availability updates to improve referrals and access to PH for households moving from TH.	Jennifer Schuller: SW CoC Coordinator, SWMHP				
	c. Seek funding in 2008 to expand LSS program to 6 new PH units for households exiting transitional housing.	Liz Christenson: Program Manager, Lutheran Social Services				
4. Increase percentage of homeless persons employed at exit to at least 18%.	a. Provide transportation assistance for all homeless persons in PH to job sites, interviews, and job-training sites.	Linda Sjoberg: Director, SMAMHC	18.2%	20%	23%	26%
	b. Create a CoC Sub-committee on Employment with a MN Workforce Center liaison to develop effective employment strategies and partnerships.	Paula Boehrs: Co- chair, CoC Committee, SMOC				
	c. Coordinate with MN Workforce Centers to advertise jobs and job fairs through PH services coordinators.	Paul Horn: Homeless Service Coordinator, SWMHC				
5. Ensure that the CoC has a functional HMIS system.	a. Arrange for periodic training for HMIS users through HMIS administrator, Wilder Research Center.	Lori Raiber: HMIS Implementation Group Liaison, CoC Committee, Heartland CAA	100% Bed Cover- age	100% Bed Cover- age	100% Bed Cover- age	100% Bed Cover- age
	b. Evaluate HMIS data collection practices periodically for accuracy.	Lori Raiber: HMIS Implementation Group Liaison, CoC Committee, Heartland CAA				

	c. Improve reports available to providers using the system.	Craig Helmstetter: Senior Research Scientist, Wilder Research				
	d. Maintain a high level of bed coverage across Continuum.	Craig Helmstetter: Senior Research Scientist, Wilder Research				

Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).
The Southwest CoC will meet all of the above objectives. However, clarification regarding the baseline of Goal 2 and measurable achievements of Goal 3 may be necessary. Goal 2 Baseline: Two projects reporting data for this baseline began operating in July 2006, only seven months before the reporting period. Given this time-frame, fewer participants could meet the six months of occupancy mark. Since reporting in January, several additional participants have passed the six months of occupancy mark, so the CoC believes that the projects will be extending length of stay and meeting national standards in the next reporting cycle.
Goal 3 Measurable Achievements: Based on past years' performance, the Southwest CoC believes the baseline is extraordinarily high. Because of lower interest rates in recent years, homeownership has become an option for more households in the region; this in turn has led to more availability of rental units and easier placement of transitional housing residents into permanent housing. For this reason, the CoC has proposed goals for the coming 12 months and future years which, though lower than the baseline, is more in keeping with long-term performance and national standards reported by HUD.

Other CoC Objectives in 2007						
1.						
2.						

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Foster Care: The Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. Discharge plans must include housing and employment options and the assigned county case manager is to work closely with the youth and foster provider to implement all discharge plans. Foster care youth may petition to stay in foster care until age 21. State wards stay in foster care until age 21. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. Members of the Southwest Minnesota CoC are participating with counties and other stakeholders in planning forums to better coordinate Foster Care discharges with support services and alternative housing options.

Health Care: Each patient will receive appropriate discharge planning and referral assistance, prior to discharge from the hospital, in an effort to ensure a safe living environment. The discharge plan of each patient is considered individually and is to be kept confidential. Discharge planning begins at the time of admission during the completion of the Multi-Disciplinary Assessment and Referral Form. Discharge planning is the joint effort of the patient, family, clinician, and other personnel involved in the patient's plan of care. The patient's physician may request a social work consult to assist with discharge planning needs and concerns. In the absence of the social worker, the Charge Nurse is responsible for discharge planning and psychosocial referrals. Discharge planning services are based on individual patient need, the availability of community resources, and the patient's social support network. The discharge planning process will provide continuing care based on the patient's need at the time of discharge. Discharge plans will be initiated, updated, and reassessed throughout the patient's hospitalization. For some patients, discharge planning will consist of a clear understanding of how to access services in the future should the need arise. Health care providers are involved in several of the planning subcommittees active in the region.

Mental Health: No person committed to a state regional treatment center is discharged homeless. All persons committed to any of the state regional treatment facilities are assigned a mental health case manager through the county that pursued the commitment. Discharge planning begins while the commitment process is still occurring. Housing after discharge is part of the treatment plan. Housing financed by HUD McKinney/Vento dollars is not used for people leaving state regional treatment facilities. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. Members of the Southwest Minnesota CoC are participating with counties and other stakeholders in planning forums to better coordinate discharges from mental health facilities with support services and alternative housing options.

