

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MN-500 - Minneapolis/Hennepin County CoC

1A-2. Collaborative Applicant Name: Hennepin County

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	No	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
10.	Law Enforcement	Yes	No	No
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	Yes	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	No	No
24.	State Sexual Assault Coalition	Yes	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Hennepin County Lived Experience Advisory Group	Yes	Yes	Yes
35.	COVID housing funders collaborative	Yes	No	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. The invitation process is accessible, comprehensive & publicly announced throughout the year via CoC website, bi-monthly newsletters, & through boards & working committee membership, as directed by the CoC charter. The CoC maintains and regularly expands its subscriber list (3,877 subscribers) to solicit new members to join CoC working committees & participate in the CoC, as well as information on CoC activities & general interest in preventing & ending homelessness. Messages often target specific populations for engagement to assure proper representation of LE & BIPOC communities. All CoC working committees seek diverse representation that is reflective of those that are seeking services in the CoC. New members are invited throughout the year as identified by working committee needs.

2. Multiple formats of communication are used to ensure individuals with disabilities can access and participate in local CoC planning & implementation. Messaging uses plain language and is compatible with screen readers. All documents related to the CoC are posted in PDF format on a public website & sent via email to the subscriber list or paper copies sent via USPS. 1 FTE communications coordinator ensures effective & ADA accessible formats. CoC meetings when in person are held in physically accessible spaces. Virtual platforms include closed caption options and materials sent in accessibility-enabled PDF format to include information about ADA accommodations as needed.

3. When soliciting new members to join all CoC committees or to participate in the CoC, messages targets populations over-represented in our homeless response system for engagement. To assure boards and committees are committed to advancing racial equity strategies, to include having representation of populations of color, LGBTQ+, and disabilities, who are over-represented in our homeless response system, HC Governing board & committees track demographic information, develop recruitment strategies to assure diversity, strong representation of BIPOC communities, LGBTQ+ & people with disabilities. Rep’s from HC Lived Experience Advisory Group participate on all CoC boards and working committees.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. Annually, the CoC holds a broadly advertised CoC meeting, promoted via website, email, & in shelters & advocacy groups attended by about 250+ people. The format included keynote speeches from elected officials, County leadership & from the chair of the lived experience advisory group (2021 established advisory board consultants), highlighting emerging initiatives & system changes. Following the opening session there were 7 breakout sessions to focus on specific issues that allowed for feedback and discussion to identify unmet needs/local trends. The CoC maintains a broad and regularly updated listserv, which provides bi-monthly updates and solicits feedback as needed. HC's Youth Action board has developed a Youth Action board and plan for ending youth homelessness. The family response system & all partners developed a Coordinated Community Plan to end family homelessness.

2. In the CoC Executive Board meetings and other working committees, information like the Need/Gap analysis, PIT counts and other important data/information are shared to solicit feedback. Meeting times are publicly available on the CoC website. Executive meetings can be viewed live virtually via a link on CoC website. Executive board meetings are recorded and posted online. Annual CoC meetings allow public input, new ideas & strategies for ending homelessness.

3. HC has 8.5 FTE planners that staff the CoC board & committees, engage in outreach, & build relationships w/ community partners. HC has integrated multiple groups of persons with lived experience into decision making boards & committees. The Lived Experience Advisory Group (LEAG) is compensated as consultants at \$20/hr for feedback, making funding decisions, Governing board members, & leads/facilitates unsheltered coordination work. In 2022, funds have been allocated by LEAG (RFP process integration & participation –CoC & ESG funding decisions). Through YHDP & community plan, HC organized the Youth Action Board (YAB), to make decisions for youth programs/funds. In addition, HC works alongside Street Voices of Change (SVOC) as feedback loop & to invite direction on various decisions. One example: following listening sessions with SVOC, HC adopted pursuing reforms to Housing Support (GRH) as a legislative priority at the state. Also, SVOC developed a Shelter Bill of Rights that are now in contracts & guide resource allocation. All 3 groups have voting rep's on the CHC, CoC board, YAB and committees.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

1. All notices encourage applicants who are not previously received CoC funds. Year round HC provides opportunities to engage with organizations not previously receiving CoC funding: Pre-application solicitation follows the PIT/HIC & annual Needs/Gaps analysis identifying priority housing/populations. HC & state partners direct NOFO inquiries CoC Coordinator to meet 1:1 as requested. Bidders conference (State & ESG jurisdictions) include CoC program. HC advertises broadly through CoC listservs (4,000 subscribers). Once NOFO releases, holds overview meeting outlining changes, RFP process, local timeline, & Q&A.

2. In preparation for strong app's, HC releases New Project pre-app following PIT/HIC HDX submit. This allows ample time to provide info. to new agencies/orgs, & allow extra time for pre-applications to be received for consideration (up to 4 weeks). To keep the process simple, HC releases a fillable pre-application, which is aligned with the PA in snaps. Available via the website, listserv, & e-mailed upon request. Once pre-applications are reviewed & selected, projects will go into snaps to submit the full PA- we work with projects not in e-snaps immediately upon initial NOFO overview meeting.

3. CoC Performance Evaluator/CoC Funding comm. update the score tool rubric based on NOFO & local priorities. Pre-app's scored & ranked based on score + HUD/HC priorities. Approved projects sent via listserv & posted w/ appeal timeline (per Ranking policies/procedures). Selected projects submit PA's in snaps by CoC deadline. Application were reviewed using the new project score tool, threshold criteria, priority pop's & racial equity Q's to address racial disparities. Hennepin CoC funding committee works alongside the Hennepin CoC Lived Expertise Advisory Group (LEAG) to review/rank projects as we prioritize stronger integration of voice of persons with lived expertise of homelessness into all parts of our homeless response systems.

4. HC CoC planner works w/ HC communications dept to assure accessibility. Lived Expertise Advisory Group (LEAG) engaged to prioritize stronger integration of voice into app + all parts of the process, & leadership/facilitation of overview meetings. To decrease barriers/complexity, & increase accessibility, narrative fillable pre-application & budget form used, encouraging those not in e-snaps to get set up if project selected to submit full app. Reasonable accommodations are made throughout the process.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Hennepin County Lived Expertise Advisory Group (LEAG)	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1. Particularly during the COVID pandemic, the CoC, City of Mpls., & HC ESG jurisdiction staff meet bi-weekly or more to review fund allocations based on local needs/gaps/trends. Specific to ESG-CV both County & City developed a combined RFP with input & decision making authority with Street Voices of Change (lived expertise group). As a HUD S1 community, HC worked with Abt Associates to assure strong coordination for ARA funds (ESG-CV). A newly formed COVID Housing funder group, (State, local, PHA & philanthropic) has been developed. RRH alignment to include a Super RFP combining all RRH fund selection. The City of Mpls held competitive process for street outreach, involving the lived expertise group & Healthcare for the Homeless in selection which led to selection of new provider (Avivo). HC CoC selected RRH providers for ESG-CV jointly between City/County and the City is using regular ESG to assist those efforts through a thoughtful exit strategy.

2. The Covid Housing Collaborative (CHC), funder group, meets monthly to evaluate data trends & creation of new units to end homelessness. An HMIS dashboard assists the CHC to set housing goals & reviews progress quarterly. ESG & CoC staff review/select shelter ESG proposals for State, City, & HC proposals. Joint review of RFPs for shelter (incorporating guest input) & street outreach (reflecting current challenges & linkage to CES). SysPM data/Written Standards incorporated into all contracts. City/County task force developed to address unsheltered homeless crisis.

3. ESG staff serve as ex-officio on CoC board, which approves PIT/HIC/CES data, needs/gaps, & written standards. Con Plan public comment sessions coordinate with CoC board, committees, annual meeting & CoC listserv/newsletters. Con Plan & Action Plan provide PIT & unsheltered counts + trends, policy, funding & program changes. Con Plan Section (NA-40), Annual Action Plan Homeless Section (AP-65).

4) The Con Plan consultation process for FY2022-2026 was extensive & included participation in a variety of ways from State of MN, City/County jurisdictions. HC is the CA for MN-500 & work closely with ESG staff. ESG awards through RFP to maximize coordination & results. CoC & ESG members sit on funding committees for each to assure coordination. The CoC & ESG coordinate on HMIS data standard compliance. CoC annual mtg. solicits feedback from community, providers, & policy makers on the gaps/challenges, + hosts focus groups.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	
	Require all CoC program funded projects to be in compliance on Intent to Apply for NOFO funds.	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

2 largest family shelters in HC have formal contracts w/ school districts outlining services, duties, & expectations. Minneapolis Public Schools (MPS) has a permanent office on-site at PSP shelter to quickly connect families staying in shelter w/ edu support resources, including transportation for children to attend school of origin. Edu providers participate in CoC board meetings & committees. HC contracts w/ youth agencies directly to ensure geo. coverage for youth-related edu services, & all youth/family shelters collaborate w/ school districts to ensure children are enrolled in school. In 2022, MPS hired a HHM specific counselor that works w/ high school aged youth & provides direct outreach to youth shelters.

Heading Home Alliance, statewide collaborative, is the forum for HC, SEAs, & LEAs formal partnership development. State Liaisons meet monthly. In 2022 a Planning Committee was formed for the MN Assoc for the Edu of Homeless Children and Youth(MAEHCY). This group meets bi-monthly w/ MDE (state coordination team) to inform monthly meeting agenda of state liaisons.

In September 2022, HC, w/ all MN CoC's entered into a collaborative agreement w/ the MN Dept. of Edu (MDE). Agreement outlines the roles of CoCs & MDE in ensuring families & youth experiencing homelessness are informed of their rights under McKinney Vento & have resources to be stably housed. In the agreement, HC agrees to 1) provide MDE a current list of COC contacts; 2) provide info on how to become members of HC CoC w/ districts & school homeless liaisons; 3) invite MDE & edu entities w/in HC to become members of the CoC; & 4) provide clear info about collaboration meetings. MDE agrees to: 1) provide training to CoC coordinators on using aggregate public data on youth experiencing homelessness; 2) provide up to date training offerings by districts and homeless school liaisons; 3) provide coordinator contact info by county to school liaisons & encourage collaboration w/ the CoC. A bimonthly MN Homeless Edu Newsletter will be sent to all school liaisons w/ resources & training dates to assist LEAs w/ serving the needs of homeless youth & families.

SHSS partnership has expanded between MPHA to 19 districts in 2022 w/ the highest rates of homelessness (up from 14 in 2021). SHSS provides 1) rental assistance for homeless families (has housed 100 families), & 2) provides eviction prevention support for families at risk homelessness (assisted 634 families & over 1700 children).

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

1. CoC-funded projects serving families are required to ensure families are informed of the HUD McKinney-Vento Act, & to ensure children are able to maintain their enrollment in school & comply w/ approved CoC policies, including: 1) assure transportation is arranged for students to remain in their district; 2) connect families to edu. resources in the community; 3) assist families to develop goals related to edu for all family members; 4) identify staff responsible for school attendance; 5) track school attendance for all children in the program & help identify & resolve barriers to absences; 6) advocate for & assist families w/ children ages 3-4 to apply for Head Start & provide referrals to agencies that offer Head Start. 2.HC family shelter system has a district liaison that works out of the largest family shelter. District liaison ensures all children served by county funded shelters are enrolled in school, have transportation to get to school & receive free & reduced lunches. 3.The 3 youth shelters in HC have policies to ensure youth who enter shelter receive all of the above-mentioned services. 4.In 2022 MPLS Schools implemented a comm. plan w/ the HC Shelter Team to be alerted when a family is placed in a hotel, to ensure families in hotels are aware of their edu rights, are individually informed & given what they need to access services & have needs met. 4. Every school district has a list of Title 1 requirements. District HHM Liaisons must: 1) make available public notices re: the edu rights of HHM students; 2) provide info to local service providers re: the rights of HHM students & the duties of the HHM liaison, 3) ensure youth receive transportation to their school of origin; 4) ensure HHM youth can continue enrollment in school of origin OR immediately enroll in an eligible school; 5) help resolve disputes re: school placement of students; & 6) coordinate w/ local service agencies to meet student & family needs. 5. Annually, CoC projects working w/ children have to sign LOI to apply for funds that assures compliance w/ the HMVA Edu. Policy. If policy section is incomplete, applicant would be out of compliance & may be in jeopardy of losing CoC funds. 6. School liaisons are trained in the HMVA under ESSA. LEA in Mpls has MOU w/ MPHA & HC for the SHSS program, which includes rental subsidies & services for HHM families funded in part by state dollars. 6.LEA's in HC were engaged in the development of the Community Plan for YHDP funding.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	Yes
2. Child Care and Development Fund	No	No
3. Early Childhood Providers	Yes	No
4. Early Head Start	Yes	No
5. Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6. Head Start	Yes	No
7. Healthy Start	No	No

8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.	State Education Agency and Hennepin CoC	Yes	No

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. VSPs & the CoC regularly collaborate on CE CoC-wide policies at monthly CE Leadership Committee meetings. Staff members from VSPs sit on the single & families CE Leadership Committees & provide feedback on proposed policies, describe the impact of policies on VSP agencies & the pops. they serve, & help contribute to annual workplans, including policies. 2. CE staff & CES Connect (DV comparable CE process) staff collaborate during weekly meetings. These meetings provide the opportunity for CES Connect staff to share how policies are impacting processes & people served in CES Connect & help provide considerations for safety & process planning while working w/ DV survivors that are served in the traditional CE process. People assessed in CES Connect are merged to the traditional CE priority list to ensure equity in housing referrals. 3. VSPs participate in quarterly CoC meetings, in FHPAP monthly meetings, & in other workgroups. This provides the opportunity for VSPs to vote on proposed policies, share strategies & best practices for working w/ DV survivors that can be used by all housing providers.

2. HC asks all projects to describe the trauma-informed services & best practices they use in their service delivery in initial project applications. These practices are also reviewed annually through the Continuous Improvement Plan (CIP) process where projects define strategies they will implement to improve performance throughout the year. Successful strategies used by organizations in the CIP process are shared out with all CoC-funded projects during quarterly meetings. 2. All providers submit quarterly data (QDRR) to the HC funding committee for ongoing evaluation of service delivery & outcomes. The QDRR process provides a space for projects to submit narratives on contextual factors impacting services & also note needed supports (e.g. trainings & resources). These narratives help inform topics covered during CoC quarterly meetings, including trainings that may be offered to ensure trauma-informed service delivery. 3.1 VSP organization in the community puts on a 50 hour DV training, four times a year, that is open to the community & incorporates trauma-informed care, safety planning, cultural competency, & systems advocacy. Another VSP in the community puts on a training that shares best practices when working w/ survivors that is presented annually at the CES Leadership Committees.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. A DV agency in HC, puts on a 50-hour DV 101 training that is open to the community. This training incorporates safety planning, systems advocacy, needs assessment, problem solving, trauma-informed care, cultural competency & identification of resource needs. This training is offered 4x/year & is shared through various mediums including list-servs, in monthly newsletters, & at workgroups. Other training opportunities are provided during CoC-quarterly meetings w/ all CoC-funded projects. Providers completed a survey after the 2022 Q1 meeting & indicated what trainings would be most helpful for their agency staff to receive, & also shared training offerings they have accessed or facilitated in the past, to identify training opps. to be shared w/ the larger housing community. Every CoC-funded project is asked to identify training offerings their agency has provided, & training opps. their staff have attended in the past year, during the project application process, to ensure agencies are staying up to date on best practices & trauma-informed care.

2. 1.As part of HC’s CES Policies & Procedures, CES priority list managers are required to complete annual trainings, including components focused on serving survivors of DV, the complex dynamics of working w/ DV survivors, safety protocols for serving survivors of DV, privacy & confidentiality considerations, & how to handle emergency situations. As a part annual assessor recertification, training on safety planning are covered including resources around safety planning, & how to manage transfers/referrals to a DV agency if the client was assessed in CES & not in the alternate CES Connect system, focused on serving DV population. Training covers how to make a referral in a trauma-informed manner b/w CES Connect, DV providers, & other service agencies. 2. CES providers in the community have provider-specific training that address best-practices in safety & planning while serving survivors of DV. 3.Resources are shared w/ CE staff including a safety planning pamphlet focused on working w/ survivors of DV. 4. CE staff are specifically trained on the process for safely making referrals for clients to a VSP agency. 5. HC provides \$40,000/year to People’s Inc. to provide 30, 2-hour trainings for response service staff. In 2022, they scheduled 32 trainings focusing on topics around de-escalation, trauma informed practices, harm reduction, etc.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1.1.CoC-funded DV service providers submit quarterly aggregate data reports pulled from HMIS comparable 2.CES Connect Data (the CE system outside of HMIS that can be used by DV providers & for participants not wishing to enter their info in HMIS to have safe & equal access to the CES Priority List) is reported in an aggregate manner to gain an understanding of how many people were assessed and where they were being referred. 3. External data sources: Wilder’s tri-annual homeless study (a study conducted in Minnesota every three years by Wilder Research), Statewide Day One Crisis Line Data (which provides information on trends in need within HC), & data from Violence Free MN (which provides both data on trends in community need as well as best practices for working with survivors of DV).

2. 1.Reports are available in "CES Connect", that gives the CES team aggregate data on the # of people fleeing/attempting to flee DV. HC combines this info. w/ data in HMIS for those that were assessed in HMIS & indicated hx w/ DV in assessment response. Together, CES Connect & HMIS reports, enable the CoC to have a full picture of survivors of DV in HC & base decisions off of this data. HC created CES dashboard that reports on info in HMIS & planning is being done to determine how to incorporate aggregate CES Connect Data into the CES Dashboard, to enable real-time monitoring of DV needs in the community. 2. CoC-funded projects submit data on a quarterly basis including info on who was served & their corresponding outcomes. This data is reviewed by the CoC FC to build an understanding of trends of who is being served, needs, & service outcomes. All CoC funded projects, including DV providers, assess participant needs & report this info back to the CoC through quarterly reports, site visits, & ongoing interactions b/w the FC & providers. DV providers complete a "supports and barriers matrix" w/ clients at program intake and at program milestone to measure changes in barriers over time. This matrix measures participants’ needs related to housing employment, food, education, health care, life skills, etc. 3. external data sources are used to gain insights into trends in community needs and best practices for survivors of DV.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1. HC’s emergency transfer plan policies & procedures are described in the CES Operations Manuals. These manuals are updated annually through development & approval process by the CES Leadership Committees. The policies & procedures around emergency transfer plans are shared during CES Leadership Meetings & communicated out to the larger community through the “CES Scoop” a monthly newsletter related to CES activities, updates, & strategies; through the HC monthly newsletter “Housing Stability Area Newsletter”; shared through HC listservs; sent directly to housing providers; shared at provider meetings with funded projects (quarterly meetings); at workgroups; and in routine interactions with providers. The CES Operations Manuals, where the emergency transfer plan policies & procedures are documented, are posted on the HC Coordinated Entry website to make them easily accessible.

2. The process to request an emergency transfer plan is described in the CES Operations Manuals. The emergency transfer procedures, policies and process was updated in HC in 2021 through development and approval by providers and the CES Leadership Committee. The update was immediately shared through multiple venues including at the CES Leadership Committee, during other workgroups & committee meetings, at funded provider meetings, through the CES newsletter the “CES Scoop”, through the HC “Housing Stability Area Newsletter”, & the process & policies were sent directly to housing providers. Coordinated Entry works directly w/ housing providers on a weekly basis & the emergency transfer plan policy, process, & procedure is discussed as needed during these ongoing interactions. The process to request an emergency transfer is described in the CES Operations Manuals that are posted on the HC CES Website. Transfer request forms & policy are also separately posted on the CES Website under CE housing provider forms, to increase accessibility.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.

(limit 2,500 characters)

HC prioritizes both client choice & works to connect participants to the first open housing opportunity that meets survivors needs. CES Connect (the comparable CE system) merges with traditional CE process through the HMIS priority list when making referrals. This allows for all participants to be considered for all available referrals and people fleeing or attempting to flee DV are quickly prioritized for housing programs. All housing opportunities and prioritization for participants fleeing and attempting to flee DV are done in the same way as in traditional CE process unless otherwise requested by the participant.

HC has three designated assessors, and two additional entry points specifically designated for those fleeing and attempting to flee DV which help expand the 'outreach' and availability of CE to survivors but there is "no wrong door" for a person fleeing DV to be assessed and access housing. A person fleeing DV can be assessed at any entry point and participant choice and preferences are emphasized during the assessment and referral process. Additionally the HC Youth and Family Planner has worked with DV agencies and Family shelters in HC around DV Diversion and ensure integration within the larger homeless response system.

