

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** MN-509 - Duluth/St. Louis County CoC

**1A-2. Collaborative Applicant Name:** St. Louis County Public Health & Human Services

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Wilder Reserach Foundation

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

SLC CoC is strategic to assure a broad range of housing/homeless cross-sectional knowledge when soliciting applications to serve on all advisory, committees, sub-committees, and workgroups to end homelessness. Over 40 agencies, organizations, government partners participate in the CoC's 5 standing committees/workgroups. Members are solicited through list serves/websites/local newspapers. Selection procedures include 15 broad geographic voting members: 5 advisory/government, 5 non-funded partners (PHA, school liaisons, hospitals, 211, police etc.); and 5 agency partners with broad sub-populations (youth, DV, Developers, veterans, tribal nation, etc). In order to promote collaboration and effective use of community knowledge and shared resources, the CoC leverages rep's from the Veterans Admin. to integrate veteran expertise into efforts to end veteran homelessness. Affordable Housing developers – CCHC and AEOA – inform decisions on long term housing availability and development of PSH.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Life House	Yes	Yes	Yes
Lutheran Social Services	Yes	Yes	No
Arrowhead Economic Opportunity Agency	Yes	Yes	No
YWCA	Yes	No	No

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

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Safe Haven DV shelter	Yes	No
AICHO - D'Noobigan DV shelter	Yes	No
Range Women's Advocates	Yes	No

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
(limit 1000 characters)**

Due to the geographic size of the SLC CoC and 2 ESG jurisdictions, SLC has a diverse rural & urban CoC appointed CoC board, who oversees all funds to prevent & end homelessness. The CoC has developed 5 committees to implement Opening doors and local needs/gaps with a good balance of board members, government, service providers, and community partners. The CoC identifies partners who could benefit from or assist with strategy advancement. Meetings take place monthly with in person meetings and I-TV options. Websites, local newspapers, and listservs are solicited for participation with strong communication feedback loops to urban/rural housing coalitions. Each committee has an annual work plan developed, which is overseen by the CoC board. Task force work groups are established as needed as well as overall CoC planning meetings specific to work in each region. The CoC coordinator attends statewide meetings to keep advisory board and committees apprised on state coordination/alignment.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The SLC CoC has 2 local rural & urban housing coalitions that have a very broad membership including housing/homeless service providers, landlords, PHA's, developers, as well as many additional community partners/stakeholders. Each month, HUD and state funding announcements, updates, email list serves, and discussion take place regarding any and all aspects of housing, funds, and needs/gaps/trends specific to the SLC CoC. Information regarding the local CoC competition, committee opportunities, and funds available are posted on the SLC and City websites. The Collaborative Applicant is responsive and listed on the HUD and state websites as a contact for SLC. In 2015, a letter of intent was distributed via listserv blasts, housing coalition and website solicitation were used for soliciting/announcing the new project funding opportunity. Additional factors: HUD and local priority populations, geographic location, project readiness, and organization capacity.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Annually

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

SLC is a single county CoC, but comprised of 2 urban (City of Duluth) & rural (SLC) entitlement consolidated plan jurisdictions. The City and County are committed partners in ending homelessness in our community. CoC and ESG staff persons meet either in person, by phone or communicate via e-mail approximately 5-7 hours per week. Time is spent planning meetings, researching best practices, and dissemination of regulations for ways to align and streamline our processes. The CoC/ESG staff coordinates and support the CoC board and its 5 working committees. CoC/ESG staff consults regarding alignment of CoC and ESG regulatory requirements. Because the majority of CoC and ESG funds go to the same agencies in the SLC CoC, this intense collaboration allows the community to maximize shared resources, coordinate priorities, and advance the goal of ending homelessness.

