

HENNEPIN COUNTY

MINNESOTA

Manual

Supportive Housing Strategy

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1 Introduction

In late 2018, the Hennepin County Housing and Redevelopment Authority (HCHRA) (the “County”) established the Supportive Housing Strategy to incent the creation of supportive housing projects for County-identified priority populations. This Supportive Housing Strategy Program Manual provides an overview of program requirements, describes relevant policies and priorities, and outlines the housing preferences and service needs of the priority populations. The County reserves the right to waive any and all procedures contained herein where they may interfere with the timely implementation of projects in the County’s interest.

2 Project eligibility

Supportive Housing Strategy (SHS) capital funds may be used for the acquisition of property, construction of new or rehabilitation of existing permanent supportive housing, site improvements, and other related expenses for developments that will serve the County’s target populations. SHS-funded developments shall provide the appropriate and necessary level of services for the project during the entire affordability period. Hennepin County will review new supportive housing proposals based on clearly defined operating and service budgets and funding sources. Developments anywhere within Hennepin County are eligible to receive SHS funds; there are no geographic limitations.

Projects must include a minimum of eight (8) units that are tailored to and reserved for residents from one of the populations below, with priority for proposals that include more than eight units dedicated to the priority populations:

- People experiencing homelessness with additional barriers (i.e. “high priority homelessness”)
- People with complex medical conditions and currently homeless
- People with severe substance use disorders
- People, including transition-age youth, with developmental disabilities, traumatic brain injury, and/or neurodiverse conditions
- People with disabilities involved with Hennepin County’s department of community corrections and rehabilitation services (“DOCCR”)
- People with mental illnesses who are leaving treatment, at risk of institutionalization, or living in segregated settings
- Youth involved with County systems
- Families with disabilities involved with child protection services

See Attachment 1 of this Supportive Housing Strategy Program Manual for details about each priority population, their required referral pathways, and preferred housing design and services.

3 Affordability and related requirements

3.1 Income limits

Units that will serve Supportive Housing Strategy populations must be reserved for households at or below 30% of the area median income (AMI), as established by the U.S. Department of Housing and Urban Development (HUD).

Income limits are updated by HUD on an annual basis and are available here:

<https://www.huduser.gov/portal/datasets/il.html>

The current income limits, as of the date of publication of this Manual, are:

Table 1. HUD income limits, effective April 2025

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
30%	27,800	31,800	35,750	39,700	42,900	46,100

3.2 Rent limits

Gross rents for SHS-assisted projects must not exceed the Multifamily Tax Subsidy Project (MTSP) rent limits established by HUD for the 30% AMI income tier. Except in the case of projects with committed project-based rental assistance or committed Housing Support, rent limits must match the income limits set out for each rental unit. The rent limits are based on a household paying no more than 30 percent of gross income for gross housing costs, including tenant paid utility costs. Rent limits are based on a formula of 1.5 persons per bedroom, are adjusted annually, and are published annually by the Minnesota Housing Finance Agency (MHFA). Current (and historical) rents are available here:

<https://www.mnhousing.gov/rental-housing/post-selection/rent---income-limits.html>

The current rent limits, as of the date of publication of this Manual, are:

Table 2. MHFA rent limits, effective April 2025

AMI	EFF/0 BR	1 BR	2 BR	3 BR	4 BR
30%	695	745	894	1,032	1,152

3.3 Fair housing

The Fair Housing Act prohibits discrimination in all housing related transactions based on race, color, religion, national origin, sex, familial status and disability. Projects shall comply with all federal laws, executive orders, and implementing rules and regulations. Projects shall also comply with Minnesota law

and local city ordinances regarding fair housing and human rights, including the Minnesota Human Rights Act.

3.4 County anti-displacement policy

As a large urban county, Hennepin County recognizes that many of our residents do not have the same opportunities to grow and thrive as others in our population. For these residents, quality of life is impacted, and the likelihood of a shorter lifespan is greater. Projects must minimize the involuntary displacement of vulnerable populations such as low-income households, immigrants, the elderly, and people with disabilities.

3.5 Relocation

Though SHS funds are not federal funds, the County requires compliance with the federal [Uniform Relocation Act](#) in any SHS-funded developments that involve acquisition, demolition or rehabilitation of property (not including voluntary homeowner rehabilitation). Acquisition includes the purchase of real estate, including vacant parcels, regardless of the source of acquisition funds. Any activities that could result in temporary or permanent displacement and the relocation of tenants will require the creation of a relocation plan. All activities will trigger the need for one or more disclosure notices for the sellers, buyers and/or occupants. For proposals that require relocation of any kind, it is recommended that the developer work with a qualified relocation consultant.

4 Design, contracting and construction standards

4.1 Construction/rehabilitation standards

All building improvements must comply with local and Minnesota State Building Codes. At a minimum, properties must meet HUD's Uniform Physical Condition Standards and maintain compliance with all applicable ordinances, building and use restrictions, code-required building permits, and any requirements with respect to licenses, permits, and agreements necessary for the lawful use and operation.

In addition, applicants are encouraged to include additional following design features to help reduce energy expenditures, maintain sustainability, and enhance the health, well-being and productivity of the building occupants, such as:

- Minnesota Overlay and Guide to the Enterprise Green Communities Criteria [Minnesota Overlay](#)
- Energy Star products, standards and building certification
- The most current B3 standard: [3.0 – B3 \(b3mn.org\)](#) which includes the SB2030 Energy Standard
- [Seven Principles of Universal Design](#) "The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."

4.2 Section 504

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability. Section 504 requires that five percent (rounded up) of all new and rehabilitated units must be fully accessible for people with mobility impairments (physical handicaps) and that an additional two percent (rounded up) of all new units must be fully accessible for sensory (hearing or vision) impairments. The accessibility must meet the Uniform Federal Accessibility Standards (UFAS).

Additional requirements apply to the common areas. These requirements state that all ground floor units must be accessible in buildings with no elevator, when feasible, if built prior to March 13, 1991. For buildings with elevators, all units must be accessible.

Section 504 requires that reasonable accommodations be made in rules, policies, practices, services and reasonable structural modifications.

4.3 Construction and demolition reuse and recycling policy

All non-hazardous building material generated during the project should be sorted by material type for recycling or, if collected as mixed waste, sent to a facility that achieves a minimum 60% recycling rate. If sorting by material type, at a minimum, the following materials should be separated for recycling: concrete, metals, untreated wood, and roofing material. Removal of building materials for reuse is encouraged where feasible. New construction, renovation, rehabilitation, and remodeling projects are encouraged to incorporate reused and recycled content building materials in their designs. Special construction waste recycling rates for County-funded projects may be available to projects selected for funding via this RFP.