Corrections:* In order to prevent offenders from being released homeless, the State begins the process of discharge planning shortly after the offender begins serving his sentence in the institution. It is done with enough time to adequately prepare for the coordination of all risk and need areas critical to that offender's successful community reentry. This ensures that all services needed and all available entitlements are secured prior to release and that all stakeholders are included in the discharge planning process. At each correctional facility, a release plan is created for every offender released to supervision. The plan includes case management services, assistance in finding housing, employment, adequate medical and psychiatric treatment and aid in his/her readjustment to the community. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. Members of the Southwest Minnesota CoC are participating with counties and other stakeholders in planning forums to better coordinate Corrections discharges with support services and alternative housing options.

*Please note that “corrections” category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

	YES	NO
1. Consolidated Plan Coordination		
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name:* Southwest Minnesota CoC						CoC #: MN-511			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> **The Salvation Army	The Salvation Army	Housing Services of Southwest Minnesota	1	87,168	3	PH			
Lutheran Social Services of Minnesota (LSS)	Lutheran Social Services of Minnesota (LSS)	Permanent Supportive Housing	2	46,078	2	PH			
Southwestern Minnesota Opportunity Council	Western Community Action, Inc.; Heartland Community Action Agency	Rural Housing Assistance and Stability Program (RHASP)	3	95,088	1		SSO		
Housing and Redevelopment Authority In and For the City of Willmar, Minnesota	Housing and Redevelopment Authority In and For the City of Willmar, Minnesota	Country View Place Permanent Supportive Housing	4	23,705	1		PH		
Housing and Redevelopment Authority of Worthington, Minnesota	Southwest Minnesota Housing Partnership	Viking Terrace Apartments Shelter Plus Care	5	113,640	5			SRA	
The Salvation Army	The Salvation Army	Housing Services of Kandiyohi County	6	86,596	1		PH		
Amherst H. Wilder Foundation	Amherst H. Wilder Foundation	Minnesota's HMIS	7	25,000	1		HMIS		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$ 477,275					
(9) Shelter Plus Care Renewals:						S+C Component Type			
None			8	0	1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 0					
(11) Total CoC Requested Amount (line 8 + line 10):				\$ 477,275					

R: CoC Pro Rata Need (PRN) Reallocation Chart

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have <u>verified with your field office</u> :					\$ NA
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount:					\$ NA
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8) 2007 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
(12) TOTAL:					

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
Southwest Minnesota CoC	\$449,283.55

T: CoC Current Funding and Renewal Projections Chart

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		0		0		0		0		0		0	
Safe Havens-TH		0		0		0		0		0		0	
Permanent Housing (PH)		243,247		110,301		199,963		153,885		338,197		338,197	
Safe Havens-PH		0		0		0		0		0		0	
SSO		95,088		95,088		95,088		95,088		95,088		95,088	
HMIS		25,000		25,000		25,000		25,000		25,000		25,000	
Totals		363,635		230,389		320,051		273,973		458,285		458,285	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO		0		0		0		0		0		0	
0		0		0		0		0		0		0	
1		2	51,360	2	9,936	2	9,936	5	25,716	5	25,716	7	35,988
2		2	62,280	5	30,180	5	30,180	5	30,180	5	30,180	7	42,636
3		0		1	8,004	1	8,004	1	8,004	1	8,004	1	8,004
4		0		0		0		0		0		0	
5		0		0		0		0		0		0	
Totals		4	113,640	8	48,120	8	48,120	11	63,900	11	63,900	15	86,628

