

Overview

Like many communities across North America, Hennepin County has seen a steady increase¹ in unsheltered homelessness and encampments over the last few years. Unsheltered homelessness has historically been a smaller sub-population in Hennepin County until 2018 when a large encampment, comprised almost exclusively of Indigenous Americans, sprung up within the City of Minneapolis along a central corridor. This prompted community and government leaders, non-profit and faith-based partners to activate. The number of street outreach teams increased tenfold – from one street outreach team for single adults to around eleven – and harm reduction and culturally specific outreach was prioritized. Shortly after, the COVID 19 pandemic began and these critical and essential services pivoted to healthcare in the unsheltered settings increasing the urgency and intensity of both services and the needs of the unsheltered community. Then, on May 20, 2020, the residents of Hennepin County and in particular South Minneapolis – a community rich with diversity and where most of the unsheltered homelessness is concentrated – had an unimaginable tragedy occur with the murder of George Floyd and months of civil unrest that followed, leaving our service community reeling and weary after being on the front line throughout.

As the dust settles from the events of the past three years and our community can reflect on the unsheltered landscape today and what was created in reaction to the desire and commitment to support unsheltered households, we now have an incredible opportunity to lean into what we have learned are successful strategies to build out initiatives and best practices that reduce and end unsheltered homelessness.

Hennepin County is the Collaborative Applicant for Continuum of Care (CoC) funds for the geographic area of Hennepin County, strategic lead and coordinating entity for reducing homelessness in our community, including managing the operationalization of the Coordinated Entry System (CES), and a direct provider of Health and Human Services for people experiencing homelessness. This Community Plan is being submitted on behalf of Hennepin County residents and community partners by Hennepin County and includes input and insight from a broad array of stakeholders including people with lived and living experience through the Hennepin County Lived Expertise Advisory Group (LEAG) and direct interviews with consumers within the homelessness response system, community non-profit agencies, leaders in Veteran and Youth homelessness, and Healthcare with specific regards to needs assessments for persons living with HIV/AIDS and strategies for responding to unsheltered households impacted by the opioid epidemic. The Community Plan is representative and reflective of Hennepin County's goal to ensure homelessness is rare, brief, and nonrecurring and is aligned with and seeks to advance the following HUD policy priorities that:

¹ 487 people were living unsheltered in Hennepin County according to the 2022 PIT Count. That compares to 2,407 and 642 in 2020, the last time the count was taken, and 3,058 and 357 when the count started in 2005.

The decrease in the number of people experiencing homelessness was seen across all household types, with the biggest decrease occurring in family households. Family households experiencing homelessness decreased by 68 (a 9% decrease from 2020) and 244 people (a 22% decrease from 2020) down to 940 people in 268 families across Hennepin. Single adults also saw a decrease, down to 1720 people in 2022 from 1794 in 2020, a 4% decrease.

Reduce Unsheltered Homelessness

Hennepin County will identify people living in places not meant for human habitation and connect them directly to health and housing resources. Enhance and increase utilization of Homeless Management Information System (HMIS) to collect comprehensive data on people living unsheltered, facilitate service coordination, ensure full geographic coverage, and track housing outcomes. The intent is to increase the overall capacity and quality of street outreach through additional staff and service model expansion to offer a greater depth of service intensity with a housing focus and going beyond responding to immediate needs for those with severe and complex service needs including Chronic Homelessness, Serious and Persistent Mental Illness (SPMI), and those living with substance use disorder (SUD), those identified as HIV+ outbreak² or outbreak adjacent, and/or living with other physical disabilities to provide a housing focused response to unsheltered homelessness. With new investments we will continue to build on successes we saw throughout the last three years as we radically adapted to the COVID 19 pandemic and understand that we can accelerate housing outcomes for people in crisis and maximize all housing resources in our community if we allocate a designated worker who takes accountability for helping achieve a housing outcome through existing resources as a matter of absolute urgency.

Involve a Broad Array of Stakeholders in the CoC's Efforts to Reduce Homelessness

Homeless services alone will not end homelessness. Through this Community Plan, Hennepin County is coordinating with a variety of stakeholders to develop and implement Hennepin County's plan to serve the populations detailed in this special NOFO. Awarded projects will work together as a SNOFO Collaborative and cohesively implement and consistently evaluate the impact of these new resources into our homelessness response system to ensure the greatest impact on unsheltered homelessness. This collaborative will regularly meet and will be inclusive of a broad array of community service sectors for service coordination throughout the three-year grant term. People with lived and living experience will be centered throughout this process as subject matter experts and key contributors to reducing and ending unsheltered homelessness and will be compensated for their expertise and time. All strategies, policies and services must be developed by and for people with lived experience of housing instability and homelessness and be informed by and considerate of the impacts of trauma, and racial and gender identity, age, and sexual orientation.