4.4 Affirmative action

Projects shall comply with all applicable local rules and regulations for affirmative action. Where federal, state, and/or local policies and requirements for affirmative action and equal employment opportunity differ, the most restrictive policies and requirements shall apply. However, the project shall provide any reports or other documentation required by each jurisdiction in order to demonstrate compliance with applicable laws, ordinances, and regulations. Successful rental projects awarded financial assistance from SHS are required to submit an Affirmative Action Certification from the State of Minnesota prior to closing the SHS loan.

4.5 Small businesses, women-owned, and small disadvantaged business enterprises

All projects must track and report outreach efforts and contracts awarded to small, disadvantaged businesses, Small Business Enterprises (SBEs), and Women Owned Small Businesses (WOBES), per state and federal law. They can be accessed in the Central Certification CERT Program. Where federal, state, and/or local policies and requirements for small, disadvantaged businesses, Small Business Enterprises

(SBEs), and Women Owned Small Businesses (WOSBs) differ, the most restrictive policies and requirements shall apply, as legally permissible.

In addition, the County encourages participation in the County's Workforce Entry Program (WEP). WEP encourages contractors to hire a specific number (based on the project) of graduates of approved job training programs or demonstrate good faith efforts to do so. Contractors hire on the job training program graduates as apprentices, who gain valuable skills and knowledge working on County projects. Apprentices must not have completed an apprenticeship training course that leads to journeyman status or have been employed as a journeyman. The County provides a list of approved job training programs here: <https://www.hennepin.us/-/media/hennepinus/business/work-with-hennepin-county/contracting-with-hennepin/WEP-approved-programs-lists.pdf>.

4.6 Environmental site assessment

A completed Phase I Environmental Site Assessment is required for projects with five or more units. If indicated by the Phase I, a Phase II Environmental Site Assessment and response action plan may also be required.

5 Financing and contracting requirements

5.1 Award letter and period of performance

Selected proposals will receive an award letter after approval of a SHS capital funding award by the HCHRA Board. The award letter will outline important terms of the commitment, including the number of units committed to each priority population and their affordability levels (AMI). Developers should carefully review award letters upon receipt. Requests to change any terms represented in the award letter – including changes to interest rates, number of units reserved for priority populations, their required referral pathways, and other key terms– must be made at least 3 months in advance of the project's anticipated closing date, as some changes may require HCHRA board approval. Developers must receive written approval from the County prior to implementing any changes.

Projects awarded SHS funds must close on all of the project's permanent financing (including SHS) by the deadline indicated on the award letter, which is typically 30 months after the award date. A maximum of two one-year extensions of the closing deadline may be available under certain limited circumstances; please contact the SHS Program Manager.

All funds awarded under the loan agreement must be disbursed within two years of the loan agreement execution date.

5.2 Due diligence requirements

Developers should contact County staff at least six months prior to the anticipated project closing date to begin the due diligence process. County staff will provide developers with a due diligence checklist. Notable items on the due diligence checklist are highlighted below. For SHS projects, additional due diligence requirements apply, including a service plan and budget and agreements with the contracted service provider.

Municipal support

Projects must demonstrate community support. For SHS funds, an authorizing city council resolution from the municipality in which the project is or will be located is required following the funding award and prior to loan execution. It is highly recommended that the developer discuss the project with city staff prior to submitting an application for SHS funding.

Financial commitments

Applicants shall identify all financial commitments necessary to complete the activity and provide third party documentation supporting all funding pledges, conditions, terms and applicable deadlines. Any in-kind contributions from the municipality, business sector, and/or community must also be documented as part of the due diligence process prior to closing the SHS loan.

In addition to the items specifically highlighted above, documentation requirements include but are not limited to: Lender's Title Policy; commitment for an American Land Title Association (ALTA) survey; a legal opinion letter; agreement to defend, indemnify and hold the County harmless from any and all claims or lawsuits that may arise from the funded activities; agreement to provide evidence of insurance general liability, builder's risk, worker's compensation in form and content satisfactory to the County, and tenant selection plan. Other due diligence items specific to SHS awards include final service plan and budget; these must be reviewed and approved by County staff prior to the financial closing.

Documentation of non-debarment

County policies require that the applicant organization, and other members of the project team, must not be suspended or debarred from doing business with the government. The County will verify non debarment of the development entity by checking the federal [exclusions database](#) and the state [debarred vendor report](#) at time of application. Developers are required to submit documentation of non-debarment for key project team members – including developer, development consultant (if any), architect, general contractor, property manager, and service provider – prior to the project's financial closing.

5.3 Financing terms and contractual requirements

The County will complete a final underwriting of awarded projects before financial closing to confirm remaining financial need and continued adherence to County priorities. The County also relies on the underwriting expertise of other public funders and investors to ensure that the project is financially feasible through construction and long-term operations. The County reserves the right to cancel a funding

commitment if the project is not proceeding according to the timeline submitted in the application, or other significant changes have been made to the project without County approval. An executed loan agreement is the final commitment and will be required prior to disbursement.

Successful rental projects awarded financial assistance from SHS typically receive a deferred, low-to-zero-interest 30-year loan (or such longer term as was indicated by the project at time of application). SHS loan documents include a Loan Agreement, Declaration of Covenants and Restrictions, a Mortgage and a Promissory Note. The standard SHS interest rate is 0% simple interest, which may be adjusted upward upon developer request. Any requests to revise the interest rate or otherwise modify the terms of the loan will need to include clear documentation of how the proposed change will support the development and financial health of the project and its residents. Projects may be required to pay an origination fee of 1% of the County award at the time of project closing, as outlined in the award letter.

Projects approved for funding require disbursement within two years of the loan execution date. If funding has not been disbursed in a timely manner, for any reason whatsoever, the County has the discretion to extend the award or rescind the funding.

SHS loans must be repaid at the point of loan maturity, sale of the property, or if the project does not meet the terms and conditions of the contractual agreement. A standard form loan agreement is available upon request (contact SHS program manager); please be advised that terms and conditions are subject to change. Applicants are encouraged to review the standard form loan agreement and note any rejected terms with the submission of their proposal.

6 Rental requirements

The applicant must demonstrate how the project will support tenants' housing stability through written service plans, marketing plans, and tenant selection policies. All SHS-funded projects will be required to comply with the following for the entire term of the SHS loan:

- Accept section 8 housing choice vouchers and other tenant-based subsidies.
- Create and follow an Affirmative Marketing Plan that provides outreach to individuals that are the least likely to apply.
- Notify tenants that the [Landlords and Tenants: Rights and Responsibilities](#) handbook is available.
- Post fair housing posters in areas visible to prospective tenants.
- Provide a standard written lease; be free of any of the HUD-prohibited lease provisions; meets applicable tenant-landlord laws related to notification for termination of tenancy.
- Ensure tenants are aware of the opportunity to review property management procedures in different formats or different languages, as needed.
- Create and follow a property management plan that requires consistent and ongoing communication between property manager, service provider, and owner.
- Create and follow a property management plan that ensures every effort is made to stabilize households at risk of losing their housing, balancing needs of the broader project community. Eviction-prevention efforts may include: setting up a payment plan for past-due rent;

coordination between property manager and service provider in cases of non-financial lease violations.