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

In order to align the CoC and ESG funds, the SLC CoC and ESG entitlement jurisdictions developed a City Council/County board appointed advisory board in 2012 who oversees all housing/homeless resources, including state funds throughout our county/region. This composition has allowed a more coordinated approach to inform funding decisions in a coordinated way. All PIT, HIC, and HMIS data is reviewed by both ESG jurisdictions and the joint CoC advisory board, who meet on a monthly basis. Both ESG jurisdictions and CoC partners have been working together to develop performance standards and Coordinated Entry policies/procedures. It is our hope to coordinate evaluation of system-wide outcomes once the data is available in HMIS for the ESG/CoC/PATH and RYA funds. Ranking tools and processes have started to align and all planning and coordination to this point put SLC CoC in a perfect position to establish baseline system wide outcomes and work toward full resource coordination.

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

SLC's CE system provides 24/7 phone access for households at risk or homeless through 211. Staffs follow a script with questions to assess homeless status, including a question regarding domestic violence status. If a victim of DV is identified, they are referred to the DV shelter (Safe Haven or Danooigan in Duluth, or Range Advocates on the Iron Range) to ensure their privacy. There is no data collected on this call to insure privacy. Households can also bypass the CE system by calling the DV shelter directly. The SLC CoC has a national DV model shelter program and a long history of housing households from DV programs, while maintaining safety and security. Strategies include: In reach, MOU's, and informal co-location of housing & victim service providers. DV partners serving on the Coordinated Entry committee. Trauma informed training is required for all CE assessors, which creates the sensitively to assuring survivors feel safe with the option to identify as anonymous.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
HRA of Duluth, Minnesota	27.00%	No
HRA of Virginia, Minnesota	14.00%	Yes-Public Housing
HRA of Chisolm, Minnesota	0.00%	No
HRA of Ely, Minnesota	0.00%	No
HRA of Hibbing, Minnesota	0.00%	No

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

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

The SLC CoC develops affordable housing using low income housing tax credits and private investments, including private market apartments that utilize State funding sources, such as Group Residential Housing (GRH) which require tenants to be homeless and tax credit projects with homeless units. State Long term homeless scattered site funds house over 133 beds in 2015 with housing subsidy and services. Bridges/HOME/TBRA funds – over 72 units with homeless preference filled through SLC. SLC CoC has a shortage of affordable housing options and very low vacancy rates. Therefore, an emphasis is placed on prevention to maintain housing and reduce homelessness. State funded prevention funds provide financial assistance for damage and first months’ rent assistance. Landlord Forums are held biannually in order to engage private landlords to work with housing providers on prevention but also on housing homeless households who have the means to rent such units.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other - SLC has set up a special court for homeless high contact people in the City of Duluth to help support them controlling their behavior, staying connected with advocates and services (especially mental health and detox) and NOT escalate their contacts to felonies.... this is more mitigating criminalization rather than de-criminalization, but attests to the fact that the DPD, courts, us, etc. recognize that the behaviors are a consequence of homelessness (and addiction, mental illness, etc.) and not that people are "criminals."	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

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

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

Not applicable

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

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

All households throughout the CoC have 4 steps, along with outreach & community education to ensure the community and households struggling with housing & homelessness are identified and aware of access. 1)HH’s call 2-1-1 as the pre-screened point for triage. Households needing prevention services are directed to the prevention provider in their region. Households able to be diverted are tracked, and homeless households are scheduled for an assessment with the provider that is in their local area, cognizant of cultural and age factors. 2)The trained assessor completes the VI-SPDAT that fits the household. 3)Upon completion of the VI-SPDAT, the anonymous identifier and score are sent to the waitlist holder. There are two waitlists: one in Duluth and one on the Iron Range. The household is placed on the list based on score. 4)When a unit is available, a referral takes place. The households are anonymous in order to avoid a potential bias in housing placement.

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

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

Veteran serving organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Emergency shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Community Action organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	33
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	5
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	28
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
<b>Need for specialized population services</b>	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

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

The SLC Governance board developed a strong committee to develop the ranking process taking into consideration local CoC needs/gaps, HUD priority populations, and vulnerability of clients served among other factors. The following steps were taken: The population served was one criteria in which the projects were scored. Additional points were given to projects who served CH, DV, CD, Youth populations. So while score was initially reviewed for each project applicant, population served was the second consideration prior to developing a rank order. In addition, when making the determination for Tier 2 priority, additional population vulnerability consideration took place by the committee to keep the hardest to serve in Tier 1 if at all possible. One additional consideration was the inclusion of developing quality improvement plans for each project with low performance with reasonable plans/expectations based on severity of needs and population served.