Part IV: CoC Performance

U: CoC Achievements Chart

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	1. Begin a permanent supportive housing program at the Salvation Army in Willmar to assist 7 chronically homeless persons. 2. Seek funding to expand vouchers available for the chronic homeless with 3 new TRA S+C beds through the Willmar HRA.	1. 7 beds opened July 1, 2006 with Salvation Army - Willmar. 2. Funding sought for 3 new TRA S+C beds. (HUD did not fund the project.)
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Seek funding for 4 SRA S+C beds in Viking Terrace to complement the supportive services available to create affordable permanent supportive housing options. 2. Implement 3 new TRA S+C beds through the Willmar HRA in partnership with the Southwest Mental Health Consortium.	1. Funding sought for 4 new SRA S+C beds. (HUD did not fund the project.) 2. Willmar HRA opened 3 new TRA S+C beds in July 2006.
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	1. Seek funding to create 7 new permanent supportive housing beds through Lutheran Social Services that will create new permanent housing opportunities for households exiting transitional housing.	1. Funding for 7 new permanent supportive housing beds sought by Lutheran Social Services. (HUD did not fund the project.)
4. Increase percentage of homeless persons becoming employed by 11%.	1. Providers will connect homeless persons with local workforce centers/Motivation, Education and Training (MET) and follow up to ensure they are receiving employment services and/or employment. 2. Implementation of Assertive Community Teams that contain Vocational Specialists to coordinate with local workforce centers to provide employment services and vocational rehab as necessary to assist homeless persons gain employment. 3. The Southwest Minnesota Opportunity Council will link homeless persons participating in transitional and permanent supportive housing programs to their Employment Program to increase employment.	1. 5 providers connected homeless persons with employment services and followed up. 2. Assertive Community Treatment Teams were implemented in August 2006. 3. 5 homeless persons participating in SMOC programs linked to their Employment Program.

	4. Implementation of the Rural Housing Assistance and Stability Program (RHASP) to provide supportive services to 94 households per year in obtaining permanent housing and increasing employment.	4. 61 households received services through RHASP in first six months. (One-year data not yet available.)
5. Ensure that the CoC has a functional HMIS system.	1. Ensure that all existing and new grantees of Mckinney Vento funds are trained in a timely manner and begin utilizing HMIS at project start up to continue 100% mandated agency participation that exists in Continuum. 2. Support efforts of the Wilder Foundation to seek funding for HMIS implementation.	1. 5 HMIS trainings were attended by new/current grantees in the past 12 months. 2. Renewal funding for HMIS was sought and awarded in the 2006 McKinney-Vento round.

Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.

Goal 4, Action Step 4: One-year data is not yet available for the RHASP program, so this goal cannot be measured accurately at this time. However, as stated above, RHASP served 61 households in the first six months, and is therefore likely to meet the goal of 94 households during the year.

Overall note: Funding sought for new S+C vouchers for chronically homeless and other homeless persons was not awarded to the Continuum by HUD in 2006. Therefore, while the goal of seeking funding was met, the projects themselves have not come to fruition at this time. Two of the three projects are seeking funding again this year.

OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.

The Continuum implemented its first project dedicated to chronically homeless persons in July 2006 under the SHP program. Six of seven units are occupied at this time, and several participants have passed the six-month occupancy threshold. Expanded outreach is taking place for the remaining unit and for the four additional units proposed in this year's funding round.

V: CoC Chronic Homeless (CH) Progress Chart

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.

Year	Number of CH Persons	Number of PH beds for the CH
2005	3	0
2006	3	0
2007	12	7

Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:

Expanded outreach and involvement of service providers not specifically dedicated to serving homeless persons resulted in a larger overall count than those counts conducted in past years. This has predictably resulted in a higher number of chronically homeless persons counted as well.

2. Indicate the number of **new** PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:

7

3. Identify the amount of funds from each funding source for the development and operations costs of the **new** CH beds created between February 1, 2006 and January 31, 2007.

Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Operations	\$ 37,548	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL	\$ 37,548	\$ 0	\$ 0	\$ 0	\$ 0

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	2
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	6
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	1
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	4
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	62.5%
2. Participants in Transitional Housing (TH)		
<input checked="" type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	%

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.		
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.		
(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
2	a. SSI	0	0%
2	b. SSDI	0	0%
2	c. Social Security	0	0%
2	d. General Public Assistance	0	0%
2	e. TANF	1	50%
2	f. SCHIP	0	0%
2	g. Veterans Benefits	0	0%
2	h. Employment Income	0	0%
2	i. Unemployment Benefits	0	0%
2	j. Veterans Health Care	0	0%
2	k. Medicaid	0	0%
2	l. Food Stamps	0	0%
2	m. Other (please specify)	0	0%
2	n. No Financial Resources	0	0%

Y: Enrollment and Participation in Mainstream Programs Chart

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

Z: Unexecuted Grants Awarded Prior to the 2007 CoC Competition Chart

Project Number	Applicant Name	Project Name	Grant Amount
None			
		Total:	0.00

AA: CoC Participation in Energy Star Chart

Have you notified CoC members of the Energy Star initiative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 100%

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>