Advance Equity

BIPOC, those that identify as LGBTQIA+, people with disabilities, and other marginalized populations are overrepresented in the population of Hennepin County that is experiencing homelessness, especially Chronic and unsheltered homelessness. Hennepin County is emphasizing system and program changes needed to identify and address the needs of people who are disproportionately more likely to experience homelessness. Project applications are reflective of targeting these historically marginalized and underserved communities and are comprised of staff, leadership, and board members that are representative of these populations, and people with lived experience. Increased capacity and utilization of the Homelessness Management Information System (HMIS) will allow for a more robust and comprehensive data set on Hennepin County's

² [2022.03.04 HIV outbreak case characteristics \(hennepin.us\)](https://www.hennepin.us/2022.03.04-HIV-outbreak-case-characteristics)

by-name list to identify and target new resources for unsheltered households or households that have histories of unsheltered homelessness and other severe service needs.

Use a Housing First Approach

Projects funded under this NOFO will help individuals and families move quickly out of unsheltered homelessness and into permanent housing. Awarded projects will be part of a Hennepin County SNOFO Collaborative and will be evaluated using USICH's Housing First Checklist³ and HUD's Housing First Assessment Tool⁴. Hennepin County will use this tool to assess and measure a project's progress in aligning with Housing First best practice standards, and individual projects will use this tool to identify what are successes, gaps, and opportunities for improvements. The Housing First Assessment Tool will be used as an iterative tool to track progress on implementing Housing First with these new resources and will be an opportunity to initiate Housing First conversations among various levels of project staff and agency leadership. Hennepin County is eager to support existing and new projects to implement Housing First correctly using these best practice standards.

Alignment with Hennepin County 2020-2025 strategy

Hennepin's 2020-2025 strategy focuses on making homelessness rare, brief, and non-recurring with a priority to reduce unsheltered homelessness. As such, all investments, programs, and strategies reflect an alignment with the following precepts:

- Housing is the foundation for health and well-being and is fundamental to success in education and employment.
- Everyone experiencing housing instability and homelessness deserves to be treated with dignity and respect.
- Everyone has their own unique blend of strengths, resources, and experiences. They are the experts on their circumstances
- Housing instability and homelessness most harms communities of color in Hennepin County; our services should be culturally responsive wherever practicable.
- Homelessness is often both the cause and the consequence of trauma; services and systems must be trauma informed.
- Those working within the system, not those who require assistance, should shoulder the burden of navigating complex systems, funding streams and programs.
- The priority when working with people experiencing homelessness – in sheltered or unsheltered settings – should be helping those individuals and households access housing as a matter of urgency.
- Unsheltered homelessness represents a serious health and safety risk and is not a dignified form of shelter.
- Housing ends homelessness. Everyone is house-able.

³ [Housing First Checklist FINAL.pdf \(usich.gov\)](#)

⁴ [Housing First Assessment Tool - HUD Exchange](#)

Community Plan for Serving Individuals and Families with Severe Service Needs

P-1a. Development of New Units and Creation of Housing Opportunities – Leveraging Housing – *Housing leverage attached*

P-1b. Development of New Units and Creation of Housing Opportunities – PHA *Commitment attached*

P-1c. Landlord Recruitment

Hennepin County’s CoC strategy to recruit landlords is varied throughout our community – some engagement is more structured than others – but all have a focus on quality landlords that will provide clean and fair housing for people moving out of homelessness and into housing stability. For scattered site permanent supportive housing projects, a key strategy is for the community providers is to meet monthly as a collaborative and share information on new landlords, concerning landlords and when openings come available. A more formal strategy has been for Hennepin County staff to participate in a Built for Zero cohort around Landlord Engagement and although the group hasn’t been meeting for long, the intent is to increase expertise and therefore capacity within the Hennepin County team regarding landlord engagement and discover new tactics or successful approaches that are working in other communities. There is also a local non-profit within the Hennepin County CoC – Housing Link – who features affordable housing and who specializes in landlord engagement and often contracts with local providers to provide incentives and to build relationships with landlords.

Community providers are starting to utilize Housing Link’s Beyond Backgrounds program. That program recruits landlords willing to accept people with housing barriers and offers apartment listings they have available. It also offers landlords up to \$2000 if they accept someone who is part of the program, and if the landlord incurs costs as a result (damages, skip out, back rent, etc.) People who need housing pay a \$300 fee which is covered by CoC providers to utilize the service.

Hennepin County provider partner with property and real estate agencies within the private and public housing market. If awarded, our CoC would enhance landlord recruitment and the cultivation of those relationships through the addition of case management and housing liaisons. The housing location and liaison model has been highly effective in existing supportive housing programs, where these staff work to engage landlords and property management companies on a regular an ongoing basis. These connections are essential to having a large pool of market-rate housing opportunities where the landlord and management have a level of trust and understanding with the community and are willing to work collaboratively with us to meet the needs of our shared tenants/clients.