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

On 5/18/15 the CoC board approved 2015 local priorities to be included in the score tool pending release of the NOFA. A neutral ranking committee was developed. Upon NOFA release, the CoC and CoC board updated the score tool. The Review and Ranking process, timeline, and score tool were released to the CoC via e-mail and posted on the SLC website on 10/8/15. On 10/16/15 the individual objective PA scores were sent for agency review. On 10/20/15 the Ranking met to develop recommendation for Priority List rank - comment period from 10/21-26. On 10/28/15, the CoC board met to finalize the Priority list. CoC members could attend to address their rank. On 11/2/15 the final Ranking was finalized, e-mailed and posted on the SLC website.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)**

11/09/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)**

Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 11/04/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

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

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

New in FY2014, SLC received HUD Planning funds to assist with developing a stronger performance management system for the SLC CoC. With these new funds, SLC has built in the following capacity: MONTHLY: 1)Review APR's reports at both 6 and 12 months; address concerns 2)Monitor individual project performance on targets 3) Set up one-on-one meetings – develop Quality Improvement Plans as needed. QUARTERLY: 1) Track individual project and system-wide performance outcomes across the entire CoC and ESG funded programs. New in 2015, our state of MN HMIS system has assigned Local System Administrators to have access to HMIS data locally. Training is taking place to allow LSA's the ability to run local reports. By the end of 2015, all of the above activities will be underway. In addition to HUD performance measures, the CoC is developing performance standards that account for the difference in population served (CH vis non-CH) & service models (PSH vis RRH/TH).

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

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

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

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** Service Point  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

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

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2B-1. Select the HMIS implementation Single CoC coverage area:**

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

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$39,280
ESG	\$13,600
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$52,880</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

**2B-2.3 Funding Type: State and Local**

<b>Funding Source</b>	<b>Funding</b>
City	\$0
County	\$0
State	\$13,943
<b>State and Local - Total Amount</b>	<b>\$13,943</b>

**2B-2.4 Funding Type: Private**

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$11,058
<b>Other - Total Amount</b>	<b>\$11,058</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$77,881</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 01/22/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	189	49	122	87.14%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	195	0	195	100.00%
Rapid Re-Housing (RRH) beds	87	0	87	100.00%
Permanent Supportive Housing (PSH) beds	683	0	665	97.36%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

Not applicable

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
 (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	2%	5%
3.2 Social Security Number	4%	20%
3.3 Date of birth	3%	0%
3.4 Race	3%	1%
3.5 Ethnicity	3%	0%
3.6 Gender	3%	0%
3.7 Veteran status	2%	1%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	30%	3%
3.15 Relationship to Head of Household	8%	0%
3.16 Client Location	8%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	6%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

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

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

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

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

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

All federal partner programs listed in 2D-6 are entering data into HMIS.

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/14/2015

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

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

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Other: CoC follow up	<input checked="" type="checkbox"/>

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

Complete Census Count: All sheltered service providers complete bi-annual MN Dept. of Human Services (DHS) sheltered survey, which includes HUD data elements. CoC Coordinator follows up with non-responders. HMIS: Lead runs data report, then compares to DHS survey data. Any discrepancies are fixed and the report is re-run to assure the issue has been resolved. CoC Coordinator works closely with providers and HMIS lead to assure accuracy. Other: CoC Coordinator follow up. Multiple meetings, trainings, & mass e-mails are set up to go over HUD PIT webinar, update the survey tool as required, establish time line, & de-duplicate surveys if applicable. Non-HMIS participation agency data is added. In addition, SLC aligned with a coordinated State of MN process described below for increased accuracy and consistency.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

New in 2015, the CoC's sheltered PIT methodology was coordinated with the State Office to Prevent & End Homelessness, who provided technical assistance with creation of a uniform survey tool and shelter provider coordination. The methods include: 1)HMIS reports for persons staying in shelters on the night of the PIT. 2)Surveys were conducted by trained staff or volunteers who were provided with detailed instructions and technical support. 3)Surveys were de-duplicated by first and last name initially to ensure accuracy.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes**

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

There were new ES youth beds for exploited and sex trafficked youth, as well as an ES youth crisis shelter added to the 2015 HIC. The agency staff were added to the meeting lists and all communication which outline the timeline and methodology used by the CoC for the PIT.