- Create and follow a tenant selection plan that is consistent with providing supportive housing, as detailed below.

6.1 Tenant screening plans

County staff will review the tenant selection plan as part of the due diligence review process and must approve the tenant selection plan prior to loan closing. In general, plans should meet these criteria:

- is reasonably aligned with tenant eligibility and referral requirements identified in Attachment 1 of this program manual;
- does not consider credit score in the tenant screening process;
- provides prompt written notification to rejected applicants noting reason(s) for the rejection;
- allows for appeals or consideration on case-by-case basis;
- meets the City of Minneapolis renter screening ordinance, whether the project is located in Minneapolis or not: <https://www2.minneapolismn.gov/business-services/licenses-permits-inspections/rental-licenses/renter-protections/renter-screening/>; and
- meets any other local renter screening ordinances and regulations.

During the affordability period (while the property is in operation) any proposed updates to the tenant selection plan must be submitted to County staff prior to implementing the changes. County staff will review and approve, or flag items for discussion, within 30 days of submission.

6.2 Rental compliance reporting/program monitoring

Annual reporting during the affordability period is required. This may include, but is not limited to, rent rolls, verifications of household income, household data, rent schedule, operating budget, and financial audits. The County has the right to review any and all procedures, including property management agreements, tenant selection plans, and all materials, notices, documents, etc., prepared for the implementation of the project, and as revised during the affordability term. Additional annual compliance monitoring forms are required for SHS-funded projects.

7 Referral pathways

7.1 Overview

Each priority population has a specific referral pathway in which tenants are referred to supportive housing units. People experiencing the longest periods of homelessness with additional barriers (i.e. high priority homeless) and people with complex medical conditions and currently homeless are referred

through [Hennepin County's coordinated entry system](#). All other priority populations are referred by associated County staff. See the non-coordinated entry referral process outline below for more information.

7.2 Non-coordinated entry referral pathways

For populations that are not referred through the County's coordinated entry system, the tenant referral process will follow the outline below, with additional detail developed for each specific priority population. In general, County staff collaborate with owners and property management teams to create a referral form specific to the population, and a timeline for filling County-designed units, including pacing of referral submissions, especially during project lease-up. The referral process will follow these steps:

1. Property management staff provides information to County staff about available units, eligibility, and application processes
2. After establishing a leasing timeline, designated County staff will use internal prioritization to identify eligible client(s)
3. County staff will complete a referral form for eligible client(s) and will submit referral forms to property management team
4. Property management will work with County staff and/or the tenant to complete the rental application and lease-up

During the first few months of tenancy, the service team will conduct periodic check-ins with County staff, developer, and property management team to address questions and/or barriers encountered during initial occupancy (for example: application denial, changes in housing status, incarceration, institutionalization, and changes in child custody.)

8 Services, service budget, and expected outcomes

8.1 Service plans

While participation in services is voluntary for clients, offering case management is mandatory for providers. Caseloads should be reasonable and balance effective service delivery with cost-effectiveness. Service providers should follow the County's Housing Support fidelity standards:

Participation in social services is based upon individual choice. Housing services should ensure culturally sensitive outreach, programming and/or culturally appropriate living and community spaces. All supportive services, including County-supported units serving significant at risk and/or homeless populations, must be reviewed and approved by Hennepin County housing stability staff.

Each priority population has a specific on-site service model best suited to the needs of the population. See Attachment 1 to this Manual for details.

8.2 Service budgets

Applicants must submit a detailed proposed service budget with their SHS capital funding application. The service budget must:

- be specific to the SHS units,
- provide proposed services expenses, funding sources, and remaining funding gaps, and
- be separated by “front desk” and “tenant services”.

Projects should continually pursue and secure all available service funding sources, including Housing Support and Medicaid-funded programs. The County (Housing Development department in partnership with Housing Stability department) will underwrite service budgets to confirm adherence to County priorities and best practices as part of the capital funding application process.

Projects with services funding gaps confirmed by the County may be eligible for ongoing service funding from the County. This funding is available for unique services the County deems necessary for the project to meet the stability needs of the target population, and for which no other funding is available. For projects awarded SHS capital funding and receiving County endorsement of the services funding gap, SHS capital funding award letters will also include the maximum amount of annual service funding the provider may request from the County prior to opening.

Prior to financial closing of the SHS loan, SHS development teams must submit a final service plan and budget for final underwriting by County staff. These must be reviewed and approved by County staff prior to the financial closing.

8.3 Expected outcomes

Expected outcomes for tenants from all priority population group(s):

- at least 75% maintain tenancy at the project 12 months after entry
- at least 80% exit to other permanent housing

For the high priority homeless and people with complex medical conditions population group:

- Homeless Management Information System (HMIS) data will be entered in accordance with local HMIS data quality policies, per the community’s Data Quality Plan

For all tenants from the priority population group(s):

- at least 75% maintain tenancy at the project 12 months after entry
- at least 80% exit to other permanent housing

Attachment 1 – Supportive Housing Strategy priority populations

County-identified priority populations are those residents for whom housing instability leads to the worst health and safety concerns. These residents have incomes at or below 30% AMI, and also have a combination of a need for significant assistance to live independently, a disabling condition increasing health and safety risks if unhoused, and/or no other access to existing supportive services.

As of February 2018, County staff identified approximately 3,100 residents meeting these criteria and represented in the specific priority populations listed below. The housing preferences identified below were developed by County staff working closely with members of each target population and with service providers that focus on each population.

<i>Supportive Housing Strategy priority populations</i>	<i>Required referral pathway</i>
People experiencing the longest periods of homelessness with additional barriers (i.e. “high priority homelessness”)	Hennepin County Coordinated Entry System
People with complex medical conditions and currently homeless	Hennepin County Coordinated Entry System
People with severe substance use disorders	Referrals from Hennepin County staff (per section 7.2 above)
People, including transition-age youth, with developmental disabilities, traumatic brain injury, and/or neurodiverse conditions	Referrals from Hennepin County staff (per section 7.2 above)
People with disabilities involved with Hennepin County’s department of community corrections and rehabilitation services (“DOCCR”)	Referrals from Hennepin County staff (per section 7.2 above)
People with mental illnesses who are leaving treatment, at risk of institutionalization, or living in segregated settings	Referrals from Hennepin County staff OR via the Section 811 program administered by Minnesota Housing and Minnesota Department of Human Services
Youth involved in County systems	Hennepin County Coordinated Entry System, No Wrong Door, OR referrals from Hennepin County staff
Families with disabilities involved with child protection services	Referrals from Hennepin County staff (per section 7.2 above)

A1.1 People experiencing homelessness with additional barriers (i.e. “high priority homeless”)

Definition: Households (individuals, families with children, and youth) prioritized for permanent supportive housing through the Hennepin County Coordinated Entry system. High Priority Homeless often includes people experiencing homelessness who also meet the HUD Chronic Homeless definition, State of Minnesota’s LTH definition, and/or who have a disability.