Finally, CE assessors, both in the traditional CE system and in CES Connect complete annual recertification training, & attend additional training throughout the year, on responding to the needs of people fleeing DV, on trauma-informed & victim-centered practices in assessment and navigation processes.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:

1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1.1 To max. client choice & access, there is no wrong door for DV survivors to be assessed. This flexibility allows survivors autonomy to select the agency that works best for their situation while receiving support. There are 3 trained assessors designated to provide assessments to DV survivors & 2 designated alternate access points through DV providers in the community for clients to access assessments/services (outside of HMIS, w/ a triage to review all resources available w/in & outside of CES). Assessments are conducted in a location that is safe for the client. Non-DV-specific assessing agencies safety plan w/clients, using the CES DV Workgroup approved safety plan guide. 2. Providers are required to adjust for the unique needs of DV survivors while prioritizing safety during the time the client is in the program, w/ continued safety planning for post-program exit in place. 3. All assessors complete annual recertification training focused on providing trauma-informed, & person-centered services to people fleeing DV.

2. The CES Connect team (comparable process outside of HMIS) & CES team meet 2x/week to collaborate & plan protocols for making the whole system accessible. Any changes made to the CES assessment are made to CES Connect. All planning efforts & implementations that are made w/in CE system are discussed w/ CES Connect to determine the impact on the DV pop. One effort implemented was the "Document readiness" initiative, for how non-DV agencies can work w/ DV clients to get their needed docs & plan for what should & shouldn't be uploaded to HMIS to ensure confidentiality & safety. This group plans for confidentiality needs for the DV pop, plans for how to address the unique needs of the DV pop & creates system workarounds to ensure safety while working w/ DV survivors.

3. Assessments completed in CES Connect only gather the min. info needed for the priority list manager to make the housing provider match, & do not collect identifying info. DV referrals only include de-identified info. When assessments are conducted in HMIS & a client indicates they are a DV survivor, considerations are made for what docs shouldn't be uploaded to HMIS to ensure confidentiality. Convos around confidentiality & safety are discussed at monthly CES Leadership Committee meetings & during weekly meetings b/w CES Connect staff & CE staff. Finally, assessments are conducted in private spaces, determined w/ client choice, to ensure safety.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC’s process for evaluating compliance with your CoC’s anti-discrimination policies; and
4.	your CoC’s process for addressing noncompliance with your CoC’s anti-discrimination policies.

(limit 2,500 characters)

1. An Anti-discrimination policy draft was developed by the City of Minneapolis in 2021. There were various feedback sessions and iterations of this policy by various community stakeholders and groups prior to being finalized in early 2022. This policy will be reviewed on an annual basis by the CoC, or as needed based on feedback from our provider/funder communities.

2. On 3/25/2022, HC’s City of Mpls Trans Equity Project Coordinator, presented a draft of the City’s Equal Access anti-discrimination policy for CoC review and feedback. The policy was adopted by all 43 Hennepin CoC projects on 6/24/2022. HC is just starting to discuss coordinated monitoring and follow up from a systems level in addition to the individual processes already in place.

3. Anti-discrimination evaluation questions are currently integrated into the CoC project application process in a few ways. Questions are asked regarding compliance with anti-discrimination policies in the “Letters of Intent to Apply” for CoC funds and signed by the executive director/CEO of each agency regarding compliance with these policies. Additionally, questions are asked in the CoC pre-application process regarding agency/organizations progress on policies each year. In the coming year, HC CoC will work with the City of Minneapolis regarding how to evaluate compliance for all projects at a micro, mezzo and macro systems level.

4. The policy will be included in all shelter contacts throughout the City of Minneapolis. If there is noncompliance the City of Minneapolis and CoC are committed and will follow up and address the barriers and work to resolve any complaints/issues. System workgroups are utilized as a mechanism to address system-wide concerns with anti-discrimination practices.

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Minneapolis Public Housing Authority	61%	Yes-Both	Yes
Metropolitan Council	20%	No	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. HC CoC has very strong working relationships with the top 2 largest PHA’s (as well as other smaller PHA’s located throughout Hennepin County). Both PHA’s are integrated into the HC homeless response system as partners for various local programs/vouchers/developments, as well as voting members of the CoC Governing board and sit on CoC working committees. In addition, HC’s Housing Stability leadership meet bi-monthly with MHPA directors to discuss opportunities to partner and work together as they become available or are on the horizon. Steps include: 1) MPHA has a homeless preference in their ACOP. 2) HC has partnered with both MPHA and Metropolitan Council to implement “Move up” preferences. Exploring a Move up 2.0 in 2022. 3) HC reviews Administrative Plans (ACOP), and maintains a limited homeless (CES) preference over the past few years. 4) Stable Homes, Stable Schools collaboration launched early 2019 to present, alongside time limited supportive services to families in the top 15 schools with highest rate of homelessness – 40 families in 2021. 5) Coordination on Special NOFO HCV opportunity. In addition, HC has partnered on the following:

- Fostering Youth to Independence (FYI) –100 vouchers
- Family Unification Program (FUP) –100 vouchers
- Affordable Housing Incentive Fund (AHIF) –155 set asides
- Hotel to Housing Project –Metropolitan Council, SLP & MPHA – 85 vouchers
- Public Housing Vouchers – 125 vouchers
- Emergency Housing Vouchers – 116 vouchers Metropolitan Council, 246 vouchers MPHA
- Move-up program – households referred (22 Met Council, 30 MPHA)

2. N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners		Yes
2.	PHA		Yes
3.	Low Income Housing Tax Credit (LIHTC) developments		Yes
4.	Local low-income housing programs		Yes
	Other (limit 150 characters)		
5.	N/A		No

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)		Yes
2.	Family Unification Program (FUP)		No
3.	Housing Choice Voucher (HCV)		Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)		No
5.	Mainstream Vouchers		Yes
6.	Non-Elderly Disabled (NED) Vouchers		No
7.	Public Housing		Yes
8.	Other Units from PHAs:		
	Bridges		Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Federal: FYI, FUP, EHV Stable Home, Bridges, AHIF, Public Housing, Hotel to Housing.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA	
	Minneapolis Publi...
	Metropolitan Council

1C-7e.1. List of PHAs with MOUs

Name of PHA: Minneapolis Public Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Metropolitan Council

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	41
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	40
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	98%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1. how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2. the list of factors and performance indicators your CoC uses during its evaluation; and
3. how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. Projects are asked to respond to HF criteria & submit tenant selection criteria (TSC) at the time of project application, renewal, during annual site-visits, & as requested during continuous improvement plan (CIP) development & monitoring. CoC FC regularly review project TSC & monitor CE referral outcomes. For projects w/ a higher % of rejected referrals, the FC & CE team review reasons for referral denials to determine if the reasons are related to housing criteria. Projects w/ high rejected referrals are eligible for participation in continuous improvement plans & may be eligible for reallocation.

2. Factors related to performance on HF practices include 1) TSC, 2) time from referral to result, 3) # of program vacancies to referrals received, 4) % of successful/unsuccessful referrals, 5) reasons for unsuccessful referrals w/ an emphasis on reasons for provider rejected & client rejected referrals, 6) client feedback, & 7) feedback from CE team on issues related to referrals w/ providers.

3. CES team works w/ providers weekly to problem-solve reasons for rejected referrals & to remove barriers. Clear expectations are shared w/ providers around timeliness, including time: 1) that a referral will be acknowledged; 2) until referral result is entered into HMIS; 3) from referral to result. CES team measures provider performance against suggested timelines & follows-up weekly w/ providers when performance falls below guidance. 2. HC developed a CES dashboard that is available to providers & funders, for ongoing evaluation of provider performance w/in CE. This process helps identify projects that are rejecting numerous referrals so HC FC & other funders can work w/ providers to identify barriers to program access. HC is developing a CES scorecard based off the CES dashboard that will add transparency to provider performance w/in CES & practice of HF principles. 3. HC has established a monthly CES Funders Meeting to review provider challenges w/in CES. This allows for early intervention w/ providers that are rejecting multiple referrals & to identify where barriers to placement may arise. Involving funders adds provider accountability to hold to HF Principles. 4. Providers submit CES perform. during quarterly reporting to the FC. This allows the FC to identify projects w/ demonstrated barriers to housing, which prompts engagement w/ providers to develop CIPs to decrease barriers to hsg. & help ensure HF principles are being implemented in practices.

1D-3.	Street Outreach—Scope.	
	NOFO Section VII.B.1.j.	
	Describe in the field below:	
	1. your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
	2. whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;	
	3. how often your CoC conducts street outreach; and	
	4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

1. HC Outreach includes: PATH (mental health), VA, HASMI (MI/CD), & teams for singles, youth & families. These multidisciplinary teams include street-based health care from Healthcare for the Homeless, culturally specific outreach & youth focused teams. HC hired a planner to focus on unsheltered homelessness & encampments, support system enhancements including; system & service mapping among outreach teams, ID & clarifying access points, improving utilization of HMIS & data quality, & increasing transparency for consumers seeking services. HC is seeking funds (Special NOFO) for a triage/navigation team to ensure every unsheltered person is identified & quickly navigated to services to find housing quickly.

2. HC ensures 100% geographic coverage for our 600 square miles, including 1 metro city & 44 midsize cities. While most outreach is focused within the City of Mpls, there are teams & communication strategies outside the metro area. HC partners with Mpls Police Dept's Homeless Action Team, engaging those riding the HC transit system, (which runs through Mpls & far into the suburbs), & refers to services. For the 1st time, all 45 cities participated in the 2022 PIT count. HC conducted a service mapping activity to determine full geographical coverage, identify gaps & responded by increasing coordination & communication.

3. Across the Continuum of Care, street outreach occurs M-F during business hours. Workers assist unsheltered households by responding to immediate needs, healthcare, administer Coordinated Entry Assessments, & enter data into HMIS.

4. To target hard-to-reach, HC partners with Mpls. & Met Council, which allocated \$300,000 for a 6 person overnight action team on the light rail & a MPD homeless liaison officer to coordinate with SO & shelters. HC hired FTE to coordinate w/ business owners to direct outreach for those not accessing services, connecting with cultural language or comm. barriers by leveraging resources to earn trust & bridge gaps. HC's LEAG developed a new team "Streets to Housing", a triage & navigation focus on encampments & other known locations w/ historically high resistance to service. They will be trained in trauma informed best practices, partner w/ Healthcare for the Homeless, & outreach that specialize in sub-population & culturally specific work for a comprehensive, holistic assessment of needs & intensive support model for persons with complex needs w/ goal of reducing unsheltered numbers by 50%.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No

3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		
	N/A	No	No

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	915	875

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	Housing Supports/CLI	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

- systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
- works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
- works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. HC provides info about mainstream benefits & training opportunities through mandatory CoC-provider quarterly meetings. Info on available resources & trainings are shared w/ other funding streams & non-funded projects through monthly announcement shared via HC listserv & through Economic supports monthly newsletter, w/ updates being shared as they are implemented outside of regularly scheduled communications. Info is shared in other county specific provider meetings that occur at varying frequencies (monthly, quarterly, bi-annually). Many CoC committees have a HC Shelter staff member as part of the committee who provides updates on mainstream benefit process & availability. Provided trainings include a webinar option for attendance to increase accessibility. Training opps are posted on ES website.

2.CoC projects assess participant needs & eligibility at intake to determine what benefits a client may be eligible to receive. Many CoC projects provide CM services to participants to assist in enrollment in health insurance & connect participants to healthcare providers & services. Other CoC projects collaborate w/ housing navigators both on-site & in the community who assist clients w/ accessing benefits including health insurance, SSI, SNAP, MSA, & other county benefits. Community Health Clinics collaborate w/ housing providers to ensure clients have access to healthcare. Health Centers & FQHCs collaborate w/ housing providers to ensure participants can access assistance when applying for insurance & have access to healthcare.

3. Participants are assessed for benefit eligibility by CoC projects at program intake & referrals are made as needed for applications. Participants may also be screened by Homeless Access team members, healthcare for the homeless, SO teams, HCHealth SS navigation, & advocates before entering housing programs. Resources are often braided to max access such as for targeted care management, adult rehabilitation services, mental health services, waiver funded services & housing stabilization, transition, & sustaining services. Finally, HC shares training opportunities during county specific provider meetings (including CoC quarterly meetings, FHPAP advisory committee meetings, SO bi-monthly meetings, county specific provider meetings, & others). Training offerings provided by MN Dept. of HS through the Housing Best Practices Forum are shared through listservs & at various meetings to communicate opportunities broadly.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

From 2020-2022, all of our shelters renovated their spaces to prevent the spread of infectious disease & deconcentrate. We invested over \$5 million in ARPA. HC spent \$26 million renting & purchasing hotels used to relocate older adults & medically fragile individuals to hotel rooms, allowing us to deconcentrate our largest shelters. Through this, 826 people were served, 464 (56%) entered housing by the end of the program w/ a 97% housing retention rate. Some hotels no longer serving as shelter are being converted into heavily subsidized single-room occupancy housing, serving people under 30% AMI. At the end of 2020, two new shelters opened - Avivo Village & AICDC Homeward Bound. Avivo Village is a 24/7 indoor community of 100 private dwellings for individuals experiencing unsheltered homelessness. AICDC Homeward Bound is a 24/7 ES w/ 50 single beds that specializes in serving Native American & Indigenous peoples. In 2023 & 2024, we have committed \$9,200,000 for ongoing operations over three years. In 2022, CC's Hope Street, TSA's Women's Only Shelter (WOS), & Endeavors medical respite moved to new permanent locations. We invested \$5 million in Hope Street, a 24/7 emergency shelter for 30 youth. All rooms are private w/ a bathroom. HC invested \$4 million in WOS, a 24/7 emergency shelter for 30 single female adults. Up to four people share a room & most rooms have their own bathroom. HC invested \$8.5 million & the state invested \$30 million in Endeavors, which houses the medical respite program, a 24/7 program for 30 people experiencing homelessness who are recovering from an acute condition, as well as 150 units of supportive housing. In 2023 & 2024, we have committed over \$2.6 million for operations of these programs. HC has committed over \$25 million for ongoing operations at 8 other shelters in 2023 & 2024. In coordination w/ the state, a 238-bed shelter, TSA's Harbor Lights Center will undergo \$6.7 million in renovations to improve 2nd & 3rd floor spaces in 2023. Simpson, a 70-bed shelter that is currently located in a church basement will relocate, while a new \$41 million shelter & supportive housing building is built on their church lot in 2023 & 2024, of which we invested \$7 million & the state invested \$11.1 million. All rooms at Simpson shelter will be singles units and capacity will remain the same. There are plans to relocate Agate shelter, a 38-bed shelter to a new, small-room shelter by 2024, but funding has not yet been secured.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The Minnesota Department of Health (MDH) was recognized by the CDC Foundation as one of three national Centers of Excellence on Public Health and Homelessness and began working more closely with CoCs + homeless service providers as part of the COVID-19 response. Partnerships are now being extended to address other infectious diseases. The MDH Highly Impacted Settings team has developed COVID-19 policies & procedures for homeless service providers related to testing, case reporting, mitigation strategies, and access to therapeutics. Homeless service providers can access a large supply of free COVID-19 tests and personal protective equipment through MDH. MDH and local public health agencies have also supported free on-site COVID-19 testing and vaccination clinics at homeless settings and provided vaccine incentives to people experiencing homelessness. Homeless settings can also apply for funding to address COVID-19 outbreaks through the Minnesota Department of Human Services Shelter Outbreak Response Fund. Hennepin developed multi-team HIV Incident command response with housing as the strategy to end the outbreak. This work was awarded a model of practice award by NACCHO for its low barrier, easy access HIV prevention programs.

2) MDH works with homeless service providers on addressing a variety of infectious diseases including HIV, syphilis, tuberculosis, hepatitis, and flea and tick-borne diseases. It recently included homeless and correctional settings as part of its Incident Command Structure for the Monkeypox response. The State of Minnesota is currently updating its Plan to End Homelessness to include “a clear, systemic response to any infectious disease outbreak for people facing homelessness, regardless of location.” In Hennepin county, the last few (4 yrs) have presented the need for shelter providers, outreach services providers and local and state Public Health to respond to not only the covid pandemic but also to locally specific outbreaks of Hep A, HIV & syphilis within populations of unsheltered individuals. HC is fortunate to have within its Public Health Department a Federally Qualified Health Care Center, specifically to serve homeless HH’s. Health Care for the Homeless provides primary care, mental health and substance use services in shelters, drop-in’s and street outreach. The program is located within Public Health so frequently responds to outbreaks of infectious diseases within populations experiencing homeless.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. State of MN shares information on public health measures with homeless service providers weekly newsletter & provider webinar. MDH also maintains a GovDelivery listserv to share infectious disease information with homeless service providers & other congregate settings & attends meetings with homeless service providers to share infectious disease updates (e.g., surveillance data, guidance, etc.) & learn of local public health concerns. MDH held regular meetings (e.g., outreach workers, youth shelter providers) to offer guidance and address specific concerns for those settings. Hennepin CoC has a strong partnership with MN Dept of public Health and meets weekly with both homeless service providers to assure they are equipped to limit outbreaks and shelter/outreach providers to share information & problem solve. Specifically, the last few (4 yrs) have presented the need for shelter providers, outreach services providers and local and state Public Health to respond to not only the covid pandemic but also to locally specific outbreaks of Hep A, HIV & syphilis within populations of unsheltered individuals. HC is fortunate to have within its Public Health Department a Federally Qualified Health Care Center, specifically to serve homeless HH's. Health Care for the Homeless provides primary care, mental health and substance use services in shelters, drop-in's and street outreach. The program is located within Public Health so frequently responds to outbreaks of infectious diseases within populations experiencing homeless.

2. Communication and various strategies were developed/implemented due to the strengthened coordination between Hennepin CoC, Public Health & homeless service providers following the COVID pandemic start to present. Collaborations included: Healthcare for Homeless triage line for access to isolation spaces & daily symptom monitoring/care. Teams to conduct contact tracing in shelters: Multiple mass testing & vaccination clinics in numerous sheltered/unsheltered settings. HIV outbreak response: HC developed multi-team HIV Incident command response with housing as the strategy to end the outbreak. This work was awarded a model of practice award by NACCHO for its low barrier, easy access HIV prevention programs. Opioid response: strategy to reduce deaths through interventions to continue & expand access to overdose medication. Improving hospital discharges: close coordination with local safety net hospital to improve dis

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. HC ensures 100% coverage through varied access sites & over 80 highly mobile trained CES assessors, including street outreach teams, drop-in centers, & all shelters in Mpls. + suburbs for all populations. Methods: multiple strategic physical walk in site locations, web based CES portal, and 5+ street outreach teams & access to mobile assessors. HC has a coordinated front door for all single adult shelters & a right-to-shelter policy for all families. CES has fully integrated 3 DV sites and has the following targeted population assessors: Native American, HIV+, youth, & veterans.

2. The HC CES assessment is a standardized assessment recorded and retained in the HMIS system or our parallel domestic violence data base (CES Connect). Our assessments only differ slightly between families and singles to meet the need of the population being served and housing provider requirements. All CES assessors are trained to conduct assessments in standard and consistent manner.

3. Using feedback from homeless response system providers and persons with lived experience of homelessness, HC CoC implemented the following strategies in 2021.

The HC CES assessment is regularly reviewed by our two CES Leadership Committees (families youth singles) to include CES connect (DV system).

With TA from C4, a new “client choice” series of questions were developed and added to our assessment. Over ½ of the team was comprised of people with lived experience of homelessness. This series was integrated into HMIS, and CES Connect on October 1, 2021. Households now have more input into where they would like to live, what type of housing intervention will work for them, and input on specific needs including service animals, overnight guest, etc.

New procedure addressing referrals being denied due to not being able to locate clients. The committees & Inter-systems Workgroup developed a new procedure that asks assessors to maintain contact with the households until a referral is made to a housing provider. This helps keep client contact information up-to-date in HMIS/CES Connect and keep the CES priority list updated so clients can be more easily located.

“Document Ready Initiative” - Households without needed documents increases time between referral & housing decreasing the likelihood of a successful referral. Assessors & case managers now collect documents & secure them in HMIS or secure local data base (HB101) to retain copies of the documents.

	1D-9a. Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
	1. reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
	2. prioritizes people most in need of assistance;	
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	3. ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
	4. takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. Multiple trained outreach teams (varying sub-populations) engage with the least likely to access to conduct assessment 7 days/week. CES is heavily advertised in locations frequented by persons with instability or homelessness. All shelters, drop in centers & meal centers have trained assessors, or can contact 3 mobile assessor teams (to include DV assessors). In 2020, HC hired 25 CM through ARA funds to mobilize & connect w/ medically vulnerable in outskirts of system to navigate & connect with CES & other resources. CES also reaches outside the homeless response system to educate ancillary agencies about the CES so that they are able to assist and direct households experiencing homeless to CES assessors if eligible.