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

The SLC CoC is consistently working to improve our PIT count planning and implementation related to data quality. New in 2015, the SLC CoC aligned with all MN CoC's in a coordinated effort with the State Office to Prevent and End Homelessness of Minnesota in order to work collectively as a state to plan the PIT count. This state coordination organized our training efforts to include the creation of training videos for our volunteers, as well as a uniform survey tool. Local CoC's reviewed the electronic survey data for accuracy and followed up with additional questions. Because of the TA, a state-wide timeline was established much earlier than in past years, which increased our volunteer education and recruitment efforts.

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/22/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/14/2015

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

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

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

Night of the count - known locations: A simple statewide 2 sided PIT survey was used by over 40 trained surveyors. Prior to the count, all known locations were contacted via e-mail & updated about the PIT, Survey link, & other info. Our methods are stretched in non-populated wooded areas, which make up 60% of SLC's geography. It is critical for broader community partners; (local hunting and bird watch assoc., forestry jurisdictions, & wildlife preserves) to get a rural unsheltered perspective. All known locations are interviewed on the PIT night. If outreach staff are aware of locations or tipped about unsheltered homeless or highly mobile persons, we give staff a few weeks to conduct an interview post PIT date for the Jan 22 date.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

The following new methods were used in 2015: 1) Observed homeless category  
2) Statewide web-based survey tool for shelters and unsheltered data to be entered. This allowed the count of persons who were identified but unwilling to complete the survey to be reported as homeless.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

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

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

The SLC CoC is consistently working to improve our PIT count planning and implementation of our unsheltered PIT count. New in 2015, the SLC CoC joined a coordinated effort with the State of MN Office to Prevent and End homelessness to work collectively as a state to plan the PIT count. This state coordination organized our training efforts to include the creation of training videos for our volunteers. In addition, a state-wide timeline was established much earlier than in past years, which increased our volunteer recruitment efforts.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	429	490	61
Emergency Shelter Total	116	136	20
Safe Haven Total	0	0	0
Transitional Housing Total	189	187	-2
Total Sheltered Count	305	323	18
Total Unsheltered Count	124	167	43

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

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	569
Emergency Shelter Total	170
Safe Haven Total	0
Transitional Housing Total	463

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

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.  
(limit 1000 characters)**

The CoC takes the following steps to identify & reduce 1st time homelessness:  
1) The CoC studies risk factors of 1st time homelessness (client circumstances & characteristics) by reviewing HMIS & Coordinated Entry(CE) data & interviewing persons who access homeless prevention programs or shelter.  
2)The CoC utilizes 211, food shelves, homeless school liaisons to quickly identify households at risk of homelessness to connect them to CE and emergency services.  
3)Using data from step 1 (above), the CoC develops & uses an initial screening tool to closely match those provided with homeless prevention/diversion with those who most likely to access shelter.  
4)The CoC maximizes homeless prevention/diversion funding by using State-funded Family Homeless Prevention & Assistance Program, ESG, TANF Block Grant & General Assistance to fund strategies most likely to prevent 1st time homelessness (short/medium term rental assistance, utility assistance, landlord/tenant mediation, etc)

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

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.  
(limit 1000 characters)**