Population overview:

Beginning in June 2017, Hennepin County began targeting this population, engaging with community partners and employing best practices including a by-name list and data tools and tracking. Since that time, over 1,000 people who were experiencing chronic homelessness have been moved into housing (with a 94% retention rate). Even with these positive housing outcomes, the County knows of more than 300 people experiencing chronic homelessness in Hennepin County, and there is a steady inflow of people who newly meet the HUD definition on a monthly basis. Housing people experiencing chronic homelessness makes a significant impact on both the individual and the larger homeless response system as moving out long-term shelter stayers makes space for people new to shelter.

People of color disproportionately experience chronic homelessness. Of those currently experiencing chronic homelessness in Hennepin, 46% identify as African American, 38% White, 13% American Indian, 10% Hispanic, and 2% Asian. As such, African Americans are over-represented – compared to the general population of Hennepin – at a rate of almost 4:1. Native Americans are over-represented at a rate close to 13:1. Further, people of color are significantly more likely to exit programs back to homelessness. A recently completed study of Hennepin’s Homeless Management Information System data found that African Americans were 59% more likely to return to homelessness after leaving a homeless program than their white equivalents, and Native Americans were more than twice as likely to do so.

In Hennepin County, the typical composition of a chronically homeless household is one male, however some people prefer a roommate. Most have general assistance (\$350/month), some have social security disability benefits (approximate average of \$943/month), and few have earned income. They tend to be hard to engage, have high behavioral and health needs and have significant housing barriers (i.e. criminal history and negative housing history). Due to these higher barriers and needs, serving people who are experiencing chronic homelessness is a skill that is honed by agencies and professionals over time.

Characteristics of housing needed:

The County seeks dedicated service-intensive projects with progressive pathways into mainstream housing, as well as set-aside units intentionally integrated within mixed-income buildings.

Due to the high barriers and needs of people experiencing homelessness, evidence-based practices – such as Housing First, trauma informed care, progressive engagement, person centered thinking and long-term engagement strategies – are critical to best serve this population.

Building types	Dedicated medium-sized building(s) (i.e. 30 or more units of supportive housing, with traditional supports such as a staffed front desk) for people needing more intensive support Larger mixed-income building(s) (i.e. 50-100 units) with a mix of units set aside for the target population and general occupancy affordable housing; ideal unit mix is dependent upon a number of factors.
Unit size / type	For single adults: One-bedrooms and/or studios (ideally, minimum 400 sq. ft.) with kitchens For families: 2-, 3- and 4-bedroom units with flexibility for families with children, roommates and 'chosen family,' or multigenerational households
Amenities	Community space for tenants including basic kitchen Office space for on-site services (dedicated building type only) For families: community activity rooms and outdoor play spaces for youth Environmental design features including calming colors and materials and elements of nature on site; spaces for health and well-being practices
Referral pathway	All vacancies for dedicated or set-aside homeless units funded via the SHS will be filled through the Hennepin County Coordinated Entry System.
Leasing	Standard individual leases (i.e. no curfews, standard visitor policies) Pets allowed, non-smoking rooms Person-centered and harm-reduction oriented property management approach,
Security	Secured entry buildings with clear lines of sight and camera security Ideally, overnight staffing for dedicated building type
Geographic location	Near high frequency transit lines Near parks, trails, and open space
Services	On-site case management focused on housing stability, including lease compliance. Resource referral: employment services, health care and insurance, benefits, meaningful daily activities and volunteer work, treatment and food shelves, housing related services (maintaining a home), Homemaking semi-independent living skills services Front desk staff who can also serve as a resource/connection for small property management requests

A1.2 People with complex medical conditions and currently homeless

Definition: Experiencing homelessness and referred via the medical fragility prioritization factor that is part of Hennepin County's Coordinated Entry System.

Population overview:

As of 2020, over 1,000 individuals experiencing homelessness also have complex medical conditions. These medical complexities make housing more crucial; residents often need housing that includes medical and other supports on site. Examples of diagnoses that qualify as "complex medical conditions" are:

- IV drug users, especially with (at risk of) HIV/AIDS and with opioid addiction
- Syphilis
- Hepatitis C
- Organ failure (examples: end stage renal disease, especially if on dialysis, or liver failure or disease)
- Cardiovascular disease (examples: congestive heart failure, or history of heart attacks or strokes)
- Skin conditions (examples: non-healing wounds, history of cold-weather related injury such as frost bite)
- Diabetes (examples: diabetes type 1, or other uncontrolled diabetes with complications such as eye disease, neuropathy, amputation, or kidney disease)
- Memory issues (significant cognitive impairments/memory issues)
- Mobility impairment (missing limbs, various types of paralysis)
- Respiratory illnesses
- Cancer
- HIV positive

The medical fragility prioritization factor that is built into the Coordinated Entry System allows Hennepin County residents with complicating factors such as advanced age, difficulties with activities of daily living, cognitive issues or combinations of these or other medical or mental health issues that worsen with homelessness to find housing more quickly.

Characteristics of housing needed:

Building types	Either a dedicated supportive housing building (i.e. 30 or more units of supportive housing, with traditional supports such as a staffed front desk) for people needing more intensive support, or For those members of this population needing less intensive support, units set aside within larger mixed-income buildings
Unit size / type	One-bedrooms and/or studios with in-unit bathrooms and kitchens. Priority for units with accessibility features to meet changing physical needs of residents (grab bars, roll in showers, lower counter heights etc.).
Amenities	Community space for tenants including basic kitchen Office space for on-site medical and behavioral services (dedicated building type only) Environmental design features including calming colors and materials and elements of nature on site
Referral pathway	All vacancies for dedicated or set-aside units funded via the SHS will be filled through the Hennepin County Coordinated Entry System, utilizing the medical fragility prioritization factor
Leasing	Standard individual leases (i.e. no curfews, standard visitor policies) Pets allowed, non-smoking rooms Person-centered and harm-reduction oriented property management approach,
Security	Secured entry buildings with clear lines of sight and camera security Overnight staffing for dedicated building type

Geographic location	Near high frequency transit lines Near parks, trails, and open space
Services	On-site case management focused on housing stability, including lease compliance. Limited on-site medical services Resource referral: employment services, health care and insurance, benefits, meaningful daily activities and volunteer work, treatment and food shelves, housing related services (maintaining a home), homemaking semi-independent living skills services Front desk staff who can also serve as a resource/connection for small property management requests

A1.3 People with severe substance use disorders

Definition: Single adults with severe Substance Use Disorders (SUD), as identified by County-operated and contracted case managers utilizing the ASAM assessment (<https://www.asam.org/asam-criteria/about-the-asam-criteria>).