2. Outreach workers engage & conduct CES assessments on the spot either in person or via phone to include mobile assessment teams & DV assessors. In 2019, HC stopped using the VI-SPDAT due to racial inequities with the tool identified. Following a client choice series process with C4 TA, CES prioritizes those HUD Chronic, Disability, & Length of HUD months homeless. CES works with a by name list, "Chronic Index" which is a list of those experiencing CH. The CES team utilizes the CH Index with the Priority List, to ensure that those who are most in need, receive services quickly.

3. HC prioritizes chronically homeless households. Changes to our assessment and process (explained above) helps move people through our CES as quickly as possible – document collection, assessors maintaining contact, client choice series, etc. We have removed questions from our assessment that are not applicable/necessary, etc. CES assessors include shelter advocates, outreach workers, agencies rep. specialized pops. Assessments: virtually/in person. For DV pop., minor youth, or client choice, assessments can be done using CES Connect (HC's alternate technical solution with safety for vulnerable pops). Assessors trained to utilize this can provide assessment upon contact.

4. Implementing the changes listed above removes some of the burden from clients and puts more responsibility on the assess & providers to maintain contact, obtain documents, etc. HC continues to push into the community in a variety of ways – virtual, in person, addition of case managers. Our assessment is also phased which has clients answer questions at different times & auto fills into different parts of the assessment so a client is not asked the same question multiple time

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/05/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1.1.HC analyzes CoC & FHPAP funded projects quarterly data for racial disparities 2x/year in service provision/outcomes & compared to larger pop. & homeless pop. in HC. 2.CES monitors who is on the priority list, who is being moved off the priority list, time spent on priority list & who is being housed & analyzing this data for disparities by race. CE analyzes equity in referrals by monitoring who is being referred to different project component types/interventions. 3.HC utilizes ICA (HMIS lead) created Dashboard to compare service provision & outcomes across the broader HC homeless response system & compares performance in HC to other CoC's in MN. 4.HC uses PIT data to better understand demos of who experiences homelessness in HC.4. HC disaggregates all data points of the system by race to identify inequities. 5.HC was part of the Supporting Partnerships for Anti-Racist Communities (SPARC) project & have cont. work w/ C4 on strategies to strengthen CES and county contracting processes w/ a racial equity lens. 2.HC has identified the following: 2.1. In partnership w/ C4, CE determined that the VISPDAT was negatively impacting people of color in the assessment process & moved to remove this tool from the process used in HC;

2. People identifying as American Indian, Black/AA, and multi-racial are disproportionately experiencing homelessness compared to the larger pop of HC & have a higher rate of RTH; 3.In FHPAP funded projects it was identified that people identifying as Black/AA spend a statistically significant shorter amount of time in RRH programs before exiting to any destination & to PD than people identifying as white (80 days vs. 122 days). HC found 67% of those served by FHPAP RRH programs identify as Black/AA & make up 75% of the exits to PD indicating needed follow-up for other racial groups around exits to PD. 4.CE data indicated people identifying as American Indian make up 15% of total referrals but only 11% of total clients housed indicating a potential need for additional housing supports for this group. It was also noted this group has a lower rate of successful referrals (40%) compared to white pop (49%). 5.In CoC funded projects data shows that exits to PD are lower for white PSH participants compared to Black/AA participants; that Black/AA participants had longer LOT to housed than white participants in RRH (574 days vs. 502 days); & that Black/AA participants stay in PSH programs longer than white participants before exiting to PD

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	N/A	No

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1.HC emphasizes funding providers who demonstrate practices that address disparities in the homeless response system. This happens in the CoC NOFO comp., in FHPAP bi-annual RFP process, & across other funding streams. HC FC prioritizes funding providers that implement strategies to advance racial equity & monitors strategies & outcomes through quarterly reporting, through the continuous improvement plan (CIP) process, during site visits, & in the review of project applications. Similarly, the FC emphasizes adherence to a HF approach to promote quick access to low-barrier housing & monitors this through projects CE performance & TSC. Projects that have a high # of declined/cancelled referrals, &/or have TSC that does not align with a housing first approach, are identified as eligible to participate in the CIP process. Projects that do not show progress in these areas throughout the CIP or in quarterly reporting are eligible for partial or full reallocation in future funding cycles. 2. projects are asked to report the strategies they are implementing to advance racial equity in their service provision & outcomes. A variety of strategies are being implemented including: 1) collaborating w/ clients to obtain their input on whether services are provided in a manner that is non-discriminatory, are culturally-specific, & promote equity; 2) interagency wide trainings on history of homelessness in the US & the systemic causes of pervasive social justice issues, historical trauma, implicit bias, etc. (“History of Homelessness” training provided to all CoC-funded projects at the Q3 CoC meeting that all funded projects are required to attend); 3) engaging NAACP & Tribal Collaborative to support cultural responsiveness in ES for youth in CPS; 4) building relationships & partnerships w/ culturally responsive organizations for referrals when services within programs are not tailored to participants specific needs/preferences; & 5) relationship building & advocacy w/ landlords around fair housing practices aligned w/ housing first principles. 3. HC has deepened investment in programs operated by culturally specific providers (4x Kola projects & 3 AICDC). 4. From research in partnership w/ C4, HC moved to replace the VISPDAT in the CE assessment process. 5. HC established Lived Experience Advisory Committee to seek feedback from persons w/ lived experience who represent minority pops in the community on strategies to be implemented to address disparities in the system.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1.HC CES Dashboard tracks time from referral to result; days from program entry to housing move-in, rate of successful & declined/cancelled referrals, & client destination at program exit and has each category disaggregated by race so projects, planners, & funders can analyze provider & system-level CE performance & identify potential disparities arising in project CE performance & across the larger CE system in HC. 2. HC established a monthly CES Funders Meeting w/ larger HC team, including representation of different funding sources, to track progress being made with providers that have identified opportunities for improvement in referral timeliness, acceptance rate, & outcomes. This allows for faster follow-up & collaboration w/ projects that have identified disparities/challenges in CE performance. Additionally, this committee is in the process of developing a CES scoretool, based off dashboard data, that will be used to track progress on key CES outcome areas for all providers (including timeliness of referral acknowledgement and result, timeliness of referral result, time from project entry to housing move-in, & referral outcomes). This will add transparency to performance & identified issues & will be implemented in Q4 of 2022. 3. CoC, FHPAP & other funding streams monitor projects quarterly to evaluate who is being served by projects (including demos & identified Mental/chemical/physical health dx) & project outcomes (exits to PD, increases in income, RTH). CoC expanded on quarterly monitoring and implemented the Continuous Improvement Plan (CIP) process in 2022. Projects with identified disparities/challenges in quarterly data develop a CIP for strategy implementation & improvement that is monitored throughout the year. 14 projects are on CIPs for 22-23 & are supported by the FC for improvement. 4. COC conducts racial equity analyses 2x/year in various funding streams & uses this process to monitor progress being made to address disparities at the project & system levels. 5. All data points in the system are disaggregated by race to identify inequities & monitor progress over time. 6. HC conducts surveys & focus groups w/ people served by the homeless response system to identify barriers to housing & successful strategies every 2 years.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

Hennepin CoC highly prioritizes and values various groups and persons with lived expertise, collaborates and works to grow opportunities for voice throughout our homeless response system. Throughout the years we have collaborated with Street Voices of Change, Freedom from the Streets, the Youth Action Board and family shelter networks. In 2021, Hennepin CoC developed a lived experience advisory committee (with priority for BIPOC members and variance between currently, recently or past episodes of homelessness), made up of 15 people who have experienced homelessness or are currently experiencing homelessness with an annual opportunity to add new members. An invitation to apply for the committee was shared through current LEAG members/networks, targeted outreach to shelter and housing programs, email blasts through our CoC newsletter, and posting on our public website. This committee known as the Lived Experience Advisory Group or LEAG, and have been involved in governance, funding, hiring panels, and both programmatic & systems level decisions throughout our homeless response system. This group has a vision & mission. Through the established partnership, members are compensated for their time each month as they participate & lead on the CoC Executive Board (governing board), street outreach committee & the CoC Funding committee, which monitors projects and makes decisions regarding CoC NOFO funds annually and many more program & system impact opportunities that come up. Members also are involved in decision making processes to determine where funds go as part of RFP panels. Additionally, members have been consulted on multiple decisions such as Rapid Rehousing models, homelessness prevention service delivery, encampment response strategy, hiring of HC managers and planners. New Membership opportunities (or new cohorts) are available annually so new members can be engaged and join the LEAG. All of HC planners and areas contact LEAG for integration & participation in all parts of our homeless response system. In October 2022, a new LEAG cohort (solicited, selected and onboarded by current LEAG members), will be integrated into the current LEAG group. HC CoC identifies board and leadership trainings for LEAG interest. LEAG members are actively leading the Special NOFO Unsheltered meetings, application scoring and ranking. LEAG and YAB members are compensated as consultants for their time.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	98	22
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	98	22
3.	Participate on CoC committees, subcommittees, or workgroups.	19	6
4.	Included in the decisionmaking processes related to addressing homelessness.	98	22

5. Included in the development or revision of your CoC's local competition rating factors.	2	1
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1D-11b. Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

All Hennepin CoC agencies/organizations & Hennepin County's Housing Stability office support employment and professional development opportunities for persons with lived experience to be fully integrated into all programs, agencies/organizations, and decisions made throughout Hennepin CoC in a number of ways. HC partners provide various opportunities and staff/lived experience groups that lead and provide ongoing feedback into all aspects of their work. Examples include: employment opportunities & programs, workforce development initiatives,

Hennepin County CoC solicited interest and developed a Lived Experience Advisory Group (LEAG), members are compensated at a rate of \$20.00 per hour for their expertise as consultants. Along with the compensation, the group receives access to multiple professional development opportunities. Throughout the year they have attended presentations, such as the State of Homelessness in Hennepin County and the Root Causes of Homelessness. All these opportunities are designed to increase the capacity of members. Some members have been supported into employment opportunities. One member from LEAG is now employed as a Navigation Specialist with HC's Encampment Response team. Other members have leveraged their experiences with LEAG to provide similar services with community organizations or other government entities.

In 2022, LEAG members went to the NAEH conference, were keynote speakers at the Hennepin CoC annual meeting & housing stability mandatory all staff meetings, facilitated the unsheltered design meetings, part of a hiring panel for a Hennepin County manager and staff hiring panels, voted to approve a vision/mission/purpose statement, participated in Hennepin County training cohort, and provided expertise on various parts of the homeless response system prior to implementing changes.

1D-11c. Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1. how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2. the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1. HC engages with multiple groups of persons w/ lived experience to get feedback, expertise & leadership to include Street Voices of Change (SVOC), Freedom from the Streets, the Youth Action Board (YAB), & Family Shelter boards to name a few. The Lived Experience Advisory Group (LEAG) is Hennepin CoC consulting group who meet monthly & engaged in program/system planning tables & approached for expertise by various sectors of our response system for feedback/expertise. These established partnerships allow for continued & constant feedback. In addition, the coordinated entry system completes an annual evaluation that incorporates input from lived experience users of the CES system. At the request of SVOC (advocacy group of people who are or have experienced homelessness), the Director of Housing Stability attends every other group meeting from the start of the pandemic to share the latest information (public health, challenges, resource opportunities), to hear the on-the-ground experience & identify where and when policy decisions are being made that could include the voices of people with lived expertise as we managed the pandemic response to present. In 2022, HC surveyed 57 HH experiencing homelessness (including people in single adult & family shelter, and those who received prevention or RRH services) about the barriers to accessing & maintain dignified and affordable housing, feedback on services received, and suggestions on needed services to be implemented.

2. HC's director & managers attend SVOC 1x per month to provide overviews of progress made over the month (i.e RFPs, staff hired, etc). Regular reports are provided on progress made by the team regarding suggestions that SVoC had given in past meetings (i.e. adding a H2H policy around switching case managers, creating expectations for case managers to educate on how to be a good tenant and frequent pitfalls). Management is there to hear frustrations & grievances about the homeless response system, especially the single adult shelter system and then follow up with planners to ensure we are all working together on the follow-up. 1:1 with people there and following up on specific issues. One example is following listening sessions with SVOC, HC adopted pursuing reforms to Housing Support (GRH) as a legislative priority at the state. Also, SVOC developed a Shelter Bill of Rights that are now in contracts & guide resource allocation. All 3 have voting rep's on CHC, CoC board, YAB & committees.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. State government: MHFA has requested funds for bonding for housing development (proposed, not approved). Local aid to counties for serving youth and families (\$20M/year for 6 years) - preserving units is an eligible use 1/23. Minneapolis zoning code changes amended its zoning code to allow more SRO housing 7/31/21 to implement policy guidance in 2040 Goal 2 (more residents and jobs) and Goal 3 (affordable and accessible housing), which meets existing & future housing needs by pursuing innovative housing types. It allows residential units to fill a gap for persons earning low-wage or work intermittently, creating a regulatory framework to allow for new (and to better regulate) existing rooming housing & SRO units. Eliminates minimum parking requirements, to decrease the cost of affordable housing development (5/14/21), & allowed accessory dwelling units on both owner & non owner-occupied parcels (2/21).

2. State level activity (driven by elected officials, not state of MN) primarily for-profit single-family homebuilders advocating for changes to local zoning & building code. Although Hennepin County does not have authority over land use or rental licenses, it does work with partner cities to develop housing strategies. For the Southwest LRT and Bottineau Corridors, plans include goals for the development and preservation of affordable housing, & to modify regulatory tools to support housing development and preservation. Include:

- oDeveloping mixed income (Inclusionary Housing) policy language and policies to promote increased density
- oCreating joint financing mechanisms such as corridor-wide TIF, fiscal disparities sharing, & other forms of value capture
- oDeveloping affordability targets for housing development within ½ mile of station areas
- oUtilizing HC Transit-Oriented Development fund to provide better solutions to the problem of spatial mismatch and improve the opportunities of low-income residents
- oThe Metro Council requires cities to have comprehensive plans that address affordable housing targets & offers grants in accordance with the Livable Communities Act to encourage development of affordable housing (among other goals).

HC also convened a task force to develop options to incent and facilitate the development of (SRO) housing. The report included an overview of typical regulatory barriers to creating SRO housing, as well design methodologies to meet existing zoning policies & ordinances.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.	08/24/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	42
2.	How many renewal projects did your CoC submit?	40
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

- Describe in the field below:
1. how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
 2. how your CoC analyzed data regarding how long it takes to house people in permanent housing;
 3. how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
 4. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1.Providers submit data in NOFO scorecards, & in quarterly reports (QR) on # exits to PD/#exits to other locations & compares to projects of similar type. Providers share context in QR to better understand factors impacting exits to PD. HC has providers submit info in QR on demos. of pop served, including # of people served w/: mental/chemical health, chronic health, DV, & disabilities and takes this into account in reviewing project outcomes.

2.Projects report on the avg LOT from project entry to housing move-in in QR & from CES Dashboard. HC FC monitors throughout the year the avg. LOT from referral to project entry & from project entry to housing move-in & compares to projects of similar type & subpop. served. HC FC understands that housing move-in may take longer to achieve for some pops, especially for projects that focus their efforts on serving pops w/ more complex backgrounds & takes this into account in ranking.

3.Providers report on demos of the people served including race, mental/chemical health needs, DV status, disability, chronicity, & other factors. HC requests narratives in QR/NOFO scorecards to understand factors that may impact project outcomes. Projects respond to Qs around equity & racial equity during new & renewal app. process to better understand strategies projects use to ensure successful outcomes for clients served. HC FC used this info in the NOFO ranking & in some cases, ranked projects that serve pops w/ increased severity of needs higher than projects that achieved the same score on the NOFO scorecard.

4.HC FC tracks demos of who providers serve & the outcomes of services provided through QR & the NOFO process. Discussions are had w/ providers around pop served, & complexity of needs through annual site visits & at collaborative meetings w/ providers to ensure CoC FC fully understand each providers unique context. The NOFO scoretool is just the starting point for ranking; other measures including subpops served, type & scope of services provided, past performance, responses to racial equity questions, & other info gathered at site visits & in QR are considered during ranking. Factors such as providing services to culturally-specific pop, & pops w/ higher barriers to housing are considered in ranking of projects, beyond initial NOFO scores. This policy is outlined in the CoC's NOFO Policies & Procedures that is posted on the HC CoC website to add transparency to this process.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process. NOFO Section VII.B.2.e.	
Describe in the field below:		
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1. In 2020 HC established a Lived Experience Advisory Group (LEAG) including members w/ lived experience of homelessness who represent various communities including BIPOC & LGBTQ+. 2 LEAG members joined the COC FC & participate in monthly meetings providing feedback on policies, processes, & strategies. Measures established by the FC that are used in the review & ranking process were shared & discussed w/ providers to gather feedback on the nuanced ways in which the metrics may, or may not, represent the outcomes of those being served. Measures are then voted on & approved by the CoC FC, who represent different components of the homeless response system, communities & those served by the system. HC also partners with Street Voices of Change (SVOC) to gather input from people w/ lived experience who represent different perspectives.

2. The CoC FC reviews feedback on evaluation measures from providers & LEAG members before determining which factors to include in the scoring or ranking process. Through this feedback process factors such as serving subpopulations w/ higher barriers to housing, were incorporated into the ranking process.

3. HC CoC invited LEAG members to participate in the NOFO ranking & review process. Members of the LEAG are individuals who have previously experienced homelessness & bring their knowledge of the homeless response system, including barriers & disparities to the committee. LEAG members represent many subcommunities including BIPOC, LGBTQ+ community, & people of differing abilities. 2 LEAG members joined the CoC FC in 2021 & share their expertise on activities & products throughout the year, beyond the NOFO ranking/review process.

4. Projects are reviewed on a quarterly basis to monitor who is being served by each program in comparison to 1) the demo of the homeless pop in HC & 2) the demo of those currently on the CES priority list. Projects serving those disproportionately represented in the system are prioritized during ranking. Further, projects respond to racial equity questions during the NOFO & describe the strategies they use to ensure barriers are limited, those disproportionately impacted by homelessness can access services, & make culturally-responsive services available. Project outcomes are analyzed & disaggregated by race to better understand equity in services/outcomes. Project factors listed above are taken as context in the ranking of projects during the NOFO process.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and

4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.
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(limit 2,500 characters)

1. New in 2022, along with expanding our CoC funding committee membership to include more persons with lived experience of homelessness, HC CoC has taken an expanded review process for performance to include not only all objective criteria in our score tool, but also CES dashboard data, racial disparity data review & progress by agency/org year on year, expenditure report data (going back 3 years), tenant selection criteria review and vulnerability characteristics of households served in each CoC funded program. Continuous Improvement plans (CIPs) are developed for all projects below the set threshold & an operationalized plan is developed with clear strategies and outcomes to work toward moving the gage on each area. Projects progress on CIPs will be evaluated with the CoC Funding Committee after one calendar year of strategy implementation has taken place. Projects that do not demonstrate progress on CIP goals will be candidates for potential reallocation in the 2023 NOFO process.

2. In 2022, HC CoC identified 12 projects to be placed on a Continuous Improvement plan, which is 30% of our overall CoC projects.

3. There were 2 projects that reallocated in full due to agency closure and overall capacity, and 2 that reallocated a percent due to the lack of ability to expend the funds, however, the rest are working on their Continuous Improvement Plan goals to determine if they may be up for reallocation in 2023.