The SLC CoC uses the VI SPDAT tool to screen families in shelter and wait list management data to track and record length of time homeless. SLC has reallocated CoC funds for 2 family RRH projects in FY2013/14, which target families in shelter. In 2016, SLC will incorporate HMIS sheltered data to develop a baseline for shelter entry and exit dates for both CoC and ESG program funded shelter projects. The following strategies have been implemented:  
1)CPD-14-012 has been integrated into CE policies/procedures.  
2)CoC score tool for NOFA incentivizes CH bed designation and/or priority. Result: 94% of projected turnover beds will be prioritized for CH.  
3)The VI SPDAT and coordinated entry to assess the level of assistance for all households, which has eliminated the need for navigating the complex web of agencies and programs seeking any solution. The CoC works closely with the city, county and state (LIHTC, HOME and CDBG) to focus on preserving & developing new affordable housing.

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

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

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

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	627
Of the persons in the Universe above, how many of those exited to permanent destinations?	522
% Successful Exits	83.25%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	538
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	474
% Successful Retentions/Exits	88.10%

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

The CoC has implemented the following strategies to reduce returns to homelessness: 1) Coordinated Entry (VI SPDAT) is the primary tool to identify returns to homelessness. Priority is given to chronic homeless. 2) CoC tracks returns to shelter using HMIS for State prevention programs. The review of data has helped to inform prevention & RRH targeting strategies. 3) Weekly provider meetings to coordinate prevention/RRH resources. 4) Far-reaching services for LTH families that follow housing first, harm reduction & trauma-informed principles; and 5) creation of a multi-agency community intervention team that works with the hardest to house (CH) to promote and incentivize adherence to stability. Annually, SLC monitors projects based on performance measures most likely to increase and sustain housing stability. The CoC is working to expand these reports to all CoC programs but is currently delayed due to other major systems changes to HMIS—expected to be fixed by 2016.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

Strategies to increase employment: SLC has developed a coalition including employment training program providers, and homeless service providers that provides employment coaching along the continuum of no experience to highly experienced; financial/educational/job readiness training; training for specific careers, and access to mainstream workforce development resources. Non-employment: SOAR specialists work in SLC's emergency shelters (180-200 applicants per year) and with recently housed households to assist with SSI/SSDI applications; expanded medical opinions related to disability claims; health insurance enrollment assistance; Mainstream benefit application assistance, WIC, SNAP, etc. The State of MN & the County have also increased utilization of advocacy resources & SOAR for Social Security disability benefits. In addition, the CoC reviews and monitors earned income and total income performance measures of all CoC funded programs through the review of APR's and HMIS reports.

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

100% all SLC funded PH (PSH/RRH) TH projects identified they regularly connect participants with employment services. Mainstream employment agencies include: Duluth Workforce Center, AEOA Employment & Training, Workforce Center, Express Employment, ISD 709 (Adult Basic Education), Lake Superior College, Futures, Yes Duluth, SOAR Career Solutions, MN Dept of Employment and Economic Develop, Family Assets for Independence in MN (FAIM). Many of our homeless agencies/organizations have co-location with employment agencies. Mainstream employment programs provide education to local housing coalitions for client connection. Employment coaches are used to meet with families each week to measure employment progress. Networking takes place with local businesses for short term labor - Express Employment program for homeless. Transportation assistance, childcare, & work related costs that may be current impediments to employment are available for interviews and work opportunities.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?  
(limit 1000 characters)**

Methods: 1)Street outreach team (outreach workers, SW, MD) makes regular visits to encampments, temporary shelter spaces (culverts, bridges, trailers etc) throughout the county. 2)24/7 homeless outreach hotline (local businesses, police, snowmobile/birdwatching assoc., forestry and DNR education). 3)Police dept. trainings several times per year. 4)Local media/social media plugs. Strategies: 1) Use IDDT motivational interview training skills to engage with unsheltered to develop rapport. 2)Community Intervention Team coordination and communication systems (medical, MH, advocacy, corrections) for high police contacts. 3) Regular coordination and communication systems with hospitals/detox/jail for frequent users.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** No

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

Not applicable

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	114	205	91
Sheltered Count of chronically homeless persons	50	54	4
Unsheltered Count of chronically homeless persons	64	151	87