These case managers/liaisons increase communication with all landlords, helping them understand describing the ongoing support that will be available and are responsible for completing prompt, professional responses to emails and calls from landlords, as well as other individuals and relevant agencies. This commitment to professionalism supports positive relationships and ensures

effective communication. Case managers also engage in conflict resolution tactics to resolve issues between clients and landlords that they are unable or ill-equipped to resolve themselves.

Case managers/housing liaisons can be on-site multiple times a week after clients move into their apartments. This enables the case managers to see clients' apartments regularly and conduct monthly check-in calls with each landlord and do not make the often-false assumption that "no news is good news." Case managers individualize and customize how they work with each landlord based on what is important to that individual or company. Case managers are selective and reflect on landlord traits when pairing up tenants, to ensure the match is appropriate and will not lead to conflicts.

Our community constantly strives to be data focused and informed. We will focus on not concentrating all housing outcomes in one neighborhood or area as that would indicate that client choice is not being valued, that other affordable housing options are most likely going untapped, and that one area is being saturated which is likely not sustainable. Keeping an eye on the distribution of the zip codes that people are moving to will allow us to track this over time and be able to be proactive in responding to trends rather than reactive. Some proposed data collection and tracking methods include:

- # of scattered site landlords currently maintained in our RRH and PSH programs
- # of new scattered site landlords
- # of zip codes in HMIS for exits to permanent destination
- % of successful housing referrals via the Coordinated Entry System (CES) which is closely monitored for unsuccessful/declined referrals. Unsuccessful referrals are followed up on by the CES team to ensure compliance with a Housing First model and alignment with CoC funding

P-2. Leveraging Healthcare Resources–New PSH/RRH Project –*Healthcare Leveraging Commitment attached*

P-3.a Current Street Outreach Strategy

There are a variety of community partner agencies providing some type of street-based outreach within the Hennepin County CoC, however none of these are funded by the CoC and are funded by the City of Minneapolis or the State of MN along with philanthropic funds. As previously mentioned, there has been rapid growth in street outreach over the last three years in Hennepin County, specifically to respond to large encampments within the City of Minneapolis. Street outreach teams have specifically focused on street-based medicine and harm reduction for unsheltered households impacted by opioid use disorder (OUD). In mid-2021, Hennepin County hired a Principal Planning Analyst with a focus area of unsheltered homelessness and in partnership with community non-profit partners, multidisciplinary leaders, and people with lived experience our community has identified gaps and opportunities for improvements in this space, and that is reflected in the project applications being submitted through this SNOFO and Community Plan.

Before 2018, street outreach for unsheltered single adults was provided by one agency with a team of 8 street outreach staff providing basic needs and service engagement. Since 2018, there are now approximately eleven agencies doing varied street outreach and focusing primarily on the provision of harm reduction supplies, survival gear, and basic needs. While these resources were needed, this shift into deeper crisis management came at the cost of focusing on engagements and outputs instead of housing. While agencies staffed up quickly in response to the community events described above, many have now lost staff and infrastructure due to the status of the non-profit community currently and the aftermath and staff turnover of the last three years. Community partners and people with lived experience describe a lack of coordination and organization in the unsheltered space, citing ‘too many cooks in the kitchen and no recipe’ leaving both providers and consumers confused and defeated. This is an opportunity to reset and restructure operationally the work being done by street outreach teams.

Hennepin County CoC is eager to secure these new SSO investments and fully re-align with best practices for working with trauma survivors and unsheltered, chronically homeless households. We intend to offer robust, housing focused street outreach teams that can provide case management, system navigation, and improve organization and infrastructure by using the by-name list for regular case conferencing and coordination of all street outreach teams to reduce duplication of efforts and increase positive housing outcomes. Another primary intent is to increase utilization of HMIS to infuse visibility and access into the homelessness response system and move people quickly from unsheltered homelessness to housing.

SSO projects submitted seek to regularly engage households experiencing unsheltered homelessness through street-based service engagements in unsheltered settings including encampments, and site-based activities at drop-in centers and meal sites. SSO projects will be scheduled, intentional, data informed, and transparent. Consumers will be able to easily locate a street outreach team as needed. The goal of these SSO projects will be to increase system visibility, quickly identify, triage, and assess for needs. Projects will also partner with other street outreach teams and healthcare to offer holistic, comprehensive services that lead to positive housing outcomes.

Awarded projects will be part of the Hennepin County SNOFO Collaborative. The group will participate in weekly case conferencing activities using a by name list that will identify and engage individuals and families experiencing homelessness with the highest vulnerabilities and leveraging culturally specific partners when applicable. Quarterly Collaborative planning and evaluation meetings and Quarterly Data Quality (QDQ) reviews will take place to ensure we are meeting our Community Plan’s objective of reducing and ending unsheltered homelessness. Street outreach will conduct CES Assessments and offer housing navigation services. Projects submitted align with HUD and Hennepin County policy priorities to advance equity and are developed, implemented, and evaluated by BIPOC and people with lived experience and are culturally considerate. In short, Hennepin County is committed to ensuring that street outreach and SSO projects funded through this SNOFO don’t just manage homelessness, but end homelessness.