Population overview

There are several withdrawal management services (formerly known as detoxification services or “detox”) throughout Hennepin County. One indicator of a Substance Use Disorder (SUD) may include frequent admissions to withdrawal management services. Lack of access to stable housing is a contributing factor to overutilization and/or misutilization of withdrawal management services and emergency departments. For example, in Hennepin County, around 130 individuals had more than 5 stays at Withdrawal Management in 2022. These individuals are most commonly single men (98%) experiencing homelessness (71%). People of color are disproportionately represented in this group: 38% are Black or African American, and 8.2% are American Indian (compared to 13.3% and 0.6% of the general population, respectively).

Residents with severe Substance Use Disorders have extremely low incomes, almost universally under \$14,000 in annual income, in addition to criminal and housing histories. These factors, combined with their Substance Use Disorders, makes accessing and maintaining independent stable housing difficult without treatment and supportive services. Experience utilizing evidence-based practices – such as Housing First, harm reduction, and person centered thinking– are critical to best serve this population.

Housing people with severe Substance Use Disorders makes a significant impact on both the individual and the larger system, including:

- Facilitates access to treatment and other needed health care/social services
- Leads to reduced use of withdrawal management services, emergency department admissions, and other crisis services
- Frees up County resources to support other needs

Characteristics of housing needed

The County is seeking housing that matches the continuum of health and support needs for people with Severe Substance Use Disorders. This includes housing first models, abstinence-based housing, and harm reduction housing models to support individuals in their preferred recovery.

The County is seeking dedicated service-intensive Recovery Housing projects. Preferred projects will meet Level III or IV Recovery Housing as defined in this Recovery Housing Best Practices overview from the Substance Abuse and Mental Health Services Administration (SAMHSA):

<https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>.

The County is seeking proposals for supportive housing that recognizes the humanity and assets of each individual and is ready to house people who may demonstrate the full range of behavior that expected in a population living with Substance Use Disorder.

Building types	Housing projects 100% designated to the population No larger than 50 units
Unit size / type	Single-room occupancy, with private bathrooms (shared kitchens are acceptable), or Efficiency/studio apartments, one bedroom units Units that meet high-level accessibility (low threshold showers, wide doorways; accessible via mobility devices)
Amenities	Community space, possibly with a shared kitchen Office space for on-site services Culturally-responsive, multi-purpose spaces (active spaces, prayer spaces, sensory spaces, etc.) Allows pets (not just service animals) Outdoor spaces (for smoking)
Referral pathway	All vacancies will be filled by County staff per section 7.2, above
Leasing	Person-centered and harm-reduction oriented property management approach Standard written, individual leases with a minimum 30-day period of notification for termination of tenancy. Standard leases that generally allow guests (can restrict the # of continuous days or days per month that guests are present so that residents are not doubling up, could have some restrictions on the comings/goings of guests or guest visitors within reasonable limits.)
Security	Tailored to the unique needs of the target population
Geographic location	Location within ½ mile of high frequency transit service is preferred.
Services	On-site staff front desk and case management staff focused on housing stability, including lease compliance. Capacity to administer naloxone (medication used for the emergency treatment of known or suspected opioid overdose such as Narcan) Capacity to support residents'

	<p>Ability to coordinate medical and other support services within the health care system.</p> <p>Computer room with internet access and privacy component to facilitate virtual healthcare appointments</p> <p>Limited health care on site to include titration of medications, including prescribed psychiatric and addiction psychiatry medications (methadone, suboxone, naltrexone, vivitrol, etc.)</p>
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A1.4 People with neurodiverse conditions, including with developmental disabilities, traumatic brain injury, Autism spectrum disorder and/or Fetal alcohol spectrum disorder

Definition: Persons aged 18 or older with Fetal Alcohol Spectrum Disorder (FASD), Autism spectrum disorder, intellectual/developmental disabilities, and other neurodiverse conditions that don't fall neatly into funded categories. Although youth (18+) and adults with intellectual/developmental disabilities and/or neurodiverse conditions have distinct causes and effects, they share commonalities, e.g. difficulties in socializing, emotional volatility, and behavioral support needs in response to stress. People are affected differently across a spectrum, some able to live and work independently with little support, others unable to live independently needing full-time care.

Population overview

Members of this population are typically 40% White, 40% Black or African American, 11% other races and/or multi-racial. Three percent (3%) across all races are Hispanic/Latino. Additional demographic data on individuals receiving long term services and supports can be found on [MN DHS' LTSS Demographic Dashboard](#).

The most common income source for this group is disability benefits income. In addition to low incomes, they have diverse and highly variable barriers to housing and independent living, including but not limited to: medication management, physical/ structural needs, sound/ noise variability, transportation/ accessibility to medical appointments, managing a daily schedule of responsibilities of cooking, cleaning, interacting with daily tasks, etc. They also may have barriers related to employment, transportation, and independent living skills.

People with neurodiverse conditions have history or pattern of:

- absencing or service termination from accommodations
- repeat hospitalizations
- juvenile or adult correctional/ probation experience
- not meeting criteria for housing or waived services
- not qualifying for or accepted at current available settings
- disrupting setting based on behavior

Many are served by the Developmental Disabilities (DD) or Mental Health (MH) systems but their behaviors (especially around socialization with peers, volatility quickly changing emotions) make them incompatible with DD or MH group homes. Others don't meet eligibility for disability waivers and may not

meet the definition of DD or MI but have severe learning disabilities or other cognitive disabilities that are lifelong.

Characteristics of housing needed

The County is seeking smaller housing types for this population that allow creation of community, but do not feel like group homes.