4. Due to the impact of COVID 19, and the continued unrest in Mpls following the murder of George Floyd, our non-profits have lost capacity in terms of being able to submit NEW project applications for the FY2022 CoC NOFO competition. Due to the lack of NEW applications, HC was unable to reallocate funds from any projects for this competition. HC will be working between now and the FY2023 NOFO competition to work with the housing provider community to plan for and assist with new project capacity.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	08/16/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	08/30/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/23/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/23/2022
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

1. MN's statewide DV coalition had a staff person working w/ VSPs who supplied VSPs w/ detailed Qs to ask software vendors to ensure they are operating truly comparable databases, & in some cases interacted w/ vendors directly. Staff from HMIS Lead Agency met regularly w/ the coalition staff person, providing guidance w/ respect to HMIS data standards & participated in meetings w/ VSPs & funders as needed. 2. HMIS Lead Agency is engaging w/ a new staff person at the statewide DV coalition (Violence Free Minnesota) whose position is funded through a grant from the Office of Justice Programs (MN Department of Public Safety), where her primary role is to help identify data collection barriers, technology, & privacy barriers & how these barriers may have prevented VSPs from obtaining funding & discuss barriers VSPs have in the data reporting realm & problem solve for solutions. W/ this partnership, the HMIS Lead is prepared to provide the same high quality Helpdesk support it provides to HMIS participating agencies to VSPs using HMIS comparable databases and will be continuing to develop relationships with VSPs. 3. A recently formed cohort of Joint TH/RRH grantees is meeting in partnership b/w the local HUD Field Office, the HMIS Lead, & HC CoC. While not limited to projects serving victims of domestic violence, the Joint TH/RRH Component project model, there are several VSPs grantees in this cohort, which has provided a unique opportunity for collaboration, learning, & support. 4. Each DV agency works w/ their database provider to ensure timely updates to alternate databases occur that allow APR data to match evolving HUD data element requirements. HC DV Evaluation Workgroup discuss data collection requirements, prioritize measures, monitor data collection, & collectively brainstorm new ways in which needed info can be collected to strengthen alignment of DV data to larger HMIS data. 5. All CoC-funded DV projects submit data to the HC FC on a quarterly basis. Data submitted includes demo info on who is being served, service outcomes, & contextual info re: the environment in which service provision occurred. Data is reviewed by the CoC FC who work to identify gaps in data collection & areas to coordinate support for DV providers data collection & reporting in the future. 6. HC shared pre-NOFO training on "CoC Basics for VSPs" w/ community to ensure VSP's had info on CoC grants & what it means to be part of a CoC.

2. HC CoC is compliant w/ 2022 HMIS Data Standards

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,830	133	1,309	77.14%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	658	37	492	79.23%
4. Rapid Re-Housing (RRH) beds	842	33	842	104.08%

5. Permanent Supportive Housing	4,978	0	4,350	87.38%
6. Other Permanent Housing (OPH)	3,052	22	2,783	91.85%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
	NOFO Section VII.B.3.c.
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. Based on 2022 HIC data, CoC and HMIS Lead staff have identified that for the CoC to reach at least 85% moving forward, the large, faith-based, privately funded shelter must agree to join HMIS. In the 2022 HIC, this shelter accounted for over 21% of non-VSP ES beds in the CoC. CoC and HMIS Lead Agency staff have attempted to engage this agency in the past and will do the same in calendar year 2023.

2, The CoC was within twelve percentage points of 85% bed coverage for transitional housing (TH) in the 2022 HIC. Based on 2022 HIC data, CoC and HMIS Lead Agency staff have identified several individual projects that would increase the CoC's bed coverage beyond 85% if they joined HMIS. Two of these agencies (MAC V and Simpson) participate in HMIS for other projects, and we will target them first. HC Coordinator and ICA local sys admins will outreach to the agencies that operate these projects in calendar year 2023 to discuss the importance of their data to understanding the experience of homelessness in our CoC and to problem-solve around any barriers they may have to entering this data into HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.
	NOFO Section VII.B.3.d.

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/26/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1.1.Providers in the community were invited to participate in the ongoing planning process for the PIT. Representatives from youth agencies, including youth drop-in centers, youth street outreach, & youth TH programs were active participants during both the planning & implementation stage of the PIT count. These representatives helped identify sites for surveying, engaged youth for feedback on sites, & helped ensure volunteers at sites were trained to survey youth in an informed manner. 2.Providers serving youth were included in the sheltered PIT count. Providers that do not enter data into HMIS were contacted & asked to submit data in an aggregate form to ensure their services & communities were included in the count. HC staff worked closely w/ youth providers to ensure data collected was accurate & reflective of the inventory & services that were available/provided on the night of the PIT. Youth providers that do enter data into HMIS were contacted to ensure data pulled was accurate & that inventory and other provider info in HMIS was up to date.

2.Youth were not specifically involved in conducting of the actual count however volunteer opportunities were made available to all members of the community & many community engagement committees were involved in outreach to communities ahead of the count to solicit volunteers in both the planning of the count & actual implementation of the PIT count. Streetworks, a collaborative of youth serving agencies, led the youth specific components of the count & included youth w/ lived experience in the planning of site-based surveys, SO locations & volunteer recruitment.

3.Providers in the community, including youth providers, were active participants in the planning process for the PIT count. Planning for the PIT included organizing volunteer recruitment, identifying known locations & service-based locations, mapping HC CoC geographic area, & planning for surveying at locations identified in planning. Youth providers were engaged throughout the planning process to ensure locations that youth frequent, including drop-in centers, were included in PIT count surveying & that trained volunteers would be present at these locations to conduct surveys from an informed lens. Streetworks, a collaborative of youth serving agencies, led the youth specific components of the count & included youth w/ lived experience in the planning of site-based surveys, street outreach locations & volunteer recruitment.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
3.	describe how the changes affected your CoC’s PIT count results; or	
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. All tools & reports were updated to reflect HUD 2022 Data Standards Changes 2. HMIS lead collaborated w/ HC to create new method for aggregate data collection for non-HMIS participating projects(NPPs). This improved ease of use for NPPs leading to higher participation & accuracy. 3. Subpop info by HH type was re-organized for clarity. 4. Additional training supports were provided to assist w/ accurate data collection. 5. Utilized Quarterly Data Quality (QDQ) Monitoring report to focus on PIT night data quality.

2. In previous years, the unsheltered count was conducted by one community agency's SO team/volunteers & focused mainly on observation counts on public transit & in known locations on the night of the count. 2022 was the first year HC led the unsheltered count. HC unsheltered planner convened meetings w/ community partners, including SO teams, youth providers, & culturally-specific providers, to plan for the count, be intentional about trauma informed processes & methodology, & elevate voices of people w/ lived experience, BIPOC, LGBTQIA+, Indigenous & youth. This group was tasked w/ mapping HC geographic area, service-based locations, known locations, recruit/train volunteers, & determine shifts for coverage at each survey location. This year's count extended beyond MPLS to suburban areas w/in HC. Surveys were prioritized over observation forms, when appropriate. HC added additional efforts to complete a service-based count & had volunteers working in shifts at identified locations in the community throughout the 7-day period following the count.

3. While we saw a significant decrease in the # of people experiencing unsheltered homelessness compared to 2020 we have to acknowledge this change may be partially attributed to the newly implemented methodology. 2. PIT data w/in HMIS benefitted from the established QDQ monitoring process, including follow up efforts by coordinators & funders. Data quality scores improved from 74.15% to 74.72%(ES) & 90.82% to 90.57% (TH) for completeness, & from 82.68% to 88.07% (ES) & 88.61% to 982.23% (TH) for consistency & accuracy. Consistency & accuracy includes head of household errors & client location errors that can either keep someone from being counted or affect where they are counted. 3. Non-HMIS sheltered count was also more accurate due to improved data collection tools

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1. HC uses a statewide assessment tool, MPAT, to assess HP risk factors (e.g.housing status, previous evictions, criminal hx, trauma hx, how soon someone is likely to become homeless, income, hx of homelessness, recent crises, & other risk factors). 2.Funds are prioritized to HHs earning less than 30% of AMI & to those who are at risk of homelessness w/in 30 days; 3. funds are prioritized to address racial disparities by identifying risk factors by zip codes (high prevalence of communities of color, high rental pops, & high prevalence of low income HHs). 4. Heat maps of where EA&ERA requests are being made (e.g. # of requests, # of assistance provided & demo info) help show areas of highest need. 5.In June 2021, the HC HP implemented a unified HP assessment tool to provide rapid, & transparent response for RA. 6. CPS Housing Steering Committee implemented a “Housing Estimator Tool” to gauge the level of housing stability for families working w/CPS.

2.1.\$2.2 million in County pandemic recovery funds used to provide free legal representation & service navigation at Housing Court for HHs on the verge of eviction (made positions permanent staff in Housing Court in 2021). 2.HC is staffing pre-trial drop-in sessions for people who have eviction filing to receive support. 3.HC hired a 2nd FTE HP Planner in 2022, focused on preventing family homelessness 4.HC expanded school-based HP in 2022 through SHSS program by bringing HSWH to 2 additional school districts. 6.HC streamlined application of EA through MNBenefits by creating an adobe platform that was implemented in June 2021. HC is in the process of planning expansion of this tool so agencies can view each others resources, track HHs served, & collect data on outcomes for people seeking HP & RA. 7. HC HP workgroup meets monthly to work on a unified HP strategy. 8. HC partnered w/City of MPLS in ERA to help disperse funds, process applications & spend money down. 9. HC funds 3 culturally specific HP providers. 10. HC operates TRC that connects those at risk of housing instability to resources. 11.HC hosts a Renters Help Online Tool that can be accessed 24/7 & is targeted to people who want to solve their own crises by looking online for resources. 12. HC has put out \$1 million RFP for a system-wide diversion program to meet clients needs upstream & reduce # entering shelter.

3.Office of Housing Stability

2C-2.	Length of Time Homeless—CoC’s Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1.1 To reduce the LOT individuals & persons in families remain homeless, HC has created a housing focused case management team made up of 32 FTEs. This housing focused CM team works through 3 programs: 1) serving short term homeless persons (less than 1 year homeless); 2) serving those identified as long-term homeless; & 3) serving specialized populations. The housing focused CM team uses referrals & data to identify people in the community who are eligible to receive these housing CM services. This team launched in November of 2021 & to date has housed over 258 people & secured hundreds of vital documents. 2. HC has launched a 2-year program called Streets to Housing to provide housing focused services to people living in unsheltered locations. The team is focused on brokering resources & making quick connections to services & housing all while being data informed, person-focused, & using housing first policies. The City of MPLS has designated \$400,000 to support Streets to Housing. To date the program has brought on 5 FTEs, 1 Program Manager & 4 System Navigators, w/ plans for expansion in 2023. 3. CE assessments are used to identify & prioritize individuals who experience long-term homelessness. HC monitors & tracks chronically homeless individual through the chronic homeless index & Built for Zero Dashboards. HC reviews the HMIS LOT report & ICA dashboards to track the # of people entering the homeless response system compared to those exiting the system/securing housing to identify length of time homeless.

2. HC identifies families & individuals experiencing homelessness by reviewing the CE priority list & utilizing case consults. Additionally, HC reviews the chronic homeless registry & byname list (HMIS data), reviews family shelter utilization reports, & engages in bi-weekly case conferencing to target those on the chronic homeless list for housing. Of the 319 people currently on the chronic homeless registry, the average LOT homeless is 42 months. For persons staying in ES, SH, & TH the median LOT homeless is 32 nights (from 59 nights in 2021). The Homeless Access team has been able to house 44 chronically homeless people in 180 days. Additionally, chronically homeless individuals are prioritized during the CES process & are the first to be connected to housing.

3. Office of Housing Stability

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC’s Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
	1. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. 1HC was able to exit our 'protective' shelter arrangements through investment in housing focused case management, resulting in 464 placements into permanent housing, allowing us to close the final hotel based shelter in March 2022 w/o mass RTH. Building on this success we allocated \$10.52m to expand the size & scope of the team to work w/ people experiencing homelessness in any unsheltered or sheltered setting. This team has moved a further 235 people from homelessness to permanent housing & is currently working w/ more than 367 further people towards that goal. 2. HC & City of MPLS allocated \$850,000 for housing focused case managers to be based at 3 of the largest single adult shelters in HC for a total of 9 case managers From Jan 1 to June 2022, 149 people were housed by these case managers. 3. HC worked w/ the 2 Housing Authorities that received EHVs to ensure that every single voucher was allocated to someone experiencing literal homelessness. Using the above resources, HC & our participating providers guaranteed case management for all recipients. As of today we have leased up ~180 of 364 vouchers & the remainder are allocated & in property search.

2.The HC case management team has established partnerships w/ Long Term Support Services & other programs to ensure that ongoing support services are available for all individuals placed through their efforts. Placements to date from both our hotel-based work & the more recent expansion of housing focused CM are seeing a 95%+ sustainment rate in housing. 2. In the case of EHVs our MOU w/ the Housing Authorities ensures not only CM to assist w/ housing search but also a minimum of 1-year supports in housing. This has further required the build out of partnerships w/ mainstream support services to better serve our clients as they exit homelessness. 3. Starting July 2020, HC partnered w/ Minnesota's Medicaid plan allowing for billing of Medicaid for Housing Stabilization Services. HC has 2 FTEs managing this program; 219 providers in HC provide housing stabilization services through this program w/ 9800 people statewide receiving benefits.4.HC allocated \$3.58m of pandemic recovery funds to employment & training services, including culturally specific services w/ paid job placements as part of the programming, for people exiting homelessness, as increasing income has been identified as an indicator of ongoing housing stability.

3.Office of Housing Stability

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1.HC works to identify participants who RTH through strategies including: 1) Adult Shelter Connect, the front door to single adult shelter, utilizes HMIS as the primary way to track information. When someone RTH after receiving services previously, it is captured in HMIS. We use this info to identify people who return to shelter; 2) Funding-specific workgroups, including the CoC FC & FHPAP RRH planning workgroup, review HMIS data on RTH by project on a quarterly basis to identify trends across providers in participants RTH & to identify projects w/ needed support (who have high RTH) & connecting them to supports/successful strategies through partnerships w/ providers w/ low rates of RTH; 3) reviewing system-wide data, supported by ICA (HMIS Lead) created dashboard to understand systems-level trends on who is RTH & from what project component types. Additional strategies include partnering w/ local research organizations & universities to conduct research on risk factors for individuals/families w/ multiple homelessness incidents or at risk for shelter re-entry.

2.Strategies to reduce the number of participants who RTH include 1) Targeted prevention efforts that reach out to people who have been homeless in the past; 2) Funded-projects work to connect participants to mainstream services/supports to build supports & increase likelihood participants will be able to maintain housing once they exit a program; 3) Projects focus on transferring clients to Housing Support when RRH cannot meet their needs; 4) Providers participate in a collaborative review meeting that occurs 2x/month & focuses on CH individuals; 5) housing stabilization services works to connect participants to ongoing supports. The Homeless to Housing Team begins discharge planning at intake & utilizes a workflow that does not discharge participants from caseloads until supportive/stabilizing resources are in place after the person has been housed; 6) PSH projects develop stability plans & collaborate w/ family, property mgmt. & services to identify risk factors & steps for success; 7) CoC- & FHPAP-funded projects work w/ participants to increase employment income by helping w/ employment search/connection to training & certificate program/etc. to increase housing stability after program exit.

3.Office of Housing Stability

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

In the field below:	
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1.1.HC allocated \$3m ARPA & \$580k CARES funding for an Employment & Training pilot program b/w Homeless to Housing CM team & Goodwill Easter Seals & American Indian OIC implemented in 2022. Partnership provides access to meaningful employment services, w/ intentional focus on readiness, skills training, & occupation learning, to assist w/ finding & keeping jobs, & provides quick connection to paid work experience while conducting job search/ building skills, & transitioning to perm employment. Pilot has capacity to serve 50 single adults in the 1st year. 2. HC funded navigators to work in shelter to quickly connect clients w/ 2 employment orgs in the community. 3. TRC partners w/ local workforce agencies to offer employment counseling & make referrals to employment services. 4. HC written standards define performance thresholds for RRH & PH. 41% of qualifying adults in RRH & 20% in PSH projects are expected to increase or maintain employment income. HC FC works w/ providers who struggle w/ these metrics by developing continuous improvement plans, sharing best practices, & connecting projects w/ providers who are excelling for peer learning/mentorship.

2.1. HC partners w/ workforce agencies in the community that provide expertise in employment opportunities & has established connections to employers in the community. 2.HC allocated \$3.58 million of pandemic recovery funds to employment & training services, including culturally-specific services w/ paid job placements. 3.The Employment & Income Committee (EIC) shares presentations & sponsors learning opportunities to integrate workforce & housing sectors & helps build awareness of the importance of employment & income in preventing & ending homelessness. 4. In partnership w/ employment service agencies & local employers, HC hosts 2-3 events each year to “match” employers w/ employment service providers. Through these employer engagement events we have been able to: (a) identify barriers in hiring processes, (b) identify key skills & abilities that we need to prepare workforce. 5.HC’s EIC hosts quarterly Community of Practice sessions that bring together practitioners from across the workforce & housing fields. These sessions help staff better understand programs, policies & focus of the different sections. Key relationships are built b/w public & private orgs to ensure current info re: program opportunities are widely shared.

3.Office of Housing Stability and Office of Economic Supports

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1.To improve access to non-employment cash sources, HC established a 32-person case management team that works with short term homeless, long term homeless, & special populations that are not connected to other case managers. These positions work collaboratively w/ participants to help complete paperwork & navigate the application process for benefits. These positions help remove barriers to accessing benefits by providing navigation & support throughout the process. The CM team has performance measures built into their contracts to connect people to benefits. Case managers help participants obtain vital docs & help participants apply for benefits. The new CM team/program established a partnership with Eligibility Supports to increase access in the application process.; 2. Funded projects in HC have outcomes detailed in their contracts, including increasing non-employment cash-benefits & total income. Performance on these outcomes are monitored by funding committees & planners who connect projects to supports in the community to increase performance in this area. Underperforming projects develop Continuous Improvement Plans to implement new strategies and are monitored for a 1-year period for improvement; 3. Funded projects utilize case mangers on-site & in the community to work w/ participants to apply for benefits while they are in the housing program; 4. HC utilizes SOAR workers in the community; 5. HC provides trainings for the community on accessing benefits. 6. HC provides trainings for the CM team & community on accessing benefits. 7. Eligibility supports at HC has incorporated strategies to increase access including: 1) implementing INFOKEEP system: for residents to provide documentation in the moment virtually. Docs are auto. linked to client's electronic file for instant access for CM; 2.)implementing MNbenefits app system: increases rate that applications can be completed/processed as clients are able to directly share vital docs; 3) eligibility CMs are proactively reaching out to clients to provide status updates of their app.; 4) waivers were granted by the state so team can accept verbal signatures to expedite process & complete app even when not in-person.

2.Office of Housing Stability

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
Kyle Square Garden	PH-PSH	37	Both
Aliveness RRH	PH-RRH	43	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Kyle Square Garden
2. Enter the Unique Entity Identifier (UEI): KB2LRJTJMDY7
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 37
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Aliveness RRH
2. Enter the Unique Entity Identifier (UEI): VALHJPHUUGT3
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 43
5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	2,672
2.	Enter the number of survivors your CoC is currently serving:	1,884
3.	Unmet Need:	788

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1. HC used the Coordinated Entry Monitoring Report and CORE Homeless Program report to get a deduplicated count of adults and heads of households active in Coordinated Entry projects as of 8/31/2022 with a value of “yes” to “have you ever experienced domestic violence” (HUD Universal Data Element) or a value of “yes” to “are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?” (common Coordinated Entry Assessment element) to get the total number of survivors that need housing or services for element 1. HC used the Core Homeless Programs Report in HMIS to get a deduplicated count of adults and heads of households active in TH or PH projects as of 8/31/2022 with a value of “yes” to “Have you ever experienced domestic violence?” (HUD universal data element) to get the number of people currently being served for element.

2. HC utilized HMIS data for non-DV projects.

3. The number of people who experience DV in our community is very high. Our ability to have all DV survivors entered in the comparable database, outside of HMIS, has created gaps. Smaller DV agencies, not receiving HUD funding, are not necessarily using comparable databases that can be easily integrated into HMIS. MN does not yet have a statewide database for all DV providers to enter services and need for us to gain a truly representative picture of the extent of DV need in our community. Smaller agencies in the community less frequently submit applications for funding leading to further gaps in our ability to know how we are serving all survivors of DV.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Tubman

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	Tubman
2.	Project Name	Tubman RRH for Survivors Expansion FY2022
3.	Project Rank on the Priority Listing	44
4.	Unique Entity Identifier (UEI)	PQ7JSQL3X6G7
5.	Amount Requested	\$128,939
6.	Rate of Housing Placement of DV Survivors–Percentage	92%
7.	Rate of Housing Retention of DV Survivors–Percentage	100%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. Tubman combined data for its 2 CoC grants for RRH for DV survivors in Hennepin County. Data is from CY 2021, the latest funding cycle.

a. Tubman calculated the housing placement rate by dividing the number of people who moved into scattered-site apartments during the report period (23) by the number of people in the program (25); 2 people who had moved in prior to the start of the report period were excluded.
 $23 / 25 = 92\%$. Basing the calculation on total households: 13 households that moved in divided by 14 households served equals 92.8%.

b. Tubman calculated the housing retention rate by dividing the number of people who retained their housing during the report period (25) by the number of people in the program had moved in, including people who had moved in prior to the start of the report period (25). $25 / 25 = 100\%$.