P-3.b. Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness

Emergency shelter and other temporary accommodations for households experiencing homelessness are easily identified currently, by calling the Adult Shelter Connect for single adults, Family Shelter Team for families, and the Youth Services Network for youth shelters. Hennepin County is currently in the process of removing those silos of shelter access points and implementing emergency shelter Diversion at the centralized ‘front door’ of our system of care. The target population for shelter Diversion will be households seeking shelter for the first time (approximately 1300 households a quarter) or households seeking shelter for the first time in 90 days. We anticipate that the impact of this fully implemented component at the front door of our system will have an overall increase in system capacity, opening beds for those who may otherwise be turned away, and ensuring that households who do not need to come further into the homelessness response system are supported upstream, using a progressively engaging system.

Hennepin County created a single point of access for Single Adults, Youth, and Families seeking shelter to align with a coordinated, centralized entry and to provide additional triage and assessment using a progressively engaging model. All street outreach, drop in and meal sites, as well as other systems including hospitals, law enforcement, facilities management, security teams, probation, child welfare, etc. know about the centralized access points and how to connect households seeking shelter to identify available shelter beds.

The CoC staffs a Principal Planning Analyst dedicated to system-wide shelter work to ensure shelters implement best practices, remain low-barrier, and incorporate feedback from people with lived experience in their work. Currently, we are working on system-wide shelter diversion, which will divert people away from youth, family, and single adult shelters who have safe, alternative housing options, and increase shelter bed capacity for people who are in crisis and need shelter. Simultaneously, we are evaluating and changing the way our centralized single adult shelter access point functions and reserves beds for people who are unable to be diverted. Hennepin County Emergency Shelter Diversion for all populations will be fully implemented January 2023.

For over ten years, Hennepin County has facilitated a Shelter Efficiency workgroup comprised of community partner agencies with a goal of creating a more trauma informed, and efficient shelter system. In recent years the group has centralized access, and funding has been allocated and increased to offer case management services, CES Assessments, mental health supports, and 24-7 sheltering. Significant efforts were made to de-concentrate congregate shelters during the COVID 19 pandemic, and those changes became fully implemented into system design. The result is more less concentrated , lower barrier, culturally specific options open to any household composition. Hennepin County (County) is committed to advancing equitable homelessness recovery strategies, including 24/7 housing-focused emergency shelter. By improving and sustaining 24/7 emergency shelter operations, people experiencing homelessness that are unable to be diverted away from shelter will have a safe place to stay during the day, especially while COVID-19 restrictions are in place, and will have increased access to essential and housing-focused services

With the influx of federal funding related to COVID-19 in 2020, we have been able to provide more non-congregate shelter, in addition to more dignified, housing-focused shelter, which has been more desirable for people experiencing unsheltered homelessness. During the COVID-19 pandemic, all of our shelters renovated their spaces to prevent the spread of infectious disease and in many cases, reduce capacity. Two additional shelters will be undergoing additional renovations

in late 2022 and 2023, resulting in more beds in smaller and non-congregate spaces. At the end of 2020, two new shelters opened - Avivo Village and American Indian Community Development Corporation (AICDC) Homeward Bound. Avivo Village is a 24/7 indoor community of 100 private dwellings that targets adults experiencing unsheltered homelessness, particularly people struggling with opioid dependency, who may otherwise not be willing to come indoors. They recently moved their 100th person out into permanent housing. AICDC Homeward Bound is a 24/7 emergency shelter with 50 single beds that specializes in serving Native American and Indigenous adults, many of whom have experienced unsheltered homelessness recently or in the past.

Additionally, three shelters relocated and moved into new permanent locations - Catholic Charities Hope Street, The Salvation Army Women's Only Shelter (WOS), and Catholic Charities Endeavors medical respite program. Hope Street is a 24/7 emergency shelter with 30 beds for young adults (18-24 years). All rooms are non-congregate with a bathroom. WOS is a 24/7 emergency shelter for 30 adults who identify as female. Up to four people share a room and most rooms have their own bathroom. This is our only shelter that exclusively serves people who identify as female, all other shelters are co-located with people who identify as males. Endeavors medical respite program is a 24/7 emergency shelter for 30 adults experiencing homelessness who are recovering from an acute condition. Many people are referred from the hospital and would historically be discharged into congregate shelter or unsheltered spaces.