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

SLC has 2 entitlement jurisdictions (urban and rural). While the SLC CoC overall saw a slight increase from 50 to 54 sheltered CH counted from 2014-2015, there was a sharp increase from 64 to 151 CH unsheltered persons counted from 2014-2015 specifically 80% of which was in the City of Duluth urban jurisdiction. The following factors contributed to the sharp increase in total number of unsheltered: 1) Earlier statewide timeline and Increased volunteer training to include HUD CH definition 2) Warmer temperatures 2014 (-9) 2015 (30). 3) Better volunteer recruitment/coordination. 4) Outreach staff in urban region identified a sharp increase in unsheltered CH persons as trending. The following factors contributed to a slight decrease in total number of sheltered: 1) Agency education for start of Coordinated Entry system 2) CoC and ESG RRH coordination started.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

In 2012, following HUD guidance, the SLC CoC clarified all CH beds identified on the HIC. The outcome of the process equated to a 50% drop in CH dedicated beds. However, in 2013, SLC CoC prioritized 97% of all PSH beds for CH persons. This clarification will position SLC CoC to have accurate baseline data from 2013-2015. In 2014-2015 CoC leadership will engage in the following strategies that align with the CoC's plan to increase PSH for CH. (1) Advocacy for PHA's to prioritize PSH for CH.(2) Engage & educate landlords to increase the # willing to provide PSH units. 3) Award additional points to all CoC funded applications that prioritize PSH for CH. (4) Educate the comm. leadership re: PSH cost effectiveness & comm. benefits to increase local investment of PSH. A Needs & Gaps analysis will take place in 2014 to identify PSH needs for CH households and increase CH beds. By the end of 2014 a CH priority/preference will be incorporated into the Coordinated Access system.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

From FY2013/2014, SLC has made some progress on all strategies identified above. (1) Stronger partnerships have been developed with our PHA's. Our largest PHA's have some project based vouchers with homeless priority and 27% of Housing choice voucher participants identified homeless. (2) Bi-annual landlord forums have been successful for supporting landlords and increasing awareness of rights of both landlord and clients. (3) Additional points for PA's were given for dedication/prioritization of CH beds. (4) Community education is on-going and PR opportunities have increased to raise awareness in the media to include an average of 1 time per week annually either TV or newspaper stories regarding housing/homelessness (5) CH priority exists in SLC CE system.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	135	128	-7

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

From 2013-2014,SLC increased PSH beds dedicated for CH by 9 through reallocation. From 2014-2015, there was a 7 bed decrease. This can be explained by the number of people served in a Shelter Plus Care project fluxuating within that year.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?** Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** page 5

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
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Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	262
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	84
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	79
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	94.05%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** No

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

Due to the sharp increase in Unsheltered CH households in the 2015 PIT count, SLC CoC would like to request HUD TA to assist with developing strategies to increase PSH beds to serve CH in the coming year. Barriers identified by the CoC include: 1) 1-2% Housing vacancy rates. 2) Increased CH population in the City of Duluth. 3) Lack of new project funds for dedicated beds (PH Bonus). 4) Lack of operations/service funds.

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

**Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness**

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

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

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

SLC has one large emergency shelter in all of Northeastern MN and it is located in our CoC. CHUM shelter is fully engaged in our CE system and is an access point. Weekly CE meetings take place to review all wait list and openings. Both CoC and ESG RRH are in the process of developing ways to prioritize households who receive low, medium or high RRH subsidies based on assessment score. SLC's steps: 1) Develop RRH subsidy ranges based on CE data in HMIS and best practices. 2) Prioritizing families with children (unsheltered – ES). 3) Developing HMIS baseline data at both the ES and CE system for families entering shelter and developing strategies to decrease time homeless, review & plan re: traits of high risk. 4) Continue to develop the CE system for responsiveness to prioritizing families for RRH. Both CoC and ESG RRH jurisdictions are dedicated to full coordination of these funds to meet our system-wide goals. In addition, State RRH/Prevention resources are fully integrated.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	49	49