2. Two clients exited during the report period, both to permanent housing. Both moved into housing during the report period and were included in the housing placement rate. Both retained housing at exit and were included in the housing retention rate. No clients exited before move-in.

3. As a domestic violence service provider, Tubman maintains an HMIS comparable database to track demographic and outcome information needed to report to the CoC and HUD on its two HUD CoC grants for rapid rehousing for DV survivors in Hennepin County. Tubman’s HMIS comparable database is the source of the housing placement and retention d

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

In Tubman’s last funding cycle (calendar year 2021):

1. Over 85% of survivors served in Tubman’s program identified as BIPOC, facing barriers due to the impacts of systemic racism as well as economic abuse. Tubman’s Housing First program does not restrict entry based on income, substance abuse, criminal record or other factors. When landlords are concerned about these factors, Tubman helps the client resolve the issue if possible and explains the supportive services and rental assistance available; some landlords are more open to accepting survivors after learning of Tubman’s services. Staff help clients obtain needed documents, resolve any credit issues, and reduce other barriers. Tubman has a partnership for open units at a 12-unit apartment building with a priority for youth survivors, up to age 24, and was able to place 3 clients in that building. Average time from enrollment to move-in was 80 days. Three survivors without children and one family faced multiple challenges and needed over 120 days.
2. All referrals to Tubman came from the CoC’s coordinated entry system, including coordinated entry screenings by a domestic violence service provider designed for survivors. When Tubman receives a referral, they address immediate needs and conduct an intake about safety concerns and housing needs. They confirm homelessness status and income, and that the client is fleeing domestic violence.
3. At intake, clients complete a support and resource scale to identify their strengths and resources, and identify needs and barriers. Specialized assessments address specific needs for families, housing and criminal history, and mental and chemical health challenges.
4. Tubman’s voluntary support services customized for each client include safety planning; initial and annual assessments for the client and their children; goal planning; help accessing public benefits and health insurance; financial, career exploration and job readiness services; support groups; parenting support; and connections to child care, education, and job training. Clients are connected to Tubman and community resources.
5. CY2021 was the first full year of operation. Two clients exited after move-in, both to permanent housing. Tubman’s intake includes information on education and employment history and goals and financial status. Clients create budgets, so they know what they can afford, and set goals to increase earned and other income to sustain housing when rental assistance ends.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors’ physical safety and location confidentiality.	

(limit 2,500 characters)

In Tubman’s last funding cycle (CY 2021):

1. Tubman conducted intake at locations convenient for the client that provide privacy, usually in a private room at Tubman’s office, with no one else present. Tubman kept client information confidential, in a database and computer network protected by a high level of electronic security. Staff explained confidentiality policies and secured informed, written, reasonably time-limited releases of information when needed. Clients shared whether it is safe to contact them at phone numbers and email addresses.
2. At intake, Tubman gathered information on client safety and housing needs. Clients identified preferred locations that protect their safety; provide easy access to transportation, school, work, and child care; and enhance their support network. Clients paid 30% of income in rent and received rental assistance to cover the balance. Tubman assessed scattered site units for safety and habitability and updated safety planning with clients after move-in. All landlords/property managers agreed to provide VAWA housing protections to clients in a written lease addendum. Tubman explained that sharing orders for protection with their landlord/property manager may help ensure safety; clients chose what is safest for them.
3. Tubman helped clients obtain confidential mailing addresses through Minnesota’s Safe at Home program. Staff worked with landlords to protect client confidentiality and make them aware of special legal protections for survivors.
4. At orientation and ongoing trainings, Tubman trained staff to assist survivors in safety plans and confidentiality. Training included safety plans for home, work and school, and to protect clients’ children. Safety planning is an ongoing process tailored to individual needs, ages, abilities, and circumstances. Training includes culturally responsive strategies, safe use of technology, stalking and harassment, and tips to prevent cyberstalking. Staff also participate in trainings by national providers and Violence Free Minnesota.
5. Tubman assessed scattered site units for safety, including the security of both the building and unit. Staff helped clients self-advocate with property managers if they had concerns about locks, lights, building security, and other safety features. Some clients requested only initials on their mailbox or negotiated for more secure locks. Staff kept client locations confidential and helped them obtain confidential mailing addresses.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. NOFO Section II.B.11.e.(1)(d)	
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Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Tubman has over 45 years of experience providing safety planning and evaluating the effectiveness of its ability to ensure the safety of survivors receiving services. Rapid rehousing staff refer survivors who want a confidential mailing address to other Tubman staff who are trained as Safe at Home Application Assistants. Clients who enroll in Safe at Home can provide documentation to their landlord or property manager which includes legal mandates and prohibitions designed to ensure their safety.

In Tubman’s last funding cycle (calendar year 2021), Tubman tracked safety planning services that staff provided to survivors in its rapid rehousing program and whether clients developed safety plans. All Tubman rapid rehousing clients developed customized safety plans and strategies to enhance their safety. Tubman views safety planning as an ongoing process. Staff checked in with clients regularly about safety concerns and whether changes in circumstances impact their safety and worked with them to adjust safety plans as needed. Tubman’s program manager reviewed data on client services and outcomes to ensure that clients are developing customized safety plans and strategies to enhance their safety and the safety of their children.

When survivors raised special safety concerns, program staff discussed possible strategies to address them in team meetings. It is always up to each survivor to choose which strategies work best for them.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1. Tubman prioritized client choice by discussing their safety needs and housing priorities. Clients identified preferred locations to protect safety; provide easy access to transportation, school, work & child care; enhance their support network; and are sustainable after exit, based on income potential. Tubman offered a choice of available housing and placed clients in safe housing as quickly as possible. Average time to move-in was 80 days.

2. Tubman recognizes that many homeless survivors have experienced discrimination, systemic racism & historical trauma, which make it difficult for them to trust systems intended to help them. Tubman trains staff to partner with clients and minimize any power differentials. All people are treated with respect and we prioritize client voice. To reduce the negative impact of labels, Tubman uses person-first language identifying each client first as a person and secondarily as having a specific characteristic or challenge. Tubman believes that each person is the expert in their own lives. Clients choose the type and length of supportive services they receive and set their own goals. Staff ensure that services are best suited to the identified needs and make an adaptive plan if needed. Clients can raise concerns without fear of retaliation. Former clients have indicated that Tubman’s emphasis on relationship building helps establish trust and makes them feel comfortable sharing information and that they perceive Tubman staff as truly having each client’s best interests in mind.

3. Tubman services are designed to acknowledge the potential impact of trauma, identified or not, on clients’ lives, and staff are trained on the impact of trauma and strategies to address it. Tubman assesses for emotional, physical, or verbal activators and adapts services to avoid re-traumatizing survivors. Staff work with clients on active steps to mitigate trauma. During check-ins, staff pay attention to PTSD and other trauma symptoms, provide basic information on trauma, and refer clients to trauma-informed resources to provide ongoing support. Tubman offers a weekly DV support group and Trauma Skills, Trauma Process and Expressions of Healing therapy groups.

4. Tubman’s client-centered services are informed by best practices recognized by SAMHSA, National Child Traumatic Stress Network, and C4 Innovations. Tubman recognizes that each person’s unique and complex needs are best addressed through customized services. Clients identify individual goals based on their strengths and needs using a support & resource scale at intake and quarterly. Services are voluntary and goal-planning is based on client-identified strengths and priorities. Staff help clients break down goals into actionable steps, building momentum for success. Clients identify resources and activities that interest them and staff help them access programs at Tubman and other providers.

5. Designed with insight from homeless survivors to meet the needs of BIPOC communities and people of all ages and genders, Tubman services are based on best practices in both the housing and domestic violence fields. Staff operate within an ecological approach to violence, endorsed by the CDC and the World Health Organization’s Violence Prevention Alliance. This model addresses violence through recognition of the person in relationship to themselves, others, and the systems with which they interact, respecting diverse experiences and understanding violence from a global perspective. Tubman’s culturally-responsive services uphold the values and traditions inherent to supporting clients’ experiences. Staff are trained on fair housing laws and historical trauma. Tubman ensures that clients understand their rights across systems and are supported to resolve issues related to discriminatory practices. Staff accompany clients to appointments and provide systems advocacy if clients request. Tubman provides systemic racism and racial equity training, fosters courageous conversations on race among staff, changes practices and policies to prevent

harm and promote healing, and elevates client voice. The program director and program manager participate in Tubman’s staff-led Racial Justice Collective, committed to change policy and foster internal accountability.

6. Tubman offers a weekly DV support group and therapy groups addressing trauma. Tubman connects clients to group activities in the community, based on their interests, including faith communities, book clubs, recreation classes and volunteer opportunities.

7. Tubman staff provide parenting support. Tubman’s DV support group addresses co-parenting and other parenting concerns. Staff help clients access resources for child care and connect them to ECFE and Head Start programs. Tubman’s legal program provides attorney representation and legal advocacy in orders for protection and family law matters, including divorce, paternity, child custody, supervised visitation, and child support.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

1. Obtaining documents. Tubman helped clients obtain birth certificates, IDs and other documents needed to apply for housing and employment. A partner agency provided vouchers for related fees.
2. Credit, housing and criminal history. Tubman assisted most clients in obtaining their credit report, identifying issues, and credit repair. Staff referred clients with complex situations to credit counseling services, consumer protection law clinics and identity theft services. Staff referred clients with past evictions or a criminal history to Tubman staff attorneys for legal advice and helped them gather needed information and access legal service providers to expunge evictions or criminal convictions if possible. This helps clients secure housing more quickly and expands employment opportunities.
3. Housing search. Tubman maintained relationships with + 20 landlords/property managers, many with multiple properties, and helped clients secure safe housing that met their needs. Staff helped clients access HousingLink's list of available housing; these landlords/ property managers are often open to clients with barriers due to credit, housing and criminal histories. One client considered HousingLink's Beyond Backgrounds program, designed to encourage landlords to relax screening criteria by assuring they will get up to \$2,000 if there is damage to the unit or legal fees. Tubman has a partnership for open units at a 12-unit apartment building with a priority for youth survivors, up to age 24, and placed 3 clients in that building.
4. Goal planning and case management. All clients developed goal plans related to housing, financial work, education, parenting, health, legal and other needs. Case management by Tubman staff helped all clients make progress toward their goals.
5. Public benefits. Tubman helped clients apply for public benefits, including cash benefits, disability benefits, food assistance, and other non-cash benefits. Parenting clients were referred for help obtaining an MFIP family violence waiver so that they continued to receive MFIP (TANF) benefits while overcoming barriers to employment caused by economic abuse and healing from trauma.
6. Financial education and access to banking. Tubman staff helped clients understand financial terms, learn how to build and follow a budget, and project a budget to prepare for changes in income or rent. All clients received information about Tubman's partnership with Prepare + Prosper's FAIR (Financial Access in Reach) Banking Program which helps clients who may not have a bank account to access checking and savings accounts, credit-building and wealth-building opportunities. One established checking and savings accounts; several are considering the credit-building services.
7. Career exploration and employment. Tubman provides support for clients to identify and explore their dreams, set employment goals, and develop a specific career path related to their key interests, including creative and entrepreneurial opportunities. Tubman provides support in a way that reduces the anxieties or past traumas often associated with these goals. Tubman assists clients with job search, cover letters and resumes, employment applications, and practice interviews. Several clients received support to explore gig work or self-employment related to something they enjoy, such as working with hair or creating art. These opportunities helped supplement income.
8. Education. Tubman helped clients secure a GED or explore and apply for education and job training opportunities. Tubman has established partnerships with local community college, technical schools and job training programs. For example, several clients explored job training through Project for Pride in Living, including CNA certification and internships with Hennepin County which often lead to employment; they enrolled in 2022. Tubman helped clients access

classes needed to secure or renew job certifications and licensing, and paid related fees.

9. Crisis and trauma support. Survivors can access Tubman’s crisis and resource helpline for support and information 24/7. Three survivors experienced additional trauma and grief due to a family member, partner or former partner being killed during recent domestic violence-related gun violence in Minneapolis in 2021. Tubman staff supported them as they address this trauma and recognized they needed time to grieve and heal before continuing to pursue housing and employment goals.

10. Housing stability. Tubman helps clients plan to sustain housing after rental assistance ends. In addition to budgeting, clients learned self-advocacy, communication, and negotiation skills. They built support networks for ongoing support and learned about community resources. Exit plans include resources and referrals to continue working on goals. Tubman provided support services for up to 6 months if needed.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Tubman prioritizes client choice by discussing their safety needs and housing priorities. Clients identify preferred locations that protect their safety; provide easy access to transportation, school, work and child care; enhance their support network; and are sustainable after exit, based on income potential. Tubman offers a choice of available housing and places them in safe housing as quickly as possible.

2. Tubman recognizes that many homeless survivors have experienced discrimination, systemic racism and historical trauma, which make it difficult for them to trust systems intended to help them. Tubman trains staff to partner with clients and minimize any power differentials. All people are treated with respect and we prioritize client voice. To reduce the negative impact of labels, Tubman uses person-first language identifying each client first as a person and secondarily as having a specific characteristic or challenge. Tubman supports informed choice, believing that each person is the expert in their own lives. Clients choose the type and length of supportive services they receive and set their own goals. Staff ensure that services are best suited to the identified needs and make an adaptive plan if needed. Clients can raise concerns without fear of retaliation. Former clients have indicated that Tubman’s emphasis on relationship building helps establish trust and makes them feel comfortable sharing information and that they perceive Tubman staff as truly having each client’s best interests in mind.

3. Tubman services are designed to acknowledge the potential impact of trauma, identified or not, on clients’ lives, and staff are trained on the impact of trauma and strategies to address it. Tubman assesses for emotional, physical, or verbal activators and adapts services to avoid re-traumatizing survivors. Staff work with clients on active steps to mitigate trauma. During check-ins, staff pay attention to PTSD and other trauma symptoms, provide basic information on trauma, and refer clients to trauma-informed resources to provide ongoing support. Tubman offers a weekly DV support group and Trauma Skills, Trauma Process and Expressions of Healing therapy groups.

4. Tubman’s client-centered services are informed by best practices recognized by SAMHSA, National Child Traumatic Stress Network, and C4 Innovations. Tubman recognizes that each person’s unique and complex needs are best addressed through customized services. Clients identify individual goals based on their strengths and needs using a support & resource scale at intake and quarterly. Services are voluntary and goal-planning is based on client-identified strengths and priorities. Staff help clients break down goals into actionable steps, building momentum for success. Clients identify resources and activities that interest them and staff help them access programs at Tubman and other providers.

5. Designed with insight from homeless survivors to meet the needs of BIPOC communities and people of all ages and genders, Tubman services are based on best practices in both the housing and domestic violence fields. Staff operate within an ecological approach to violence, endorsed by the CDC and the World Health Organization’s Violence Prevention Alliance. This model addresses violence through recognition of the person in relationship to themselves, others, and the systems with which they interact, respecting diverse experiences and understanding violence from a global perspective. Tubman’s culturally-responsive services uphold the values and traditions inherent to supporting clients’ experiences. Staff are trained on fair housing laws and historical trauma.

Tubman ensures that clients understand their rights across systems and are supported to resolve issues related to discriminatory practices. Staff accompany clients to appointments and provide systems advocacy if clients request. Tubman provides systemic racism and racial equity training, fosters courageous conversations on race among staff, changes practices and policies to prevent harm and promote healing, and elevates client voice. The program director and program manager participate in Tubman’s staff-led Racial Justice Collective, committed to change policy and foster internal accountability.

6. Tubman offers a weekly DV support group and therapy groups addressing trauma. Tubman connects clients to group activities in the community, based on their interests, including faith communities, book clubs, recreation classes and volunteer opportunities.

7. Tubman staff provide parenting support. Tubman’s DV support group addresses co-parenting and other parenting concerns. Staff help clients access resources for child care and connect them to ECFE and Head Start programs. Tubman’s legal program provides attorney representation and legal advocacy in orders for protection and family law matters, including divorce, paternity, child custody, supervised visitation, and child support.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(f)		

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation.

(limit 2,500 characters)

The project will expand Tubman’s HUD-funded rapid rehousing program for domestic violence survivors in Hennepin County. That program was designed with insight from homeless survivors to meet the needs of BIPOC communities and people of all ages and genders.

Tubman will involve survivors who have lived experience of homelessness, poverty, racism, gender discrimination and multiple forms of trauma, and have dealt with housing, legal, public benefit, and social service systems in ongoing policy and program development. Tubman will conduct focus groups with current and past clients and other survivors with lived expertise annually to assess trends in survivor needs and barriers, challenges across systems, program policies, and effectiveness of program design and delivery. Participants will include survivors who identify as BIPOC and survivors of all gender identities and sexual orientations, including LGBTQ+ and gender non-conforming. Survivors will be compensated for sharing their time and expertise with modest stipends.

Tubman will continue surveying current clients at least annually. Surveys include questions about overall satisfaction, what clients liked, what could be improved, whether clients are getting the support and resources they need, additional services clients would like, and how the program impacts their life and their family. Tubman will also continue surveying clients at program exit. We expect to conduct surveys anonymously using surveymonkey. Alternate survey methods will be provided as needed.

When Tubman develops or updates rapid rehousing policies, staff will incorporate feedback from the focus groups and surveys. Clients also raise concerns and make suggestions in check-in meetings with staff. Clients will be invited to serve on internal Tubman committees or focus groups to create or review other Tubman programs that housing clients can access, such as the Economic Advancement Program that mitigates the impact of the benefits cliff. They will be compensated for their time and expertise. Tubman will continue helping clients access opportunities to serve on community advisory boards and policy task forces that are of interest to them and center lived experiences. Other examples include invitations to speak at or attend events at the state legislature with public policy coalition partners, involvement with grassroots advocacy groups, and participation in community needs assessments for rapid rehousing in Hennepin County.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

- | | |
|----|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete. |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'. |
| 3. | We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
| 4. | Attachments must match the questions they are associated with. |
| 5. | Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. |
| 6. | If you cannot read the attachment, it is likely we cannot read it either. |
| | . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). |
| | . We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include. |

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/23/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/23/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/23/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/23/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/23/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/23/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/23/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/23/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	09/23/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/23/2022
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/23/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/23/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description: Web Posting - CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/22/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	09/28/2022
1E. Project Review/Ranking	09/28/2022
2A. HMIS Implementation	09/28/2022
2B. Point-in-Time (PIT) Count	09/22/2022
2C. System Performance	09/28/2022
3A. Coordination with Housing and Healthcare	09/22/2022
3B. Rehabilitation/New Construction Costs	09/22/2022
3C. Serving Homeless Under Other Federal Statutes	09/22/2022

4A. DV Bonus Project Applicants	09/22/2022
4B. Attachments Screen	09/23/2022
Submission Summary	No Input Required

MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachment

1C-7 PHA Homeless Preference

1. Minneapolis Public Housing Authority – ACOP excerpt of Homeless preference

PART IV: PREFERENCES

1. MPHA has adopted preferences, which apply to applicants who are otherwise eligible for admission at the time they are applying for assistance. All applicants will be notified by MPHA regarding the tenant selection preferences and given an opportunity to show that they qualify. MPHA will not place any family on the waiting list that does not have a preference. Family applications will be processed based on date and time of the application and not the number of preference points. Highrise applications will be processed based on the date and time of the application and the number of preference points. MPHA reserves the right to limit the number of Applicants placed on the waiting list based on preference points and sound management practices.
2. **HIGHRISE UNIT PREFERENCES:** a Highrise Applicant head of household may qualify for one of the following preferences:
 - A. The Applicant is Elderly or at least 62 years old (40 points);
 - B. The Applicant is Near Elderly or between ages of 50 and 61 years old (35 points);
 - C. The Applicant is disabled (30 points);
 - D. The applicant head of household has been involuntarily displaced or is living in substandard housing or any member of the applicant family is a VAWA victim who has been involuntarily displaced. (5 points);
 - E. The applicant is actively participating in an Economic Self-Sufficiency Program (5 points);
 - F. The applicant is a U.S. Veteran as defined in Part I (5 points).
3. **FAMILY HOUSING UNIT PREFERENCES:** Applicants for a Family Housing Unit must have one of the preferences listed below to be placed on the waiting list:
 - A. The applicant head of household has been involuntarily displaced or is living in substandard housing or any member of the applicant family is a VAWA victim who has been involuntarily displaced;
 - B. The applicant is paying more than 50% of their income towards Rent and utilities,
 - C. The applicant is actively participating in an Economic Self-Sufficiency Program; or
 - D. The applicant is a U.S. Veteran as defined in Part I.
4. MPHA will verify preferences during the application process. Once MPHA has verified an applicant's qualification for a preference, MPHA will not require the applicant to provide information to verify such qualification again unless:
 - A. MPHA determines re-verification is desirable because six months has passed since verification; or;
 - B. MPHA has reasonable grounds to believe that the applicant no longer qualifies for a preference.