During cold weather seasons (December to April), AICDC operates a 21-person overnight drop-in center that has recliners. Anecdotally, this overnight space primarily attracts Native American and Indigenous peoples who are experiencing unsheltered homelessness. Plus, up to 25 additional shelter beds are funded to meet the increased demand.

All of these efforts to make shelter more dignified and accessible kicked off with robust planning efforts in 2016, with funding added in early 2020 to support the elimination of common barriers to shelter, including pets, partners, and possessions, and increase housing-focused case managers available in shelter. As a result, all people using shelter have access to storage lockers, First Covenant Church shelter continues to serve people who are sheltered with partners (e.g., couples, friends, family), Avivo Village allows pets, while other shelters have transparent policies for pets (service animals are legally allowed), and housing-focused case management continues to be more available than in the past.

P-3.c Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness

To ensure every one of the homeless dedicated CoC units are accessible to – and indeed accessed by – those experiencing unsheltered homelessness and chronic homelessness irrespective of the higher barriers they may face, all City and County (and State) funded homeless-designated units are required to take all referrals exclusively through the local Coordinated Entry System. Participating housing providers are required to work with the individual or household referred, irrespective of barriers they may face.

The Coordinated Entry System prioritizes based on length of time homeless, disability status, client choice and program eligibility. Hennepin County has worked with C4 and people with lived experience of homelessness to improve our assessment and prioritization process since moving away from the VI-SPDAT in March 2020. Hennepin County does not prioritize on the basis of a specific location (i.e. a certain encampment) but the prioritization of chronic homelessness both ensures that people who are long term unsheltered are being housed directly from the street, and also, that there is throughput in our shelter system to provide daily accessibility of shelter to those wishing to avoid or exit places not fit for human habitation while working towards housing.

Since the summer of 2017 Hennepin County has been a participating community in Community Solutions Built for Zero movement. Initially it was just a small team focused on ending chronic homelessness and in 2018 another team from our CoC formed focused on ending Veteran Homelessness. In September 2019 the ending chronic homelessness team achieved quality data status and achieved 2 shifts which essentially means that incremental reductions were made and sustained over at least six months. The teams have engaged community agencies in their goals, and we have had monthly check-ins with a BFZ coach since joining back in 2017.

We have experienced that – when perception has arisen that housing resources will be more accessible in specific high profile unsheltered settings (i.e. encampments) as opposed to shelter settings – people have left shelter to pursue these opportunities. This obviously puts already vulnerable people at greater risk. Conversely, consistent feedback from people with lived experience – particularly through the Street Voices of Change group’s Shelter Bill of Rights⁵ which is incorporated into Hennepin County shelter funding contracts – has emphasized the importance of housing assistance within shelter. Its absence increases the likelihood of people opting out of emergency shelter altogether, potentially leading them to less safe unsheltered settings.

One of the gaps that has been identified and one we intend to respond to with additional resources is that approximately 50% of housing referrals to unsheltered households result in unsuccessful housing outcomes. This is due to housing providers not being able to find the person – typically because of having no phone or a changed number, and street outreach agencies not fully utilizing HMIS to record Current Living Situation and keeping in contact with those that have been assessed. An infusion of housing focused street outreach teams and housing focused case managers will increase capacity and service delivery in the unsheltered spaces through ongoing case conferencing, everyone with a housing referral remains in contact, is updated in the HMIS system, and easy to find to ensure a successful housing outcome.

Projects funded under this NOFO will help individuals and families move quickly out of unsheltered homelessness and into permanent housing. Awarded projects will be part of a Hennepin County SNOFO Collaborative and will be evaluated using USICH’s Housing First Checklist⁶ and HUD’s Housing First Assessment Tool⁷. Hennepin County will use this tool to assess and measure a project’s progress in aligning with Housing First best practice standards, and individual projects will use this tool to identify what they are successes, gaps, and opportunities

⁵ [4225-4063-shelter-residents-bill-rights.pdf \(mary.org\)](#)

⁶ [Housing First Checklist FINAL.pdf \(usich.gov\)](#)

⁷ [Housing First Assessment Tool - HUD Exchange](#)

for improvements. The Housing First Assessment Tool will be used as an iterative tool to track progress on implementing Housing First with these new resources and will be an opportunity to initiate Housing First conversations among various levels of project staff and agency leadership. Hennepin County is eager to support existing and new projects to implement Housing First correctly using these best practice standards.

In addition to housing-focused case management, housing location, and supportive services to ensure individuals maintain housing, we believe strongly that expanding access to community-based healthcare provision will be essential to building trust and engaging unsheltered individuals in ongoing care. This will be accomplished by contracting with North Memorial Community Paramedics and leveraging existing partnerships with Healthcare for the Homeless, Kyros (substance use treatment) and Helix (mental health services). By enhancing access to meet the immediate, holistic healthcare needs of unsheltered individuals and providing care coordination. Our project will help alleviate some of the wellness-related barriers that impact people's ability to secure and maintain housing.