Building types	Small buildings (4 - 20 units) preferred Smaller mixed population setting (no resemblance to congregate housing)
Unit size / type	1-bedroom or efficiency (or private lockable bedroom)
Amenities	24-hour staffing (front desk) More than one community space in the building Shared spaces and individual accommodation should allow space for socializing Noise/ light/ traffic stimulus mitigation. Sensitive design could help to mitigate or not aggravate the issues by deliberately creating calming, quiet spaces. Dimmable lighting and good soundproofing could help those who are sensitive to light and noise. Staff apartment/ space, which is the hub for services, including community-based/ mobile/ co-located services Space for shared/common meals (for teaching independence & cooking)
Referral pathways	Referrals for all vacancies in units designated for this population and funded via the SHS will come from County staff per section 7.2 above.
Leasing	Standard written, individual leases (i.e. no curfews, standard visitor policies) with a minimum 30-day period of notification for termination of tenancy. Person-centered and harm-reduction oriented property management approach
Security	Tailored to the unique needs of the target population
Geographic location	Transportation options (without numerous bus changes or lengthy travel). Both rural/ suburban and urban options. Near local amenities such as shops, gym, library, and movie theater.
Services	On-site staff front desk and case management staff focused on housing stability, including lease compliance. Ability to coordinate accessible wraparound services, community based mental health/substance use services (especially therapists), and medical and other support services within the health care system (i.e. waiver specialists), specialized employment services, and education through transitional 18-21 school supports and or accommodations at post-secondary institutions. Medication management Assistance with inter-personal relationships. Establish safe supportive networks to build independence. (i.e., leadership opportunities like a resident council).

A1.5 People with a disability involved with Hennepin County’s department of community corrections and rehabilitation services

Definition: Single adults with a disability diagnosis who are on probation/parole supervision with Hennepin County.

Population overview

Many people in Hennepin County are both disabled and on probation/parole supervision. Criminal history and residential restrictions make housing extremely difficult to find, even for those who have income and can afford housing. For those who are disabled and living on limited incomes, finding and keeping housing is even more difficult.

Creating housing for people with disabilities who are on probation/parole supervision will make a significant impact on both the individual and the larger system, including:

- Reduces homelessness;
- Reduces parole violations that result from lack of stable housing;
- Reduces probation/parole violations resulting in other criminal behavior due to homelessness;
- Increases residents’ ability to address substance use disorders and mental illness;
- Increases residents’ success at work and in other important areas of life; and
- Frees up County resources to support other needs

Characteristics of housing needed

Building types	Supportive housing property dedicated to this population preferred Medium-sized building preferred; no more than 60 units Should not mix with family housing
Unit size / type	Mix of studio/efficiency apartments and 1-bedrooms At minimum, 2 units should be wheelchair accessible and/or maneuverable by mobility device
Amenities	Offices for supportive service providers Community room / meeting room Allows pets (not just service animals)
Referral pathway	Referrals for all vacancies in units designated for this population and funded via the SHS will come from County staff per section 7.2 above.
Leasing	Standard written, individual leases with a minimum 30-day period of notification for termination of tenancy.
Security	Tailored to the unique needs of the target population
Geographic location	In Minneapolis or outlying suburbs Location within ½ mile of high frequency transit service is preferred. Community should have local resources available to tenants Residency restrictions and community notification practices may inhibit options for locating this housing
Services	On-site staff front desk (10 hours/day and on-call)

	<p>Case management staff focused on housing stability, including lease compliance. Staffed by counselor, social worker, case manager, psychiatric nurse and/or resident manager</p> <p>Overnight staffing for dedicated building type or on-call person if emergency or issue arises (resident manager)</p> <p>Providers should have experience (or intend to gain experience) in use of Minnesota Supplemental Aid and Medicaid to support the disabilities of this population</p> <p>Service models that incorporate peer supports and coaching preferred</p> <p>County Corrections team have expertise in tenancy support and successful supervision of clients and will work with the housing provider team.</p> <p>Front desk 10 hours/day and on-call</p> <p>Person-centered and harm-reduction oriented property management approach</p>
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A1.6 People with mental illness who are leaving treatment, are leaving correctional settings, are at risk of institutionalization, or living in segregated settings

Definition: Individuals with serious and persistent mental health conditions (currently served by either (1) County-operated or contracted programs OR (2) the HUD Section 811 program as administered by Minnesota Housing and Minnesota Department of Human Services.

Population overview

Approximately 700 individuals every year exit mental health treatment facilities, are at risk of readmission, and lack permanent housing. Common barriers to obtaining housing include severe psychiatric conditions, insufficient resources, criminal histories, and homelessness. It is estimated that between half and two thirds of people with serious mental health conditions also have a substance use disorder. People of color are disproportionately represented in this group: 36% are Black or African American, and 5% are American Indian (compared to 13.3% and .6% of the general population, respectively).

Residents with serious and persistent mental health conditions have extremely low incomes, almost universally under \$14,000 in annual income, in addition to criminal backgrounds and housing histories. These factors, combined with their mental health conditions, make obtaining and maintaining independent stable housing difficult without treatment and supportive services.

Providing stable and supportive housing for people with serious and persistent mental health conditions makes a significant impact on both the individual and the larger system, including:

- Facilitating access to treatment and other needed health care/social services
- Decreasing use of emergency department, hospital stays, and other crisis services
- Reducing the bottleneck to the system that occurs with extended hospitalizations due to housing instability, and
- Diverting individuals from the civil commitment process.

Characteristics of housing needed

The County is seeking housing that promotes recovery, support, stability, and community inclusion for individuals with serious and persistent mental health conditions. The housing units must provide services that include assessment, person-centered planning, care coordination, and other mental health supports.

Building types	Housing projects with a set-aside of units (not exceeding 25% of total units) designated for the population
Unit size / type	Single-room occupancy (with shared bathrooms or kitchens) Efficiency/studio apartments One bedroom units Units that meet high-level accessibility (low threshold showers, wide doorways; accessible via mobility devices)
Amenities	Community space, possibly with a shared kitchen Office space for on-site services Culturally-responsive, multi purpose spaces (active spaces, prayer spaces, sensory spaces, etc.) Allows pets (not just service animals) Outdoor spaces (for smoking)
Referral pathway	All vacancies in units funded via the SHS will be filled in one of two ways: <ol style="list-style-type: none"> (1) For units funded with Section 811, via referrals from a DHS housing coordinator. (2) For units not funded with Section 811, referrals for all vacancies in units designated for this population and funded via the SHS will come from County staff per section 7.2 above.
Leasing	Standard written, individual leases (i.e. no curfews, standard visitor policies) with a minimum 30-day period of notification for termination of tenancy. Person-centered and harm-reduction oriented property management approach Preferred written lease that would protect resident from non-renewal of lease due to heightened levels of engagement with law enforcement and emergency services
Security	Tailored to the unique needs of the target population Crisis intervention specialists trained in harm reduction, de-escalation, naloxone administration, and Crisis Intervention Team (CIT) Training Available when building staff are not on-site Emergency call box/button to contact crisis intervention specialists
Geographic location	Location within ½ mile of high frequency transit service is preferred.
Services	On-site case management focused on housing stability, including lease compliance. On-site staff front desk (optional) Ability to access and coordinate medical and other support services within the health care system.