5. MPHA will not deny a preference to an applicant for which the applicant qualifies, because the applicant is residing in assisted housing. MPHA will consider the actual condition of the housing unit and the possibility of involuntary displacement resulting from domestic violence.
6. If MPHA filed an eviction or terminated a lease of any member of the applicant family for any reason, the applicant or applicant family does not qualify for the 4.A. preference above.
7. If any member of the applicant family is a person who was evicted during the last three (3) years because of drug-related criminal activity from a housing assisted program under a 1937 Housing Act Program, MPHA will not give a preference to that applicant or applicant family.
8. If MPHA determines that an applicant does not qualify for a preference claimed, MPHA will give the applicant notice of that determination and the reasons for the determination. If the tenant was placed on the waiting list based on having a preference, and MPHA determines at the time of initial interview that they do not, MPHA will withdraw the application.
9. Notwithstanding any other provision to the contrary MPHA may house up to 300 households per year, who are otherwise qualified and eligible, in the general occupancy buildings based solely upon date and time of the application.
10. Notwithstanding any other provision to the contrary, MPHA will process the application of persons who are otherwise qualified and eligible and will accept a general occupancy studio apartment or a unit in a general occupancy building with an occupancy rate less than 97% based solely upon the date and time of the application. Approved applicants who do not accept such a unit will be withdrawn.

Applicants who are housed based under this paragraph may not request a transfer for 3 years, except when:

- A. a change in circumstances occurs after the tenancy and the change did not exist in any form prior to the tenancy and;
 - B. MPHA determines that the tenant is not attempting to circumvent preferences or the wait list.
11. Notwithstanding any other provision to the contrary MPHA may accept applications and house MPHA staff who have passed the prescribed probationary period and are otherwise qualified and eligible without regard to preference. To apply for a Family Housing Unit staff must have dependents.
 12. Notwithstanding any other provision to the contrary MPHA may accept applications and house families who are otherwise qualified and eligible for a Special Housing Program, without regard to preference. MPHA will offer one unit in the designated Special Housing Program locale. If MPHA determines that the tenant has gained admission or remained in occupancy because of the tenant's misrepresentation of the need for or intent to participate in a Special Housing Program, MPHA may terminate the lease.
 13. An applicant head of household who is displaced due to a federally declared disaster or a local disaster, as determined by the Executive Director, will have a disaster preference. MPHA will offer one unit to an applicant who is approved for public housing. If the applicant rejects the offer, MPHA will

put the applicant on an open wait list without the disaster preference or deny admission if the wait list is closed.

In both instances, the MPHA Executive Director will declare the disaster preference to be in effect and the length of time that the preference will be available to displaced applicants.

14. Notwithstanding any provision to the contrary, MPHA will house applicants needing the amenities of an accessible unit in a vacant ready accessible unit without regard to preference, who is otherwise qualified and eligible.

MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachment

1C-7 PHA Move On Preference

1. Metropolitan Council PHA – ACOP excerpt Move On Preference

Metropolitan Council Housing and Redevelopment Authority
Waiting List Preferences

The Metro HRA established local preferences to give priority to serving families that meet those criteria. The Metro HRA has adopted the following category of preferences:

- Insufficient Funding (3 points)
 - Preference will be given to any family that has been terminated or is at imminent risk of being terminated from the following HRA programs due to insufficient funding:
 - Housing Choice Voucher
 - Project Based Voucher
 - Bridges
 - Continuum of Care
 - Housing Opportunities for Persons with Aids
 - Rental Assistance for Anoka County

- “Move Up” from Permanent Supportive Housing (2 points)

The PHA will partner with the Hennepin, Ramsey and Suburban Metro Area Continuum of Care (CoC) to identify individuals and families ready to transition or “move up” from Permanent Supportive Housing (PSH) units. These are families that were homeless prior to entry into the PSH program and who continue to need a rental subsidy but no longer require intensive supportive services.

- The PHA will accept referrals from the CoC’s Coordinated Entry Program. Move-Up applicants will be identified by PSH based on Move-Up eligibility criteria:
 - A minimum of two years living in Permanent Supportive Housing
 - Ongoing source of income
 - Paid rent on-time and in full every month for at least ten of the past twelve months or are in compliance with the Housing Supports program.
 - Connected to mainstream or community resources
 - The PHA will allocate up to 40 Housing Choice Vouchers per calendar year toward the Move-Up Preference. Once these vouchers have been utilized in a calendar year, no additional priority will be given under this category.
- Homework Starts with Home Preference (1 points)

The PHA will partner with suburban Ramsey County school districts, Solid Ground and Suburban Ramsey County Family Collaborative (program partners) to provide rent assistance to people of underserved and under-supported populations including black, indigenous and people of color, and lesbian, gay, bisexual, transgender, queer or questioning and Intersex (LGBTQI) students and families who are homeless, doubled up or at imminent risk of homelessness.

2.3 Opening the Waiting List

When the waiting list is open for a finite period of time, MPHA will notify applicants of the method for submitting applications and ordering applications on the wait list.

MPHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice. MPHA will give public notice by publishing the relevant information in suitable media outlets.

2.4 Local Preferences

MPHA may establish local preferences and give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits MPHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with MPHA's HCV Statement of Corporate Policies and the consolidated plan and will be based on local housing needs and priorities that can be documented by generally accepted data sources.

- "Move Up" from Permanent Supportive Housing – as an added preference for this specific project and specific population.

MPHA will partner with the Hennepin County Continuum of Care (CoC) to identify individuals and families ready to transition or "move up" from Permanent Supportive Housing (PSH) units. These are families that were homeless prior to entry into the PSH program and who continue to need a rental subsidy but no longer require intensive supportive services. Creates vacancy in PSH for chronically homeless in high need of PSH.

MPHA will accept referrals from the CoC's Coordinated Entry Program. Move-Up applicants will be identified by PSH based on Move-Up eligibility criteria and in conjunction with a Move Up Assessment administered by select providers and submitted to the CoC for prioritization.

MPHA will allocate up to 30 Housing Choice Vouchers toward the Move-Up Preference. Once these vouchers have been utilized, no additional priority will be given under this category without additional determination of extending additional vouchers based upon coordination with the Hennepin CoC and select providers.

Local Preferences – 2008 Waiting List Opening

MPHA established the following local preferences for the 2008 waiting list opening:

- A. Homeless or living in substandard housing such as a unit without working plumbing, electricity or unsafe conditions or lacking a rental license if required by the City of Minneapolis.
- B. Rent burdened by paying more than 50% of their income for rent and utilities for more than 90 days prior to selection from the waiting list.
- C. Residency preference: This preference is given to applicants whose head of household or spouse lives in the City of Minneapolis. Applicants who are working or who have been notified that they are hired to work in the City of Minneapolis will be treated as residents of the residency preference area.
- D. Families who are victims of domestic abuse under MPHA's VAWA Policy. See VAWA Policies.
- E. Veterans or members of the armed services. ("Veteran" for purposes of qualification for this preference, means any person honorably discharged from the Armed Forces of the United States after serving for 181 consecutive days or more.)
- F. Working Preference. Families with at least one adult who is employed at least 40 hours per week. This preference is automatically extended to elderly and disabled families whose head, co-head or spouse is receiving income based on their inability to work.



MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachments

1E-1. Local Competition Deadline

1. E-mail to CoC regarding local CoC Competition deadline (date/time stamp)
2. Website post of CoC Competition deadline (date/time stamp)

Message Help Tell me what you want to do

Delete Archive Reply Reply All Forward Respond

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Move Move Assign Policy Tags Mark Unread Categorize Follow Up

Editing Read Aloud Speech Zoom Join Group Leave Group Manage Groups

Share to Teams Viva Insights Push Alert Report Push Alert Meeting Poll FindTime

C NOFO & Special NOFO updates

Laura A DeRosier
 To: Lindsay Anderson; Laura A DeRosier

Bcc: Erin Wikstern; Allison Uthke-Scalatta (Allison.Uthke-Scalatta@usc.salvationarmy.org); Amanda Harris; Amritihni Keeffe (akeeffe@rmdap.org); Ann McKinley; Anthony Coleman; Ashraf Ashkav; Barb Ellis; Beth Haney; Beth Holger-Ambrose; Bob Nelson; Britt Heinz-Amborn (britt.heinzamborn@calliances.org); C Jensen; +91 others

FY-2022-MN-500-GIW (2) - FINAL.xlsx
 53 KB

Reply Reply All Forward ...
 Tue 8/23/2022 8:48 AM

CoC funded projects & community partners,

CoC NOFO & Special NOFO updates (this was also sent out via CoC listserv and Special NOFO deadline posted on Hennepin CoC website):

CoC NOFO update: All CoC NOFO draft project applications (export in e-snaps and save as pdf, then attach to email), must be sent to me by the end of this week, **August 26, 2022** for review & changes done prior to the Hennepin CoC submission deadline into e-snaps on **August 31, 2022!** Thank you to those of you who have already sent your drafts, we will review ASAP and get back any changes/feedback on your PA quickly. Lindsay/I may be reaching out to some of you regarding completing parts of the Collaborative Application, so please prioritize our requests for this CoC NOFO as it is due the end of September. I am also attaching the final 2022 GIW for all renewal projects that outline the final fund amounts that will need to be included (exactly per budget line item) in your Project Applications in e-snaps.

Special NOFO update: See below pre-application deadline extension notice – all pre-applications are now due on **August 31, 2022.** Note this notice has been sent via the CoC listserv and posted on the Hennepin CoC website. We will be on a tight timeline to get all projects into e-snaps by the Hennepin CoC's **September 16th deadline**, so if you have not already done so, get into e-snaps to be prepared to submit a full Project Application, if notified of inclusion for this Special NOFO opportunity. See e-snaps link for instructions to get in: [E-snaps toolkit link: e-snaps 101 Toolkit - HUD Exchange](#)

application deadline extension – **now due August 31, 2022!** Based on the recent development of the notice of the HCV NOFO from HUD [PIH 2022-24 Stability Voucher Program \(hud.gov\)](#), and the notice that HUD expects applicant communities to partner with health and housing agencies to leverage mainstream housing and healthcare and these two funding opportunities present a first-of-its-kind of resources to help communities implement a coordinated approach to ending unsheltered homelessness. With this 3rd NOFO released, Hennepin County would like to ensure we are intentionally

Type here to search

73°F 10:28 AM 8/24/2022

Search

Related pages

Coordinated Entry

Hennepin Waypoint

Homelessness and

Supporting resources

Site assistance

- FY2022 CoC priority list (coming soon)
- FY2022 collaborative application (coming soon)

Tentative timeline for the CoC NOFO

*** Changes will be sent out via this newsletter and posted on the CoC website ***

- **August 9th** - FY2022 NOFO Overview meeting 3 - 4 P.M. via Microsoft teams
- **August 15th** - New and Renewal Project Applicants notified of inclusion, rejection, reduction – preliminary Priority List (rank order) posted
- **August 19th** - Any appeals to CoC Coordinator (see 2022 Ranking Policies/Procedures posted on CoC website for instructions p.8)
- **August 15-26th** - Start Project Applications in e-snaps (New and Renewal)
- **August 26th** - Draft Project Application to CoC Coordinator for review (do not submit in e-snaps)
- **August 29th** - Final Priority List (ranking) posted. Send draft Project Application to CoC for review & feedback prior to submission
- **August 31st** - DUE ALL FINAL PROJECT APPLICATIONS (New and Renewal) SUBMIT IN E-SNAPS
- **September 26th** - Priority List and Collaborative Application posted on CoC website

2020 grantees

- FY2021 grant awards (PDF)



MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachment

1E-2 Local Competition Scoring Tool

1. Renewal Project score Criteria
2. Appendix 2: New Project Threshold Criteria
3. Appendix 3: New Project score criteria

Appendix 1: Minneapolis/Hennepin County CoC Project Evaluation Requirements and Scoring for Renewal Projects

Minneapolis/Hennepin CoC (MN-500) Project Rating Criteria 2022

Rating criteria and score shared with all renewal projects in May 2021 for correctness and comments.

Renewal Project Criteria

Rating Factor	Performance Standards	Data Source	Rating Scale	Max Pts
Performance Measures - PSH				
Housing Stability at 6 months	100% households stable for 6 months	APR Q22a1	Does not meet standard Partially Meets Standard Meets or exceeds standard	2
Retention or Exits to Permanent Destinations	100% retention or exits to PH destinations	APR Q5a1 and Q23c	Stayers <90% Retention + PH Exits < 94% 94% ≤ Retention + PH Exits < 100% Stayers=100% Retention + PH Exits = 100%	2
Annual Change in Retention or Exits to Permanent Destinations	Change from 2020-2021	APR Q23a + Q23b and 2020 score card	Annual Change in Retention or Exits to PH Destinations <0% Annual Change in Retention or Exits to PH Destinations between 0% and 2% Annual Change in Retention or Exits to PH Destinations >2%	2
Maintain or Increase Employment Income at Annual Assessment	24% of participants who maintained/increased employment income at annual assessment (program stayers)	APR Q19a1, row 1 (at annual assessment)	Qualifying adult participant <4% 4% ≤ Qualifying adult participant < 24% Qualifying adult participant > 24%	2
Maintain or Increase Employment Income at Exit	19% of participants who maintained/increased employment income at exit (program leavers)	APR Q19a2, row 1 (at exit)	Qualifying adult participant <0% 0% ≤ Qualifying adult participant < 19% Qualifying adult participant > 19%	2
Annual Change in Maintain or Increase Employment Income at Annual Assessment	Change from 2020-2021	APR Q19a1 and 2020 scorecard	Annual Change in Maintain or Increase Employment Income <-43% Annual Change in Maintain or Increase Employment Income between -43% and 9% Annual Change in Maintain or Increase Employment Income ≥ 9%	2

Annual Change in Maintain or Increase Employment Income at Exit	Change from 2020-2021	APR Q19a2, and 2020 score card	Annual Change in Maintain or Increase Employment Income <-48%	Annual Change in Maintain or Increase Employment Income between -48% and 22%	Annual Change in Maintain or Increase Employment Income ≥ 22%	2
Maintain or Increase Total Income at Annual Assessment	88% of participants who maintained/increased total income at annual assessment (program stayers)	APR Q19a1, row 5 (annual assessment)	Qualifying adult participants < 59%	59% ≤ Qualifying adult participants ≤ 88%	Qualifying adult participant ≥ 88%	3
Maintain or Increase Total Income at Exit	100% of participants who maintained/increased total income at exit (program leavers)	APR Q19a2, row 5 (exit)	Qualifying adult participants < 52%	52% ≤ Qualifying adult participants < 100%	Qualifying adult participant ≥ 100%	3
Annual Change in Maintain or Increase Total Income at Annual Assessment	Change from 2020-2021	APR Q19a1 and 2020 scorecard	Annual Change in Maintain or Increase Total Income <-17%	Annual Change in Maintain or Increase Total Income between -17% and 1%	Annual Change in Maintain or Increase Total Income >1%	3
Annual Change in Maintain or Increase Total Income at Exit	Change from 2020-2021	APR Q19a2 and 2020 scorecard	Annual Change in Maintain or Increase Total Income <-29%	Annual Change in Maintain or Increase Total Income between -29% and 0%	Annual Change in Maintain or Increase Total Income >0%	3
Performance Measures - RRH/TH						
Exits to Permanent Destinations	83% of participants exits to Permanent Destinations	APR Q23a	PH Exits < 67%	67% ≤ PH Exits ≤ 83%	PH Exits > 83%	2
Annual Change in Exits to Permanent Destinations	Change from 2020-2021	APR Q23a and 2020 scorecard	Annual Change in exits to Permanent Destinations < -3%	Annual Change in exits to Permanent Destinations between -3% and 23.2%	Annual Change in exits to Permanent Destinations >23.2%	2
Maintain or Increase Employment Income at Annual Assessment	29% of participants who maintained/increased employment income at annual assessment (program stayers)	APR Q19a1, row 1 (annual assessment)	Qualifying adult participant < 8%	8% ≤ Qualifying adult participant < 29%	Qualifying adult participant ≥ 29%	2
Maintain or Increase Employment Income at Exit	50% of participants who maintained/increased employment income at exit (program leavers)	APR Q19a2, row 1 (exit)	Qualifying adult participant < 27%	27% ≤ Qualifying adult participant < 50%	Qualifying adult participant ≥ 50%	2
Annual Change in Maintain or Increase Employment Income at Annual Assessment	Change from 2020-2021	APR Q19a1 and 2020 scorecard	Annual Change in participants Maintain or Increase	Annual Change in participants Maintain or Increase Employment Income between -30.5% and 68.5%	Annual Change in participants Maintain or Increase Employment Income >68.5%	2

Project management & Bed Utilization	100% project beds are utilized in APR year	APR Q8b and Units from Program application	77% < bed utilization	77% ≤ Bed Utilization < 99%	Bed Utilization ≤ 99%	2
HMIS Data Quality (alternate DB for DV)	100% Data completion	APR Q6c	Data quality < 90.6%	90.6% < Data completion < 100%	Data completion = 100%	2
Voluntary Reallocation		Letter of Intent	<1% of award	1-3% of award	>3% of award	2
Funding Management- eLOCCS draws	Drawdowns occur monthly	eLOCCS screenshot of drawdowns from most recent completed grant year	Drawdowns occur less than quarterly	Drawdowns occur at least quarterly but less than monthly	Drawdowns occur monthly	2
Funding Management- unspent funds	100% of grant spent	eLOCCS screenshot of drawdowns from most recent completed grant year	% of grant spent < 85%	85% of grant spent < 100%	100% of grant spent	2
Housing First Implementation	Is project Housing First	Project Application Q3B.3.d - Letter of Intent	≤6 of 9 options and NO	7 or more of 9 options and NO	9 of 9 options and YES	3
Low Barrier Program Eligibility	Is project Low Barrier to entry	Project Application Q3B.4.b	0-1 options (of 4)	2-3 options (of 4)	4 options (of 4)	3
Policy/System Alignment - CoC Participation	Governing board or working committees	Letter of Intent				N/S
Coordinated Entry Compliance	Participation in Coordinated Entry - report all vacancies/referrals	Letter of Intent				N/S
Equal Access Rule compliance	Compliant with the Equal Access Rule	Letter of Intent				N/S
POPULATION-SPECIFIC CRITERIA						
<i>for projects serving households with children or youth</i>						
Early Childhood development	Early Childhood check list	Letter of Intent	No plan	Partial plan	Full plan	N/S

K-12 Education

K-12 check list

Letter of
Intent

No plan

Partial plan

Full plan

N/S

Appendix 2: Minneapolis/Hennepin County CoC Project Evaluation Requirements and Scoring for New Projects

New Project Qualifying Requirements

All projects must meet the following Qualifying Criteria to be considered for funding:

Criterion	Ineligible	Eligible
Eligible Applicant	<ul style="list-style-type: none"> Entity is NOT a nonprofit organization, state, local government, public housing agency, or instrumentality of a state or local government (as defined in 24CFR5.100) without limitation or exclusion 	<ul style="list-style-type: none"> Entity is a nonprofit organization, state, local government, public housing agency, or instrumentality of a state or local government (as defined in 24CFR5.100), without limitation or exclusion
Eligible Population	<ul style="list-style-type: none"> Does NOT meet HUD requirements and/or Does NOT meet current CoC requirements 	<ul style="list-style-type: none"> Meets HUD requirements Meets current CoC requirements
Eligible Service Model	<ul style="list-style-type: none"> Does NOT meet HUD requirements and/or Does NOT meet current CoC requirements 	<ul style="list-style-type: none"> Meets HUD requirements Meets current CoC requirements
Submission Deadline	<ul style="list-style-type: none"> Project application submitted to CoC Coordinator AFTER deadline 	<ul style="list-style-type: none"> Project application submitted to CoC Coordinator on or before deadline
HMIS and Coordinated Entry <small>(Coordinated entry is a comprehensive initial assessment of individual/family housing and service needs, and coordinates intake into appropriate housing and services)</small>	<ul style="list-style-type: none"> Project does NOT have the capacity or an acceptable plan in place to participate fully in HMIS and the CoC's Coordinated Entry System 	<ul style="list-style-type: none"> Project has both the capacity and an acceptable plan in place to participate fully in HMIS and the CoC's Coordinated Entry System
Organizational Capacity	<ul style="list-style-type: none"> Organization does NOT have a mission/purpose statement and bylaws to govern operations Organization does NOT have an active governing board (e.g. Board of Directors) that includes at least one member who is homeless or formerly homeless, and does NOT have a 	<ul style="list-style-type: none"> Organization has a mission/purpose statement and bylaws to govern operations Organization has an active governing board (e.g. Board of Directors) that includes at least one member who is homeless or formerly homeless, or has a formal plan to immediately recruit such a member

	<ul style="list-style-type: none"> Formal plan to immediately recruit such a member Organization does NOT have clear policies and procedures to address potential conflicts of interest for board members Organization does not have adequate levels of, and expertise in, staffing 	<ul style="list-style-type: none"> Organization has clear policies and procedures to address potential conflicts of interest for board members Organization has adequate levels of, and expertise in, staffing
Project Financial Viability	<ul style="list-style-type: none"> Financial information is incomplete and/or financial information suggests project is unlikely to be viable 	<ul style="list-style-type: none"> Financial information is complete Financial information suggests project is likely to be viable
Financial Audit	<ul style="list-style-type: none"> Most recent annual audited financial and year-to-date financial and management letter is not provided and/or Audit/management letter contains significant adverse disclosures (as determined by reviewers) 	<ul style="list-style-type: none"> Most recent annual audited financial and year-to-date financial and management letter is provided Audit/management letter contains no significant adverse disclosures (as determined by reviewers)

Appendix 3: Minneapolis/Hennepin County CoC Project Evaluation Requirements and Scoring for New Projects

New Project Evaluation and Scoring

Projects meeting the qualifying criteria listed above will be further evaluated by the Minneapolis/Hennepin County Continuum of Care Funding Committee to identify those that most closely align with the needs, goals, and funding priorities of both the CoC and HUD.