To address this need, our Community Plan is seeking to infuse additional case management and housing services at the front end of our system. These staff will provide support for any housing or tenancy-related issues that arise within the first 6 to 12 months after a person obtains housing through this program. They will respond to issues brought forth by both tenants and property managers and will work to resolve the issue when possible and refer to community resources such as utility assistance, RentHelpMN, and others when appropriate. Monitoring of data related to returns to homelessness will be done utilizing data in HMIS.

The City of Minneapolis Public Housing Authority and Metropolitan Council will be applying for additional Housing Choice Vouchers. Part of the Community Plan will ensure that if awarded, these vouchers will be partnered with supportive services that will quickly identify, match, and provide housing-based case management and housing stability services for unsheltered households receiving HCVs. MPHA and Met Council have submitted letters of commitment and collaboration and service providers have been identified for these partnerships.

P-4. Updating the CoC's Strategy to Identify, Shelter, and House Individuals Experiencing Unsheltered Homelessness with Data and Performance

We are committed to investing in and supporting our CES to maximize equity, effectiveness, and efficiency in our system. PSH would take referrals for program vacancies through the CES. We would neither want to incentivize people to move to riskier spaces or de-incentivize people accepting safer alternatives such as shelter.

As such, we would not envisage using unsheltered location as a prioritization measure but rather tailor new PSH towards the characteristics and needs of those most likely to experience unsheltered homelessness. This would enable us to target people who desire services that are culturally responsive (where practicable) and that address the higher-level chemical dependency and mental health needs that are common in such settings. Chronic Homelessness is a current priority population and 42% of those experiencing chronic homelessness are also identified as staying in unsheltered settings.

All outreach contacts will be recorded with detailed location data. These contacts will be used to map outreach efforts throughout the county. Outreach entries will be created for all clients engaging with street outreach and will be closed after 30 days without contact or when a person enters a permanent living situation. The entries will enable utilization of by-name lists that give an accounting of status of people experiencing unsheltered homelessness.

Outreach workers, public health workers, and county workers engaging with people experiencing unsheltered homelessness assess those with a likelihood of referral to coordinated entry opportunities and record the assessment in HMIS. Healthcare providers coordinate with street outreach both in community-wide meetings and through the relationships established in those meetings.

For low-barrier shelter and temporary accommodations - Composition of the population experiencing unsheltered homelessness will be compared to those who are utilizing shelter to identify differences and design new or reconfigured shelter options that will satisfy unmet needs. Feedback from people with lived experience, especially those experiencing unsheltered homelessness helps us identify barriers to accessing and using our existing shelters. People with lived experience are currently participating in our planning work for system-wide shelter diversion, which will impact how shelter is accessed soon. Shelter restriction data is being evaluated to understand common reasons people aren't allowed back into a shelter, which may result in them moving outside or somewhere else not meant for human habitation. While our shelters do not screen for people's backgrounds, require them to be sober, or pay to use shelter (except for one intentional pay-for-stay shelter model), restriction data will illuminate what's happening in practice.

Utilization of shelter, including number of individuals unable to be served in shelter, will be analyzed to identify shortfalls or surpluses in bed availability. During the winter months, data has shown that more low barrier temporary accommodations are needed, so we fund an overnight drop-in center that has recliners and targets people who identify as Native American or Indigenous, along with expanding shelter bed capacity in other shelters to meet the higher demand.

For permanent housing - Data on the performance of housing providers, including time from referral to intake and time from intake to housing will be analyzed alongside qualitative examinations of provider adeptness of working with an unsheltered population. Using this data HC will be able to work with individual providers to identify the barriers that contribute to rapid connection to housing for program participants and design system-wide workflows to improve access. Additionally, data on housing outcomes can be analyzed, including % of participants that exit to permanent destinations, as well as the other destinations participant's exit to, to monitor provider performance and to identify projects/best practices that contribute to successful exits to permanent housing.

By monitoring providers performance in LOT to housing placement, % of exits to permanent destinations, Housing stability at 6 months, and Returns to Homelessness data, HC will be able to identify aspirant providers and collaborate to identify best practices utilized that contribute to successful outcomes. These best practices can then be shared out with the larger provider community to provide support to underperforming providers.

P-5. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness.

Hennepin County's Coordinated Entry System prioritizes Chronically Homeless Households for homeless dedicated housing to advance our community goal of a functional zero for Chronic Homelessness.