	Computer room with internet access and privacy component to facilitate virtual healthcare appointments Limited health care on site to include titration of medications
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A1.7 Youth involved with County systems

Definition: Youth involved with County systems include unaccompanied minors, youth with foster care experience and sexually exploited youth.

Unaccompanied minors: Minors aged 15-18 who are accessing emergency shelter or staying outside in Hennepin County and for whom reunification failed. Minors will be referred from the Hennepin County Coordinated Entry System unless otherwise approved by Hennepin County.

Youth with foster care experience: Youth in Extended Foster Care or youth with a Foster Youth to Independence Housing Voucher. To be eligible for the Foster Youth to Independence program (FYI) the individual must meet all of the following three components below:

1. Has attained at least 18 years and not more than 24 years of age;
2. Left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act; and
3. Is homeless, or is at risk of becoming homeless, at age 16 or older.

Sexually exploited youth: Young people under the age of 18 who have received anything of value or the promise of anything of value (e.g. money, drugs, food, shelter, protection, status, or gang association) in exchange for sex or sexual acts, including youth who have been coerced or threatened; and aged 18-24 years old having a prostitution criminal charge in the past year (defined by the Safe Harbor Act). The police and courts refer youth to Safe Harbor West Metro Regional Navigators for shelter and housing.

Population overview:

Unaccompanied minors: For a small number of youth, efforts to reunite with guardians fail and it may be unsafe to return home. These youth are often screened out of traditional Child Protection Services and if placed into a traditional foster care setting, run away. They end up in homeless shelters and need assistance with housing that includes intensive wrap-around services. Not defined by a disability but many may have cognitive or mental health disabilities. An estimated 8% of unaccompanied minors were pregnant or parents, although not necessarily custodial.

As minors, this group is unable to legally rent an apartment without a parent/guardian, so alternative arrangements (such as master leasing) will be required.

Youth with foster care experience: Youth in this group are leaving a formal guardianship system and unable to rely on family of origin for support. As they transition out of the foster care system, they have little or no rental or employment history, extremely low incomes, and little to no credit score. Some are parents trying to support themselves and 1-2 children and are waiting for day care assistance, making it difficult to retain employment to ensure income. Related

behavioral conditions and needs often make adhering to housing rules and expectations challenging for these youth. The housing stipend provided through Extended Foster Care (EFC) ends at age 21 leaving many at risk of homelessness at that point.

Sexually exploited youth: Average incomes for this group are varied. Related behavioral conditions and needs often make adhering to housing rules and expectations challenging for these youth. Some of the youth have disabilities, notably cognitive disabilities or mental illness that make them vulnerable for exploitation. There is often an overlay of drug use as well. Some of the youth are minors that aren't legally able to rent an apartment. They come with complex trauma that makes it difficult for them to live independently and their vulnerabilities are often exploited. Those age 18 and older often have a prostitution offense on their record which is a barrier to housing and employment.

The Safe Harbor law was recently changed to provide funding for youth age 18-24 to receive shelter, housing and services, but it is a voluntary program and the charge is not decriminalized. Trafficked young adults, while not covered under the Safe Harbor Act, have similar traumas to overcome but now have the stigma of a criminal record.

Characteristics of housing needed:

For all youth involved in County systems, County is seeking smaller housing settings that feel like "home" and that "normalize" their developmental stage. Project teams serving any of the youth populations must demonstrate adherence to the Nine Guiding Principles:

<https://avenuesforyouth.org/wp-content/uploads/2015/12/9-Evidence-Based-Principles-to-Help-Youth-Overcome-Homelessness-Webpublish.pdf>

For all youth populations, tenant eligibility criteria must accommodate the population's high rates of criminal backgrounds, limited income, and negative or lacking housing histories.

	Unaccompanied minors	Youth with foster care experience	Sexually exploited youth
Important considerations	For minors that cannot reunify with family or kin, the County is seeking housing in buildings dedicated to unaccompanied minors: both transitional living/housing programs (time-limited) and some long-term housing (not time-limited).	Harm reduction must be utilized, as rules stigmatize youth, and limit their ability to sustain their own housing in the future. Housing should mimic what they would experience if not touched by other programs.	This group requires 24/7 staffing to ensure safety and protection from prior traffickers. Harm reduction and trauma-informed models of service delivery must be utilized, as rules stigmatize youth, and limit their ability to sustain their own housing in the future. A sample of services needed are included in the NWD Hub. No Wrong Door Hub Site Final Version (arcgis.com) .

Preferred building types	Smaller dedicated building(s) with a “homey” feel.	Units designated within mixed-population, mixed income apartment buildings (fewer than 15 target population per building), OR smaller dedicated apartment buildings or townhomes in residential neighborhoods	Smaller dedicated building(s) with a “homey” feel.
Unit size / type	Shared living units and kitchens, individual bedrooms	Efficiencies or 1 bedrooms with private locked space Some units large enough to accommodate children	Efficiencies or 1 bedrooms with private locked space
Amenities	Shared spaces should allow for socializing Space for support service staff Space for shared/common meals (for teaching independence & cooking)	Standard apartment amenities	Shared spaces should allow for socializing Space for support service staff Space for ad hoc shared/common meals (for teaching independence & cooking) Recreational space (art, music, exercise, garden)
Referral pathway	All vacancies for units designated for this population will meet the definition for unaccompanied minors above, and will be filled through referrals from either from the Hennepin County Coordinated Entry System or Hennepin County staff per section 7.2 above.	All vacancies for units designated for this population will meet the definition for youth with experiences in foster care above, and will be filled through referrals from County staff per section 7.2 above.	All vacancies for units designated for this population must meet the sexually exploited youth definition above, and will be filled via referrals from County staff, per section 7.2 above.
Leasing	Alternative leasing arrangements, such as a master lease, will be required to accommodate minors’ inability to	Policies to allow relationship-building with guests/ friends to visit, spend the night, etc.	Standard written, individual leases (i.e. no curfews, alcohol or smoking prohibitions, standard visitor policies) with a minimum