The Committee will award proposals up to 18 total points in the six Proposal Characteristic areas indicated below, with those applications best presenting a feasible plan to address the items listed in the 'Key Evaluation Criteria' column receiving higher scores within a given category. To receive the greatest number of points possible, projects are encouraged to provide a clear and detailed description in their application of the manner in which their proposal meets the criteria indicated.

Proposal Characteristic	Key Evaluation Criteria	Points (Max)
Innovation and Effectiveness	<ul style="list-style-type: none"> • Project employs research-based and/or evidenced-based practices • Applicant has demonstrated experience in using research and/or evidence to inform decision-making and service provision 	4
Performance Measures	<ul style="list-style-type: none"> • Project has articulated plans for successfully achieving performance measures 	4
Leverage	<ul style="list-style-type: none"> • Extent of outside funding which can be leveraged by grant (HUD requires a minimum match equal to 25% of the total grant request) • Percent of leveraged funding currently in place 	4
Applicant Experience for Proposed Activities	<ul style="list-style-type: none"> • Applicant or partners have past experience providing housing services • Applicant or partners have past experience providing housing services to <i>the population targeted by the proposed project</i> • For the housing services noted above, applicant demonstrates objective outcomes of past success 	2
Employment Services Plan	<ul style="list-style-type: none"> • Project articulates a plan or partnership to increase employment outcomes for program participants • Project articulates a plan for increasing program participants' income 	2

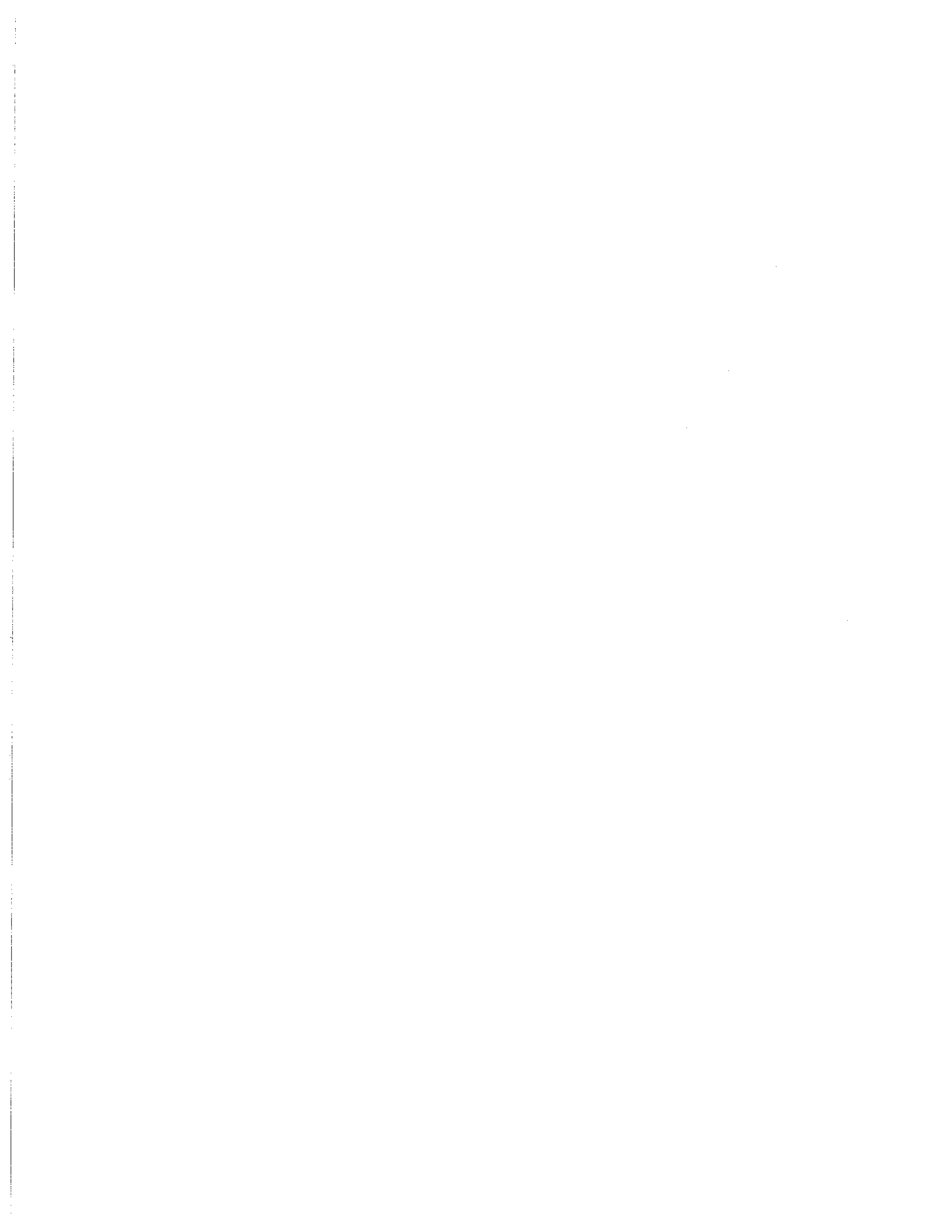
<p>Commitment to Advancing Racial Equity</p>	<ul style="list-style-type: none"> • Project describes strategies they use to meet the unique cultural and racial needs of the people they serve, including culturally specific services provided and partnership with culturally specific organizations • Project's organizational policies and training offerings reflect an agenda for promoting anti-racism practices 	<p>2</p>
<p>Total Points Possible</p>		<p>18</p>

MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachments

1E-2a. Scored Forms for One Project

1. Project for Pride & Living (PPL) – Permanent supportive housing renewal



Minneapolis/Hennepin CoC (MN-500) score card and comments

Calendar year: 2021 (January 1, 2021 – December 31, 2021) Annual Progress Report (APR) data through Sage, NOFA Score tool report, Letter of Intent elements, eLOCCS, and HMIS will be used to score all projects for the FY2022 NOFO competition. The below scores have been calculated for your review to assure they are correct and accurate for all projects. NOTE: there is a comments/note section to describe any performance or relevant information in relation to your projects. For over one year, all CoC funded renewal projects review the below data metrics quarterly through a "Data Reflection" process.

Agency: PPL

Project: Cabrini PSH

HMIS ID(s): 973

Scored Criterion	Project type	Points	Data Source	Low	Med	High	Score
Voluntary Reallocation (project management)	All	0/1/2	Letter of Intent	<1% of award	1-3% of award	>3% award	0
Low Barrier Program Eligibility (policy/system alignment)	All	0/1/3	Letter of Intent	0-1 options (of 4)	2-3 options (of 4)	4 options (of 4)	3
Housing First (policy/system alignment)	All	01//3	Letter of Intent	<6 of 9 options and NO	7 or more of 9 options and NO	9 of 9 options and YES	3
Funding management - unspent funds (project management)	All	0/1/2	eLOCCS screenshot of HUD "Recaptured Funds"	% of grant spent < 85%	85% of grant spent < 100%	100% of grant spent	1
Funding management – drawdowns (project management)	All	0/1/2	eLOCCS screenshot of drawdowns from most recent completed grant year	Drawdowns occur less than quarterly	Drawdowns occur at least quarterly but less than monthly	Drawdowns occur monthly	2
Bed utilization (project management)		0/1/2	APR Q8b, Number of Households served	<81% bed utilization	Between 81% and 99% bed utilization	>99% bed utilization	2

83%
35/42

	PSH, RRH, TH	0/1/2							
HMIS data quality (project management)	All (PSH, RRH, TH)	0/1/2	APR Q6c	<90.6% data quality	Between 90.6% and 100%	≥100%	2		
Housing Stability: 6 Months (performance outcome)	PSH	0/1/2	APR Q5a1 and Q22a1	<94%	Between 90% and 100%	≥100%	2		
Retention or Exits to Permanent Destinations (performance outcome)	PSH	0/1/2	APR Q5a and Q23c	<0%	Between 0% and 2%	>2%	2		
Annual Change in Retention or Exits to Permanent Destinations (performance outcome)	PSH	0/1/2	APR Q23c & 2021 scorecard data	<4%	Between 4% and 24%	>24%	2		
Maintain or Increase Employment Income at Annual Assessment (performance outcome)	PSH	0/1/2	APR Q19a1, row 1 (at annual assessment)	<0%	Between 0% and 19%	>19%	0		
Maintain or Increase Employment Income at Exit (performance outcome)	PSH	0/1/2	APR Q19a2, row 1 (at exit)	<-43%	Between -43% and 9%	>9%	2		
Annual Change in Maintain or Increase Employment			APR & 2021 scorecard data						

Income at Annual Assessment (performance outcome)	PSH								
Annual Change in Maintain or Increase Employment Income at Exit (performance outcome)	PSH	0/1/2	APR & 2021 scorecard data	<-48%	Between -48% and 22%	>22%		1	
Maintain or Increase Total Income at Annual Assessment (performance outcome)	PSH	0/2/3	APR Q19a1, row 5 (at annual assessment)	<59%	Between 59% and 88%	>88%		3	
Maintain or Increase Total Income at Exit (performance outcome)	PSH	0/2/3	APR Q19a2, row 5 (at exit)	<-17%	Between -17% and 1%	>1%		2	
Annual Change in Maintain or Increase Total Income at Exit (performance outcome)	PSH	0/2/3	APR & 2021 scorecard data	<-29%	Between -29% and 0%	>0%		3	
Exits to Permanent Destinations	RRH, TH	0/1/2	APR Q23c	<67%	Between 67% and 83%	>83%		N/A	
Annual Change in Exits to Permanent Destinations	RRH, TH	0/1/2	APR Q23c & 2019 scorecard data	<-3%	Between -3% and 23.2%	>23.2%		N/A	
Maintain or Increase Employment Income at Annual Assessment	RRH, TH	0/1/2	APR Q19a1, row 1 (at annual assessment)	<8%	Between 8% and 29%	>29%		N/A	

Maintain or Increase Employment Income at Exit	RRH, TH	0/1/2	APR Q19a2, row 1 (at exit)	<27%	Between 27% and 50%	>50%	N/A
Annual Change in Maintain or Increase Employment Income at Annual Assessment	RRH, TH	0/1/2	APR & 2021 scorecard data	<-30.5%	Between -30.5% and 68.5%	>68.5%	N/A
Annual Change in Maintain or Increase Employment Income at Exit	RRH, TH	0/1/2	APR & 2021 scorecard data	<-9.8%	Between -9.8% and 35.3%	>35.3%	N/A
Maintain or Increase Total Income at Annual Assessment	RRH, TH	0/2/3	APR & 2021 scorecard data	<39%	Between 39% and 76%	>76%	N/A
Maintain or Increase Total Income at Annual Assessment	RRH, TH	0/2/3	APR Q19a1, row 5 (at annual assessment)	<62.5%	Between 62.5% and 90%	>90%	N/A
Maintain or Increase Total Income at Exit	RRH, TH	0/2/3	APR Q19a2, row 5 (at exit)	<-34%	Between -34% and 35%	>35%	N/A
Annual Change in Maintain or Increase Total Income at Annual Assessment	RRH, TH	0/2/3	APR & 2021 scorecard data	<-8.5%	Between -8.5% and 22.8%	>22.8%	N/A
Annual Change in Maintain or Increase Total Income at Exit	RRH, TH	0/2/3	APR & 2021 scorecard data	<80%			N/A
CES Projects Only: How many served in project year/proposed they would serve	CES	0/1/2	FY2019 Project Application – APR Q5a (project program year)	<80%			N/A
DV Projects Only: Rapid connection to housing: time to housing move-in	DV	0/1/2	DV Alternative Database				N/A

Housing stability: % participants who exit to permanent destinations	DV	0/1/2	DV Alternative Database	<50%		>68%	N/A
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Project applicant comments on performance

(Optional and Recommended.)

Topics to consider as you comment on project performance:

- Were there changes to this project's capacity, workplan, or budget since they were submitted with the project application?
- Has the project been monitored by HUD since January 2019? What efforts have been made to improve your project/program since your last project grant application?
Suggestion: Address any issues identified in your most recent monitoring report and CoC Project Applicant Notification of Score & Ranking. You may also describe other areas of improvement.
- How has this project helped to improve CoC-level outcomes since your last project grant application?

<p>Clarifications regarding any materials you have submitted for this project application:</p>	<p>Additional information on the project's performance during calendar year 2021:</p>
	<p>The program has been remarkably good at stabilizing households, with the vast majority of households having been housed for over 5 years. A key focus of the program is helping participants find appropriate behavioral health services, as well as community and social supports, to support health stability and recovery. We strive to locate culturally competent resources to meet the individualized needs of clients.</p>

MN-500 Minneapolis/Hennepin CoC
FY2022 CoC Collaborative Application Attachments

1E-5. Notification of Projects Rejected-Reduced

1. VEAP
 - a. E-mail to primary contact
 - b. Letter on Hennepin County letterhead to primary contact
2. YouthLink
 - a. E-mail to primary contact
 - b. Letter on Hennepin County letterhead to primary contact

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Laura.DeRosier@hennepi... 2

Inbox APR CES CoC Heading Home Hennepin Hennepin Benefits HHH Committees HMIS 1 FHPAP P/T-HIC-HDX Laura Shelter reports Drafts [1] Deleted Items 265 Archive

Sent Items By Date

Kari Thompson, linds... RE: [External] Pre-Application, budget, and supporting docs - 2022 Continuum of C... Good afternoon Kari, I wanted	8/16/2022
Heather Haynes; lind... RE: [External] HUD CoC applic... Good afternoon Heather, I	8/16/2022
Jessie Hendel; Lindsa... RE: [External] RE: Hennepin C... Hello Jessie, I wanted to	8/16/2022
Matt Toburen; lindsa... RE: [External] Aliveness Projec... Good morning Matt! I wanted	8/16/2022
Rachel Hatch RE: [External] FY 2022 Continu... Sure can -- here you are!	8/16/2022
Michelle Wincell O'Le... RE: [External] healthcare and r... Good morning Michelle,	8/16/2022

RE: [External] Pre-Application, budget, and supporting docs - 2022 Continuum of C...

To: Kari Thompson; lindsay02anderson@hennepinus

Retention Policy: HC 3 year delete (3 years) Expires: 8/15/2025

VEAP letter.docx 69 KB

Good afternoon Kari,

I wanted to let you know that unfortunately your pre-application was not selected to submit a full Project Application as part of the FY2022 CoC/NOFO in Hennepin this year.

We got a lot of great applications, however, not enough funds to fund them all.

Thank you & please see attached formal letter -

Take care,
 Laura DeRosier, MSW (she/her/hers)
 Principal Planning Analyst - Hennepin County Continuum of Care Coordinator
 Minneapolis/Hennepin County Office to End Homelessness
 300 S 6th Street MC 637
 Mpls MN 55415
 Phone: (612) 543-3726
 Cell: (718) 991-6774

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HENNEPIN COUNTY
MINNESOTA

August 16, 2022

Kari Thompson/VEAP,

Re: FY2022 HUD McKinney-Vento CoC program Competition

This letter is addressed to the person identified in the Project Application as the primary contact(s). In accordance with the FY2022 Notice of Funding Availability (NOFA) for the Continuum of Care Program Competition, FR-6600-N-25, this letter serves as a written notification, outside of e-snaps, of the following:

- (1) VEAP has not be selected to submit a full Project Application for inclusion in the FY2022 CoC NOFO

The reason for the rejection of this project for the FY2022 CoC NOFO is due to lack of funds to fund all new project applications received by the CoC.

Thank you for submitting a pre-application for this process. Please continue to watch the CoC NOFO competitions in the future for more opportunities to apply for CoC funds.

Sincerely,

Laura DeRosier

Minneapolis/Hennepin County CoC Collaborative Applicant & Coordinator



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ES 2

OC 2

Leading Home Hennepin

Hennepin Benefits

HH Committees 1

IMIS 1

HPAP 1

IT-HIC-HDX

aura

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elated Items 265

rchive

By Date ↑

Sent Items

Kari Thompson; linds... 8/16/2022

RE: [External] Pre-Application...
Good afternoon Karl, I wanted

Heather Haynes; linds... 8/16/2022

RE: [External] HUD Coc applic...
Good afternoon Heather,

Jessie Hendel; Lindsa... 8/16/2022

RE: [External] RE Hennepin C...
Hello Jessie, I wanted to

Matt Toburen; lindsa... 8/16/2022

RE: [External] Aliveness Projec...
Good morning Matt, I wanted

Rachel Hatch 8/16/2022

RE: [External] FY 2022 Continu...
Sure can - here you are!

Michelle Wincell O'Le... 8/16/2022

RE: [External] healthcare and f...
Good morning Michelle,

RE: [External] HUD Coc application from YouthLink

Laura A DeRosier
To: Heather Haynes; lindsay02anderson@hennepin.us
Cc: Rose Ramirez

YouthLink letter.docx 69 KB

Retention Policy HC 3 year delete (3 years) Expires 8/15/2025

Good afternoon Heather,

I wanted to let you know (outside e-snaps) that your pre-application was not selected to submit a full project application for the FY2022 Coc NOFO in Hennepin County.

We got some great applications in and there were not enough funds to fund them all!

Please see your formal letter attached --

Thank you!

Laura DeRosier, MSW (she/her/hers)
Principal Planning Analyst - Hennepin County Continuum of Care Coordinator
Minneapolis/Hennepin County Office to End Homelessness
300 S 6th Street MC 637
Mpls MN 55415
Phone: (612) 543-3726

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HENNEPIN COUNTY
MINNESOTA

August 16, 2022

Heather Haynes

Rose Ramirez

Rich Melzer

Re: FY2022 HUD McKinney-Vento CoC program Competition

This letter is addressed to the person identified in the CoC Pre-Application as the primary contact(s). In accordance with the FY2022 Notice of Funding Availability (NOFA) for the Continuum of Care Program Competition, FR-6600-N-25, this letter serves as a written notification, outside of e-snaps, of the following:

- (1) YouthLink's NEW – Rapid Re-housing project was not selected to submit a full Project Application for the FY2022 CoC NOFO

The reason for the rejection of this new project pre-application for the FY2022 CoC NOFO is due to lack of funds to fund all new project applications received by the CoC.