All projects funded through this SNOFO will fully participate and engage in service coordination and engagement strategy meetings as part of the SNOFO Collaborative. This will create a space to identify new unsheltered households, households occupying vehicles, support a geographic-wide response system, and ensure coordination and non-duplication of services. For example, if there is a new encampment, an assessment will immediately be done to determine if these households are known to our system. If so, the agency already engaging with them will be informed of this new location using the HMIS Current Living Situation. If the household is unknown to our system, they will immediately be entered into HMIS and the SNOFO Collaborative will determine who is the best team positioned to respond based on household composition and depth of need. With a focus on housing, these households will have a needs and housing assessment completed and will be supported in systems navigation and connection to housing and healthcare. Weekly meetings will provide a platform to follow up on these households so that they do not get 'lost' or become more deeply entrenched in the homelessness response system. All unsheltered households will receive assistance to identify safe, appropriate alternatives to sleeping outside including existing housing and new housing as funded through these SNOFO investments.

CES Assessments will be conducted by all housing focused street outreach teams at both unsheltered locations and site-based locations to increase transparency to the system and increase access to identifying unsheltered households, providing housing navigation, and triage and access to healthcare and other supportive services in real time. All projects funded through this SNOFO will participate in the Coordinated Entry System and identification of unsheltered households and those with histories of unsheltered homelessness will be identified by the by-name list for services and matched to SNOFO housing resources through the CES matching process. This is not prioritizing unsheltered households over sheltered households but rather appropriately matching these resources based on that lived experience.

When a housing resource for an unsheltered household becomes available, CES will identify the next eligible households on the Priority List. Unsheltered homelessness will be identified through current living situations and housing history. The Housing Referral Coordinators will filter the Priority List based on the Funders & Program Requirements and Client Choice. The Housing Referral Coordinators will also consider the appropriateness of the household for the specific vacancy (the reported experience aligns with program eligibility and characteristics of that housing).

SSO projects will increase use of technology (tablets and mobile apps) and low-barrier community cards to facilitate system engagement by previously disconnected people experiencing unsheltered homelessness.

MN Homeless Management Information System⁸ is administered by Institute for Community Alliances and their project application as part of this SNOFO includes strategies around improved data collection, implementation of new data collection methodology, program and system capacity, and how they may impact what data we are able to collect/analyze and how this will improve our ability to better understand the gaps in our service delivery in an effort to improve outcomes.

P-6a. Involving Individuals with Lived Experience of Homelessness in Decision Making– Letter of Support from Working Group Comprised of Individuals with Lived Experience of Homelessness. *Lived Experience Support Letter Attached*

P.7 Supporting Underserved Communities and Supporting Equitable Community Development

BIPOC, those that identify as LGBTQIA+, people with disabilities, and other marginalized populations are overrepresented in the population of Hennepin County that is experiencing homelessness, especially Chronic and unsheltered homelessness. Hennepin County is emphasizing system and program changes needed to identify and address the needs of people who are disproportionately more likely to experience homelessness. Project applications are reflective of targeting these historically marginalized and underserved communities and are comprised of staff, leadership, and board members that are representative of these populations, and people with lived experience. Increased capacity and utilization of the Homelessness Management Information System (HMIS) will allow for a more robust and comprehensive data set on Hennepin County's by-name list to identify and target new resources for unsheltered households or households that have histories of unsheltered homelessness and other severe service needs.

Projects submitted for the SNOFO have been early adopters of housing-first principles over the years and currently operate housing focused service approaches and are well known for providing low-barrier and person-centered services to individuals and families who 1) may not be able to access services elsewhere due to mental health, history or active substance use, criminal background, or other barriers, or 2) choose not to access services elsewhere due to past trauma or safety concerns. Through this longstanding commitment to serving unsheltered individuals with this approach, Hennepin County has built trusted relationships with community members, other providers, community businesses, housing providers, and more. In engaging with unsheltered individuals, our outreach workers have heard many times that the individual will trust a provider if we trust them.

Homeless services alone will not end homelessness. Through this Community Plan, Hennepin County is coordinating with a variety of stakeholders to develop and implement Hennepin County's plan to serve the populations detailed in this special NOFO. Awarded projects will work together as a SNOFO Collaborative and cohesively implement and consistently evaluate the impact of these new resources into our homelessness response system to ensure the greatest impact on unsheltered homelessness. This collaborative will regularly meet and will be inclusive of a broad array of community service sectors for service coordination throughout the three-year grant term. People with lived and living experience will be centered throughout this process as subject

⁸ [Minnesota's HMIS \(hmismn.org\)](http://hmismn.org)

matter experts and key contributors to reducing and ending unsheltered homelessness. All strategies, policies and services must be developed by and for people with lived experience of housing instability and homelessness and be informed by and considerate of the impacts of trauma, and racial and gender identity, age, and sexual orientation.