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

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

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	62	69	7
Sheltered Count of homeless households with children:	59	59	0
Unsheltered Count of homeless households with children:	3	10	7

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

2014 to 2015. Explanation: 1) The CoC is confident that the numbers of sheltered beds were full both years. 2) Increased coordination/education with homeless school liaisons. Unsheltered households with children – the total number of HH’s went from 3 in 2014 to 10 in 2015. Explanation: 1) Better statewide volunteer training and coordination in 2015. 2) Increased community awareness of the night of the PIT count.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

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

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

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

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Evaluate current policies/procedures in CE for under 18	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	147	592	445

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,222,581.00	\$1,329,717.00	\$107,136.00
CoC Program funding for youth homelessness dedicated projects:	\$220,390.00	\$220,390.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,002,191.00	\$1,109,327.00	\$107,136.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

The SLC CoC has a strong history of collaboration and has active participation from the McKinney local education liaisons(LEL). First, there is LEL participation in CoC meetings. On November 7, 2014, an all-day McKinney-Vento Liaison State-wide Training was hosted by the Minnesota Office to Prevent and End Homelessness. In Duluth, the Families in Transition Program coordinate closely with local homeless agencies. LEL's are contacted when a family or youth is in a shelter, TH program, doubled up, or on the streets. Communication between the service providers and the LEL is made promptly to ensure students remain in their school of origin or are enrolled immediately. Through our county-wide planning efforts, connections have been made with other liaisons in smaller rural regions of our community in order to collaborate and share best practices for assisting families with children.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

The SLC CoC requires all projects that serve families and parenting youth to adopt and comply with a policy on Educational and Early Childhood Development, including all shelter, transitional housing, rapid rehousing, and permanent supportive housing. Programs are expected to comply with the following policies:

- 1) Identify staff who have primary responsibility for school attendance.
- 2) Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children are able to maintain enrollment in school.
- 3) Advocate for families with their school district to ensure that transportation is arranged (as needed).
- 4) Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences.
- 5) Assist families in developing education related goals for all family members when completing Housing Goal Plans.
- 6) Ensure that all family members are connected to relevant educational resources in the community
- 7) Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start.

In addition, the Families in Transition Program in Duluth distributes posters to all local ES, TH and housing agencies/programs, and motels detailing parent and student rights under the McKinney-Vento Assistance Act. Many shelter and housing programs have families and unaccompanied youth sign a release that allows agencies to speak directly with district staff. A web based referral form is also available for agencies to submit to the FIT Program indicating a new family or youth is homeless and looking for education support. Duluth Schools includes in their enrollment pack a self-identification form for homeless and highly mobile students. Schools submit the form to the MV advocate and the parent is contacted to share the housing process and contact information. Finally, each year LEL's participate in our PIT Count.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	24	26	2
Sheltered count of homeless veterans:	15	14	-1
Unsheltered count of homeless veterans:	9	12	3

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

SLC experienced a decreased in sheltered veterans counted from 2014 (39) to 2015 (26). This decrease can be attributed to the implementation of the SLC Coordinated Entry(CE) system. MAC V, which is a statewide veteran organization located in Duluth, is one of our CE designated assessment sites. Veterans are referred to MAC V for resources and openings in housing. SLC experienced a significant overall increase numbers of persons in our unsheltered count in 2015 due to a more organized and coordinated statewide effort. This is reflected by a slight increase in veterans counted from 2014 (9) to 2015 (12). Volunteer recruitment, earlier timelines, training and use of an unsheltered observation tool contributed to the overall increase.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)**

With the 2015 PIT, the MN Dept of Veterans Affairs (MDVA) launched a statewide Homeless Veteran Registry. The purpose is to identify every homeless Veteran & create a sustainable housing plan, leveraging all available resources. With veteran authorization, a team convenes to identify the resource's best suited to help them to obtain stable housing. Resources include VA Medical Centers (HUD-VASH), MDVA (State Soldiers Assistance Program), and private funds (SSVF). Veterans are triaged and referred based on eligibility and acuity. The Registry documents these housing plans and ensures accountability for next steps. In addition to on-going outreach, Minnesota Assistance Council for Vets (MAC V) also conducts annual Stand Down events to promote engagement of Veterans experiencing or at risk of homelessness. MAC V receives veteran resources & is a designated CE assessment door in the SLC CoC, working closely with county CVSO's and MDVA.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)**