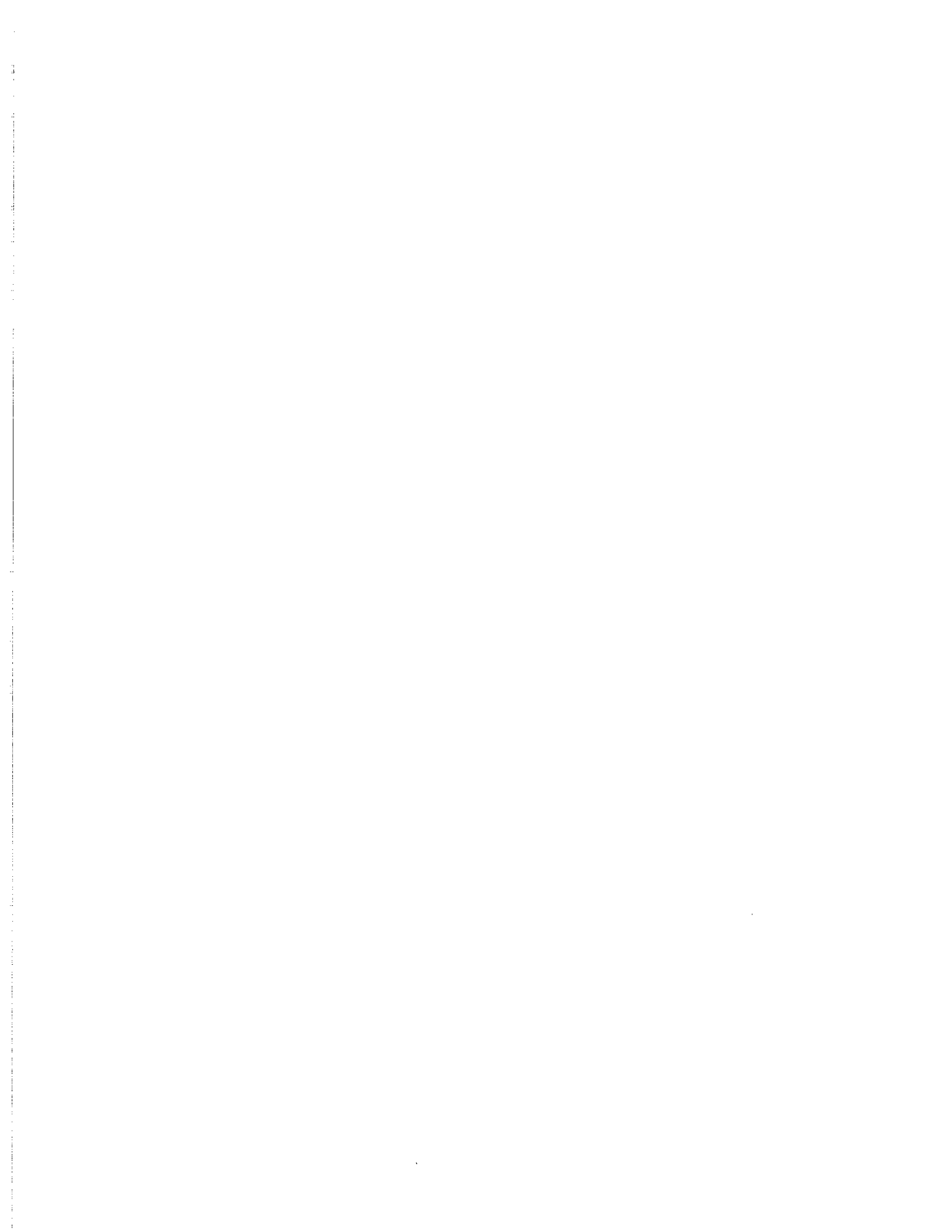
Thank you for submitting a new project pre-application in response to this opportunity. Please continue to watch the CoC NOFO competitions in the future for more opportunities to apply for CoC funds.

Sincerely,

Laura DeRosier

Minneapolis/Hennepin County CoC Collaborative Applicant & Coordinator





MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachment

1E-5a. Notification of Projects Accepted

1. E-mail to CoC of the FY2022 Priority List (9/16)
2. Letter on Hennepin Letter head to each new project notifying as accepted (9/15)
 - a. Alliance
 - b. Aliveness

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Turn off

New Group Browse Groups Search People Address Book Filter Email Find

Read Aloud Speech Get Add-ins Add-ins Share to Teams Teams Viva Insights Push Alert Report Push Alert Report FindTime

Reply with Meeting Poll

Automatic Replies are being sent for this account.

Favorite Folders Here

DeRosier@hennepi... 13

Sent Items By Date v ↑

Kelina Morgan 8/16/2022

RE: [External] Variance Request...
Hi Kelina, I am copying our

Hiler, Hattie (MHFA) 8/16/2022

Accepted: [External] HMIS HU...

Natalie Matthews 8/16/2022

Accepted: [External] TA Coord...

Allison Uthke-Scalett... 8/15/2022

FY2022 CoC NOFO Preliminary Ranking...
Hennepin CoC projects and

Diane Delano 8/15/2022

RE: Timecard
Awww, must be my manager

Diane Delano 8/15/2022

RE: Timecard
Hi Diane, I apologize I was out

FY2022 CoC NOFO Preliminary Priority List

Laura A DeRosier
To Allison Uthke-Scaletta (Allison.Uthke-Scaletta@usc.salvationarmy.org); Amanda Harris; Amanda Lubbe; 8/15/2022
Amithini Keeffe (akeeffe@mdap.org); Ann McKinley; Anthony Coleman; Ashraf Ashkav; +96 others

Cc Lindsay Anderson; Eric Richert

Retention Policy HC 3 year delete (3 years)

2022 CoC NOFO Preliminary Rank.docx 50 KB Expires 8/14/2025

Hennepin CoC projects and community partners,

Per the timeline for the FY2022 CoC NOFO, please see the attached preliminary ranking! I am also attaching the below table outlining next steps in this process – please let us know if you have further questions. Also, as soon as you are able to get into e-snaps, please start your project applications.

IMPORTANT APPLICATION DATES & DEADLINES (tentative) for Hennepin County CoC
Hennepin County CoC website: <https://www.hennepin.us/heading/hennepin>

- May 24-June 6th – CoC project score card share, review, & confirm score
- June 6, 2022 – Letter of Intent to Apply due for FY2022 NOFO due date
- July 7th – New project pre-applications/DV Bonus due date
- July 8th – Final approval & comments on score card in preparation for ranking

Approved On: 8/15/2022 2:00 PM A.T. (Subject: Hennepin CoC Preliminary Ranking)

- Reports [1]
- ems [1]
- Items 349
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HENNEPIN COUNTY
MINNESOTA

August 15, 2022

Jessie Hendel/Alliance

Re: FY2022 HUD McKinney-Vento CoC program Competition

This letter is addressed to the person identified in the Project Pre-Application as the primary contact(s). In accordance with the FY2022 Notice of Funding Availability (NOFA) for the Continuum of Care Program Competition, FR-6600-N-25, this letter serves as a written notification, outside of e-snaps, of the following:

- (1) Alliances PSH project will be accepted and ranked on the CoC Priority List in e-snaps.

Thank you for your cooperation in this process.

Sincerely,

Laura DeRosier

Minneapolis/Hennepin County CoC Collaborative Applicant & Coordinator



HENNEPIN COUNTY
MINNESOTA

August 16, 2022

Matthew Toburen

Re: FY2022 HUD McKinney-Vento CoC program Competition

This letter is addressed to the person identified in the Project Pre-Application as the primary contact(s). In accordance with the FY2022 Notice of Funding Availability (NOFA) for the Continuum of Care Program Competition, FR-6600-N-25, this letter serves as a written notification, outside of e-snaps, of the following:

(1) Aliveness RRH project will be accepted and ranked on the CoC Priority List in e-snaps.

I will be in touch over the coming week to clarify the final dollar amount for your grant based on HUD's release of the final totals available to Hennepin CoC for this competition. Last year, the total was a bit under \$700,000, so you may have to adjust slightly based on the final amounts.

Please get set up in e-snaps right away so you can start your project application right away when it is available.

Thank you for your cooperation in this process.

Sincerely,

Laura DeRosier

Minneapolis/Hennepin County CoC Collaborative Applicant & Coordinator



MN-500 Minneapolis/Hennepin CoC
FY2022 CoC Collaborative Application Attachments

1E-2b. Final Project Scores for All Projects

Hennepin County Continuum of Care

2022 CoC NOFO Final Rank

Organization	Project Name	2022 Rank	Weighted Project Score (% based off points available)	Grant Amount	Accepted/ Rejected
Tier 1					
Project for Pride in Living, Inc.	Cabrini Partnership	1	83%	\$ 328,551.00	Accepted
Project for Pride in Living, Inc.	Consolidated Prosperity Vill	2	81%	\$ 472,524.00	Accepted
Alliance Housing Inc.	Minnehaha Commons	3	81%	\$ 110,904.00	Accepted
Tubman	RRH for DV Survivors Renew	4	81%	\$ 278,035.00	Accepted
Project for Pride in Living, Inc.	Collaborative Village	5	74%	\$ 128,625.00	Accepted
RS Eden	Portland Village	6	71%	\$ 179,481.00	Accepted
Catholic Charities	Hope Street	7	71%	\$ 141,537.00	Accepted
The Link	LGBTQI RRH Program	8	70%	\$ 276,883.00	Accepted
Cornerstone	CORE PH-RRH DV Program	9	69%	\$ 178,066.00	Accepted
Simpson Housing Services	Young Parent	10	68%	\$ 178,053.00	Accepted
Alliance Housing Inc.	Central Avenue Apartments	11	67%	\$ 256,769.00	Accepted
The Link	Transitional Housing Progra	12	65%	\$ 622,148.00	Accepted
Catholic Charities	Higher Ground	13	64%	\$ 181,893.00	Accepted
Avivo	Avivo PSH	14	64%	\$ 992,029.00	Accepted
American Indian Community Development Cor	Anishinabe Wakiagun	15	64%	\$ 81,111.00	Accepted
Simpson Housing Services	Family Housing	16	63%	\$ 216,346.00	Accepted
RS Eden	Emanuel Housing	17	62%	\$ 102,886.00	Accepted
Aeon	Alliance Apartments	18	62%	\$ 40,240.00	Accepted
Lutheran Social Services	Journey Homes	19	62%	\$ 161,023.00	Accepted
Tubman	RRH for DV Survivors New	20	60%	\$ 125,136.00	Accepted
Mental Health Resources	Stevens Supportive Housing	21	60%	\$ 473,598.00	Accepted
Aeon	Youth Housing Project	22	60%	\$ 236,803.00	Accepted
Simpson Housing Services	Site-based Supportive Hous	23	59%	\$ 74,929.00	Accepted
Hearth Connection	Hearth Combined	24	55%	\$ 1,640,874.00	Accepted
Perspectives	Permanent Supportive Hou	25	52%	\$ 202,482.00	Accepted
Beacon Interfaith Housing Collaborative	Lydia Apartments	27	50%	\$ 324,263.00	Accepted
Avenues for Homeless Youth	Avenues	28	43%	\$ 217,504.00	Accepted
Catholic Charities	Hennepin County RRH	29	42%	\$ 313,646.00	Accepted
The Salvation Army	HOPE Harbor	30	38%	\$ 257,239.00	Accepted
Agate (formerly St. Stephens Human Services)	Hennepin County Project Co	31	38%	\$ 86,755.00	Accepted
Hearth Connection	Chronic Singles PSH Henna	32	27%	\$ 1,202,335.00	Accepted
Institute for Community Alliances	MIN HMIS Hennepin (renew	33	Not scored	\$ 298,733.00	Accepted
Matrix	Matrix CE Assessors	34	Not scored	\$ 165,115.00	Accepted
Catholic Charities	Chronic Exodus 2.0	35	Not scored	\$ 251,242.00	Accepted
Salvation Army	Harbor light RRH Initiative	36	Not scored	\$ 300,031.00	Accepted
Alliance Housing Inc.	Kyle Square	37	83%	\$ 587,260.00	Accepted
Hennepin County	Family RRH	38	50%	\$ 503,868.00	Accepted
Hennepin County	EE Family RRH	39	45%	\$ 657,151.30	Accepted
Tier 2					
Hennepin County	EE Family RRH	39	45%	\$ 328,382.70	Accepted
Domestic Abuse Project Inc.	Coordinated Entry	40	71%	\$ 170,188.00	Accepted
Hearth Connection	Hennepin CENS	41	64%	\$ 84,000.00	Accepted
Institute for Community Alliances	ICA Expansion (NEW)	42	Not scored	\$ 114,275.00	Accepted
Aliveness	Aliveness RRH (NEW)	43	75%	\$ 681,844.00	Accepted
Tubman	Tubman (DV) (NEW)	44	Not scored	\$ 128,939.00	Accepted
Rejected					
Youthlink	Youthlink RRH		Not scored	\$ 532,126.00	Rejected
VEAP	VEAP RRH		54%	\$ 225,538.00	Rejected

MN-500 Minneapolis/Hennepin CoC
FY2022 CoC Collaborative Application Attachments

1E-5c. Web Posting – CoC – Approved Consolidated Application



ed pages

inated Entry

epin Waypoint

ilessness and
ng resources

assistance

- People served are single adults, families and youth who meet HUD's criteria for homelessness
- The county and its partners compete nationally to receive the money

Grant application documents

- [View Opportunity | grants.gov](#)
- [Notice of funding opportunity \(NOFO\) for fiscal year 2021 Continuum of Care program competition](#)
- [Continuum of Care Information from Minnesota Housing Finance Agency](#)
- [2022 Point In Time Count \(PDF\)](#)
- [2022 Housing Inventory Count \(XLSX\)](#)
- [FY2022 NOFA overview and timeline \(DOCX\)](#)
- [FY2022 CoC priorities, ranking process, procedures & appeal process \(DOCX\)](#)
- [FY2022 CoC priority list \(DOCX\)](#)
- [FY2022 collaborative application \(posted 09/23/22\) \(PDF\)](#)

****Changes will be sent out via this newsletter and posted on the CoC website****

- August 9 – FY2022 NOFO Overview meeting 3–4 p.m. via Microsoft teams
- August 15 – new and Renewal Project Applicants notified of inclusion, rejection, reduction – preliminary Priority List (rank order) posted
- August 19 – any appeals to CoC Coordinator (see 2022 Ranking Policies/Procedures posted on CoC

Type here to search



MN-500 Minneapolis/Hennepin CoC
FY2022 CoC Collaborative Application Attachments

1E-5d. Notification of CoC-Approved Consolidated Application

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REPLIES Automatic Replies are being sent for this account. Turn off

New Group Browse Groups Search People Address Book Filter Email Find

Read Aloud Add-ins Share to Teams Viva Insights Phish Alert Report Meeting Poll

Folders Here r@hennepi... 24

Sent Items By Date

Today

Allison Uthke-Scaletta...
 Hennepin FY2022 NOFO Colla...
 Good morning Hennepin
 9:26 AM

Eric S Richert
 RE: CA postil
 You rock Eric - David approved
 8:26 AM

Yesterday

Erin Wixsten
 RE: SNOFA
 We for sure can set up time to
 Thu 11:12 PM

Eric Richert
 CA postil
 Hi Eric, Could you post the
 Thu 10:25 PM

Jodi M Wentland, Da...
 RE: FY2022 Hennepin Collabo...
 Thank you both very much!
 Thu 10:17 PM

Hennepin FY2022 NOFO Collaborative Application notification

Laura A DeRosier
 To Allison Uthke-Scaletta (allison.uthke-scaletta@usc.salvationarmy.org); Amanda Harris; Amanda Lube; Amritrhini Keeffe (akeeffe@mindap.org); Ann McKinley; Anthony Coleman; Ashraf Ashkav; +98 others
 Cc Lindsay Anderson; Markus Klimenko (Markus.Klimenko@hennepin.us); Danielle Wender (Danielle.Wender@hennepin.us); Mikkel Beckmen; +1 other
 FY2022 Hennepin CoC CA - approved 9-22-2022.pdf
 280 KB

Good morning Hennepin County CoC & community partners –

Thank you all so much for all of your work staying within the local deadlines for your project applications, some of you for submitting Healthcare/Housing coordination letters, and your responsiveness to CA questions and PA corrections. It was a very smooth process for our NOFO application this year with all of your help!

Please see attached, CoC approved, Hennepin County (MN-500) FY2022 CoC NOFO Collaborative Application (CA) for your review!

This CA has also been posted on the Hennepin CoC website: <https://www.hennepin.us/headinghomehennepin>

If there are any additions/changes that you notice, please let me know by 12:00 noon on **September 27, 2022**, which is the date we plan to submit in e-snaps.

MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachment

3A-1a. Housing Leverage Commitments

1. Minneapolis Public Housing Authority
 - a. Alliance – Kyle Square Garden – NEW project



7/14/2021

Alliance Housing Inc
Attn: Barbara Jeanetta
2309 Nicollet Ave
Minneapolis, MN 55404

Re: Award of Project Based Section 8 Assistance – Kyle Garden Square

Dear Barbara Jeanetta,

This letter is to inform you that based upon the proposal you submitted regarding Minneapolis Public Housing Authority's (MPHA) Moving to Work Project Based Voucher Assistance Request for Proposals, MPHA will award twenty-seven (27) Project-Based Vouchers.

The award is pending securing all necessary funding to complete the project, the completion of HUD's Subsidy Layering Review (SLR) requirements, HUD's environmental review requirements, entering into an Agreement to enter into a Housing Assistance Payment (AHAP) Contract, passing Housing Quality Standards (HQS) inspections and finally entering into the Housing Assistance Payment (HAP) Contract. If your project is unable to meet these requirements or complete the process, the award will be revoked by MPHA. I have assigned **[Kelly Davis, Manager-HCV Special Allocations (612) 342-1393]** to work with your agency on completing the process for project basing vouchers at your development.

Enclosed is a copy of the SLR checklist, HUD form 7015.15 for the environmental reviews, and instructions for the HUD form 7015.15 for your reference. HUD requires completion of the environmental review and SLR before MPHA can enter into the AHAP agreement. If meeting this requirement is not feasible as your project needs additional financing, please contact Kelly and he will work with you pending your proposal's submission for the SLR approval. Once you have all the required documentation please submit to him.

We look forward to working with you as this project moves forward. Please do not hesitate to provide us with project updates and timelines. Also, if your project requires documentation of MPHA's commitment or other necessary support please contact us with more information about your request. If you have any questions or need additional information regarding this matter, please let us know.

Sincerely,

A handwritten signature in dark ink, appearing to read "dse".

Abdi Warsame, Executive Director

Cc: Project File
Kyle Hanson, Director HCV Program
Brandon Crow, Assistant Director HCV Program
Kelly Davis, Manager-HCV Special Allocations

MN-500 Minneapolis/Hennepin CoC

FY2022 CoC Collaborative Application Attachment

3A-2a. Healthcare Formal Agreements

1. Kyle Square Garden – Touchstone Mental Health – healthcare commitment
2. Aliveness RRH – healthcare commitment

Aug 31, 2022

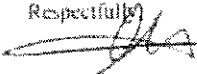
To Whom it May Concern:

Touchstone Mental Health will offer healthcare services available to residents of Kyle Garden Square (KGS) that include but are not limited to the following.

- Integrated Community Supports (ICS) DHS Medicaid Waiver residential tier 24/7 services focused on Health, safety, and wellness with nursing and mental health professional supervision
- ICS recipients may choose to receive nursing support for medication set up assistance, medication education, coordination w providers and resources, including primary care, dental and pharmacy
- Nursing services will oversee infection control and education, access to flu and covid immunizations and boosters, as well as outbreak prevention and management
- ICS recipients may choose to receive Mental Health Counselor services to address mental health symptoms and behaviors, harm reduction interventions and planning, help for the person to activate and build resiliency factors (whole health action management) and coordination w/outside providers and natural supports
- Care Coordination services through partnership with Hennepin Health (a neighbor to the property) includes navigation-referral support utilizing the Hennepin Health system for those enrolled
- Touchstone Fitness center access w/sliding fee scale to utilize fitness equipment, programming, and onsite Touchstone fitness coaching services.
- Touchstone staff will offer smoking cessation education and access to smoking cessation products, as supported by Touchstone's Health Coach who provides group education and support.
- Engagement services to access housing, healthcare insurance and benefits (physical, mental, and chemical), county & state resources (some of which may enhance income), social security, and referral of choice in healthcare provider(s)
- 24/7 front desk monitoring and engagement to provide safe, inclusive environment and maintain awareness of any changes in health functioning.
- Trauma informed, culturally competent approaches to health care engagement and education
- Suicide assessment, intervention, and prevention efforts with Licensed Mental Health Professional/ Clinical Supervision of staff and programming
- Staff skill building for residents to meet transportation needs for healthcare appointments

Project eligibility for the program participants of the new PH-PSH project will be based on the CoC Program fair housing requirements and will not be restricted by Touchstone Mental Health. Onsite healthcare services will begin upon building lease up and continue for the 2023 calendar year, with MOU agreements updated annually. The estimated value of health care services is \$1.2M annually, with additional savings to the health care system through reduced avoidable hospitalizations and emergency room visits, and reduced homelessness

Respectfully,


Michelle Wincell O'Leary
VP of Community Housing Services
Touchstone Mental health