Ending the HIV epidemic is a public health priority, and while numerous advancements in the treatment and prevention of HIV/AIDS have become available, health disparities, housing instability, stigma, and discrimination prevent medical advances from being equitably utilized. Inequity in housing access, specifically for unsheltered individuals, contributes to new HIV infection disparity. Populations hardest hit by HIV are also historically marginalized communities. Declared in 2019, Minnesota is in the midst of the first ever declared HIV outbreak. The outbreak is specifically among people who are newly diagnosed with HIV (newly having gotten HIV), who are unsheltered or associated with homeless encampments, and who are engaged in intravenous drug use. We know that housing directly relates to people becoming undetectable in their HIV load, dramatically reduces the spread of HIV, and ensures longer, higher quality of life for those with HIV. An area of the Community Plan is supported by project submissions that will provide intensive, trauma informed case management, on-site nursing, and 24/7 staffing support to each tenant. Case management will focus on Case Managers building trusting relationships with tenants, supporting individuals in gaining access to needed services and basic resources, accompanying residents to appointments, assisting them with using the health care system, assuring care coordination, and identifying/addressing early signs of behaviors which could result in eviction and the return to homelessness. Hennepin County Health Care for the Homeless teams (paid for by non-CoC funds) will provide resources, referrals, and nursing care including urgent care, preventative care, primary care, pain management, health behavior education, motivational enhancement, and behavioral health care.

This is consistent with the plan described by the CoC as we intend to house and improve the health of people who are unsheltered in Minneapolis, through our “no-barrier”, Housing First public health approach. The target population is “high risk” adults who are experiencing unsheltered homelessness while living with HIV/AIDS within the homeless encampments in Hennepin County.

According to Hennepin County Public Health, most individuals involved in the current HIV outbreak have additional barriers to gaining and maintaining safe, stable, affordable housing. These self-reported barriers include, but are not limited to, the use of injection drugs (47%), are men who have sex with men (48%), have a history of sex work (15%), and a history of incarceration (12%). Additional barriers could include severe and persistent mental and/or physical health struggles, criminal background, insufficient credit/housing history, annual income or lack thereof, and more. Furthermore, this population is disproportionately people of color (58%), suffering from the effects of multi-generational trauma and racism, along with the added trauma of experiencing unsheltered homelessness. We anticipate that those served would have extensive histories of homelessness or repeat episodes of homelessness, which may be alleviated with the addition of extremely low barrier, supportive services offered to them through our program. Projects will also advance equity for BIPOC communities, people that identifies LGBTQ, people with disabilities, trauma survivors, and other marginalized populations as historically marginalized populations are the hardest hit by HIV.

The current HIV epidemic is going on nearly three years with numbers continuing to rise. This is a public health emergency, hence the “outbreak” status given by the Minnesota Department of Health for the very first time in the history of HIV/AIDS in MN. According to the Minnesota Department of Health, individuals who inject drugs experienced a six-fold increase in HIV infections between 2018 and 2020. Clare Digs will focus specifically on serving people who are linked to the current HIV outbreak in a pilot model to break the ongoing unprecedented spread of HIV. In 2021, 61% of Minnesotans newly diagnosed with HIV were Black, Indigenous, or other People of Color, though these populations only make up 20% of the state of Minnesota. We will reduce the number of individuals experiencing unsheltered homelessness by quickly transitioning them out of homelessness and into permanent housing, providing the necessary supports to assist households in maintaining that housing long-term.

Another project that is targeting historically underserved communities is a public safety program that engages individuals who have had or are at risk for contact with law enforcement as a result of unmet mental health needs, substance use, homelessness, and/or extreme poverty. The project is an alternative to a criminal legal system response and, instead, provides long-term, intensive case management services rooted in a harm reduction approach and supporting clients in navigating both public and private housing options available in the community, while also linking clients to appropriate supports to address their mental health, substance use, and other needed supports (e.g., food shelves, employment services, public benefits, healthcare). Projects will assist eligible clients in applying for vouchers through the Minneapolis Public Housing Authority and/or Metro Housing and Redevelopment and can provide long-term case management beyond a client receiving housing to ensure they remain successful in retaining housing.

Hennepin County plans to add additional housing focused street outreach, system navigators and housing liaisons, and housing-based case management to the CoC with these new investments to quickly identify people who are unsheltered and assist them to quickly exit homelessness into a safe, appropriate housing option that meets their needs with supports along the way. Providers will be part of a SNOFO Collaborative to ensure service and care coordination for each households identified as unsheltered or with a history of unsheltered homelessness in partnership and to reduce duplication of services and maximize impact. Hennepin County is committed to housing-first principles and eliminating barriers to accessing our services, as well as building services based on client needs and feedback.

Hennepin County’s Community Plan is grounded in best practice, is data driven, and intentionally responsive to the presenting needs of our community – focusing on Indigenous, Black and other communities of color historically marginalized in our homelessness response system, addressing the HIV outbreak within the unsheltered population and identifying strategies for responding to households with severe and complex service needs. This includes people living with historic and cultural trauma, mental illness, and opioid and other substance use disorders. *This Community Plan advances strategies that implement robust, housing focused, street-based services that move people from unsheltered homelessness to new, low barrier, supportive, permanent housing as quickly as possible.*