SLC CoC has established a preference for veterans so if two households are similar in acuity and recommended for a referral to the same resource, Veteran households are prioritized to receive that resource first. In addition, the scope of the Homeless Veteran Registry described in 3B-3.2 includes everyone who has served in the U.S. Armed Forces, regardless of their discharge status or whether they qualify for Veteran benefits. VA Medical Center and MDVA personnel confirm their Veteran status and eligibility for VA health care programs as part of the intake and triage process through the registry, ensuring that Veterans who are not eligible for VA health care are referred to other appropriate resources.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	39	26	-33.33%
Unsheltered count of homeless veterans:	9	12	33.33%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** No

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

While SLC is committed to ending Veteran homelessness and will continue to maximize current resources available through its diversified programs and funding streams, a dire shortage of affordable housing options for all populations, including Veterans, pose significant barriers when Veterans are identified. Additional capacity may also be helpful to ensure that all Veterans in our community are rapidly identified and connected with available services and housing options such as RRH funds, HUD-VASH, and MACV’s DOL HVRP program. SLC will continue to participate in the State Homeless Veteran Registry meetings held to discuss each individual Veteran on the registry to determine and implement a viable housing plan.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	32
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	24
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	75%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

In response to the ACA and under the leadership of Generations Health Care Initiatives, 16 organizations formed a community coalition with a shared vision through MNSure (Insure Duluth) to help residents of the SLC CoC understand the new health coverage opportunities available through the ACA and to connect individuals and families to free, local resources that provide one-on-one help with enrolling in health insurance. InsureDuluth coalition members include non-profit agencies, health care providers; a foundation, faith communities, and higher education institutions. Between 10/2013 and 9/30/2015, InsureDuluth submitted 4,174 applications and 3,681 people (88%) successfully enrolled in health insurance. During that time period, the coalition conducted 690 outreach activities such as tabling at schools, resource fairs, cultural events, neighborhood festivals, food shelves, areas frequented by young adults, tax assistance sites, & others.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	30
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	30
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	30
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	28
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	93%

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

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

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	52	38	-14

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

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

Not applicable

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

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

Not applicable

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

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

Not applicable

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** No

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	11/15/2013	5
Coordinated Entry	01/06/2015	4
Retooling transitional	11/06/2015	3

## 4C. Attachments

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes		
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/13/2015
<b>1B. CoC Engagement</b>	11/16/2015
<b>1C. Coordination</b>	11/16/2015
<b>1D. CoC Discharge Planning</b>	11/13/2015
<b>1E. Coordinated Assessment</b>	11/16/2015
<b>1F. Project Review</b>	11/16/2015
<b>1G. Addressing Project Capacity</b>	11/16/2015
<b>2A. HMIS Implementation</b>	11/16/2015
<b>2B. HMIS Funding Sources</b>	11/16/2015
<b>2C. HMIS Beds</b>	11/16/2015
<b>2D. HMIS Data Quality</b>	11/16/2015
<b>2E. Sheltered PIT</b>	11/16/2015
<b>2F. Sheltered Data - Methods</b>	11/16/2015
<b>2G. Sheltered Data - Quality</b>	11/16/2015
<b>2H. Unsheltered PIT</b>	11/16/2015
<b>2I. Unsheltered Data - Methods</b>	11/16/2015
<b>2J. Unsheltered Data - Quality</b>	11/13/2015
<b>3A. System Performance</b>	11/17/2015
<b>3B. Objective 1</b>	11/17/2015
<b>3B. Objective 2</b>	11/17/2015
<b>3B. Objective 3</b>	11/17/2015
<b>4A. Benefits</b>	11/13/2015
<b>4B. Additional Policies</b>	11/13/2015
<b>4C. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required