	independently sign a legal lease a unit in the State of Minnesota. Residency agreement should include curfew to follow city of location, guest policies, nights out, etc.). Any agreements developed should follow any necessary Department of Human Services licensing regulations.	Standard / month-to-month Allow to continue tenancy beyond 24 years old	30-day period of notification for termination of tenancy. Person-centered and harm-reduction oriented property management approach, including outlined alternatives to punitive responses to lease violations.
Security	Main door security (e.g. key fob system) preferred	Main door security (e.g. key fob system) preferred	Confidentiality of the location Safety protocols: gates, cameras, buzzer to be let in, etc. 24/7 supervision
Geographic location	Both urban and suburban, focusing on regions that currently do not have shelters and housing programs serving this population.	Any, public transit access essential	Preferred away from urban core (while supporting transportation needs) Follow vulnerability mapping completed by No Wrong Door and being updated by the Department of Human Services
Services	<ul style="list-style-type: none"> -24/7 on-site staffing levels to meet licensing standards - Case Management aftercare services after youth leave the building. 	<ul style="list-style-type: none"> - Intensive employment and educational services to help youth earn a living wage. 	<ul style="list-style-type: none"> - 24/7 front desk services ideal if possible - Mental health support (24/7) - Accommodations for online/remote schooling
	<ul style="list-style-type: none"> - Onsite intensive case management and trauma-informed services focused on housing stability, including lease compliance. - Reunification services - Building out natural support through mentorship, culturally-specific resources / spaces / groups that youth could feel a belonging to - Emphasize increasing earning capacity for youth (i.e. pursuing further education, increasing income). - Behavioral, mediation, and conflict resolution support - Mental health supports - Identity exploration 		

	<ul style="list-style-type: none"> - Resource and system navigation (accessing additional supports and/or public benefits including food stamps and health care) - Independent living skills (cooking, resume building, healthy relationships)
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A1.8 Families involved with child welfare

Definition: Families involved with, or at risk of involvement with, Hennepin County child protection and who are experiencing homelessness or housing instability, specifically families:

- With an open child welfare case
- Involved in an intake report where there is a risk of involvement in child protection and housing is an issue
- Homeless or in unstable housing including doubled-up, couch hopping, hotel, currently unsheltered (vehicle, street, light rail, bus etc.), homeless shelter, domestic violence shelter, exiting from treatment or jail.

Population overview:

The relationship between housing instability, child welfare involvement, and overall well-being for children and youth is well documented. Lack of stable housing is often a precipitating factor for a family's involvement with the child welfare system, a significant barrier to ending a family's involvement, and a threat to child well-being. In Hennepin County in 2019, nearly half (44.8%) of the families who were in emergency shelter also had a report to child protection. Additionally, homelessness and/or lack of stable housing are the most frequently cited barrier to reunification for families where children have been placed in out-of-home care. Housing instability and subsequent frequent moves among child welfare-involved children and youth disrupts key developmental and learning processes, and undermines the basic skills necessary to succeed in school and in adulthood. In Hennepin County in 2018, 65.5% of youth in foster care aged out of care. These children are at a drastically increased risk of experiencing high rates of homelessness and housing instability. Children in foster care often do not graduate from high school; have greater rates of adolescent pregnancy and homelessness than their peers, and frequently suffer from substance use disorders and mental illness. Stress experienced early in life has a powerful impact on long term health outcomes and future systems involvement of adults, and homelessness and family separation are some of the most traumatic events a child can experience. National data indicates 40% of adults currently experiencing chronic homelessness were once in foster care.

Characteristics of housing needed:

Keeping Families Together: Keeping Families Together (KFT) is a two-generation approach to supportive housing for families with children who are at risk of recurring involvement in the child welfare system. It integrates supportive services and affordable housing for families with a focus on ensuring they are safely and permanently unified or reunified and stabilized. By providing an affordable home and essential supports to families, this approach shows real promise in maintaining and reuniting children with their families in a safe environment while reducing costs. The services accessed through supportive housing help parents struggling with overwhelming poverty and multi-systems involvement improve their lives and family stability.

In recent years, with increased attention on two-generational approaches to child and family well-being, preventative services, and the importance of protective factors, child welfare agencies are gaining a greater understanding about the critical role housing plays in ensuring stability and well-being. Greater emphasis is now placed on housing, as it is often a necessary precondition for physical and mental health, recovery from addiction, educational success and strong parent-child relationships. While housing circumstances are becoming increasingly recognized as an important determinant of overall individual and community health, housing solutions have not yet been brought to scale for families due to limited resources, disparate systems and overwhelming need. Keeping Families Together combines affordable housing with holistic, trauma-informed services to strengthen families with child welfare involvement to end the cycle of child neglect and housing instability, resulting in a new generation of young people living more stable, productive lives.

The County seeks dedicated service-intensive projects with progressive pathways into mainstream housing, as well as set-aside units intentionally integrated within mixed-income buildings.

Due to the complexities of serving this population, evidence-based practices – such as Housing First, progressive engagement, person centered thinking and long-term engagement strategies – are critical in order to best serve this population. Families at the intersection of child welfare, homelessness and housing instability are strengthened through a two-generation approach (see “Keeping Families Together” insert).

Building types	Scattered sites integrated in a residential community Units set aside in a larger mixed-income building no larger than 60 units
Unit size / type	Family-sized units with 3 to 5 bedrooms, with a mix of unit sizes within each project
Amenities	Community space, children and teenager space Indoor and outdoor play areas Flexible day care options on site if possible Office space for on-site services and/or community providers Easy-to-clean surfaces and flooring materials Ample storage space, large closets, kitchen cabinet space and large fridges

Referral pathway	All vacancies will be filled through referrals from County staff per section 7.2 above.
Leasing	<p>Standard individual leases (i.e. no curfews, standard visitor policies)</p> <p>Flexibility to include supportive adults on lease who support the family and to remove adults as necessary</p> <p>Pets allowed, non-smoking rooms</p> <p>Person-centered and harm-reduction oriented property management approach (vetted reputation and familiar with population)</p> <p>Property manager collaborates with tenants and service provider on eviction prevention plan when necessary</p>
Security	<p>Secured entry buildings and camera security</p> <p>Key fob system and/or video doorbell system</p> <p>Overnight staffing or on-call for dedicated building type</p>
Geographic location	<p>Integrated in a residential community</p> <p>Near high frequency transit lines</p> <p>Near accessible services and community resources such as grocery stores, schools, playgrounds, daycare services, community-based services and children's programs</p> <p>Quiet and safe neighborhoods with parks nearby</p>
Services	<p>On-site case management focused on housing stability, including lease compliance, and clinical support for case managers</p> <p>2 Gen, whole-family wrap around services that incorporates Housing First and a trauma informed approach</p> <p>On-site parent support groups and groups for children and teens</p> <p>On-site or on-call pediatric nurses</p> <p>Nearby behavioral health services for parents and children</p> <p>Flexible day care options on site or nearby</p> <p>Tenant advisory group</p> <p>Youth focused activities and support</p> <p>Food resources on site or nearby</p> <p>Resource referral: employment services, health care and insurance, benefits, treatment and food pantry, finances/credit/budgeting classes housing related services (maintaining a home), homemaking semi-independent living skills services.</p>