

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: MN-509 - Duluth/Saint Louis County CoC

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

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Volunteer, Community Advocate
 Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Heading Home St. Louis County Leadership Council (Board)	The HHSLC Leadership Council (Board) is responsible for the governance of the CoC and is accountable for developing bylaws, establishing protocols, and priority development. The board develops policies and procedures to meet the local need & compliance with HUD & State statutory and regulatory obligations. Additional duties include: Alignment of 10 year plan with Federal, State, & Consolidated Plans; monitoring and evaluation of data in the HMIS system to make informed performance based decisions, monitoring progress of Action Plan committees to achieve goals, & create & oversee additional committees and workgroups as needed throughout the St. Louis County CoC region.	Bi-Monthly	Faith, formerly homeless, & community advocates, education, State Minnesota Interagency Council on Homeless, Business, Corrections, Veterans, Reservations, PHA, City/County staffs & at large representatives.

1C-1.2	HMIS/Data Committee	<p>Role: Monitor HMIS data collection & data quality resolve any issues; oversee performance reports: Sheltered & Unsheltered PIT count, HIC, Unmet needs calculation, APR data, Annual Homeless Assessment Report & CoC Dashboard; develop financial reports for Leadership Council & Committees for CoC, ESG & MN Housing Prevention Assistance funds; review annually & revise for Leadership Council approval privacy, security & data quality plans for HMIS & all policies/procedures required by regulations & notices issued by HUD; monitor to assure HMIS lead is fulfilling obligations outlined in the Memorandum of Agreement with SLC CoC, including obligation to enter into written participation agreements with each contributing HMIS organization.</p>	Bi-Monthly	<p>HMIS Lead staff (Wilder Research), HMIS end users, Leadership Council board, United Way, faith based community, State & service provider agencies.</p>
1C-1.3	Performance Evaluation Committee	<p>Role: Review PIT & HIC data, conduct gaps analysis & make recommendations for LC (board) approval of priorities for ranking requests; update fund-specific ranking tools; review & recommend for Board approval consolidated application for CoC funding prepared by Collaborative Applicant; monitor progress towards meeting HUD-established goals and plan strategies for housing stability, income growth & rapid re-housing; work with providers to develop recommendations on how to strengthen provider performance, share best practices & provide support for providers who have not met performance target; align & integrate performance measures in the Heading Home Plan to End Homelessness with HUD Goals & CoC Performance Targets.</p>	Bi-Monthly	<p>Homeless service provider agencies, Leadership Council board, State, City/County reps, funders, community partners.</p>
1C-1.4	Heading Home SLC 10 year plan/Consolidated Plan Committee	<p>Role: Develop 10 year plan Annual Action Plans in alignment with the local Consolidated Plans, assure local 10 year plan/Consolidated plans are aligned with the Federal Strategic Plan to end homelessness, the State of Minnesota, & local priorities; monitor CoC progress on ending chronic homelessness & meeting the numeric goals to increase the number of chronic homeless beds; together with the Performance & Data committee, conduct an annual Needs & Gaps analysis utilizing Point in Time Count, Housing Inventory Chart data; research other data sources such as federal census data, Wilder Research foundation tri-annual homeless study data, & other data sources to develop a comprehensive snap shot of data trends in St. Louis County.</p>	Bi-Monthly	<p>Homeless Providers, Leadership Council (board), Homeless/Formerly Homeless advocates, broader community partners (Planners, volunteers, funders, local school representatives). Sub-populations: Youth, Veterans, Families, DV, Singles, MICD</p>

1C-1.5	SLC - Coordinated Access Committee	Role: Developing steps in work plan to work toward full implementation of the SLC Coordinated Access system throughout St. Louis County. The workgroup includes providers and community members from the City of Duluth and the rural areas of the Iron Range. They will meet two times per month on-going from 2014 to 2015 to develop, implement, & evaluate the CA systems. Written CoC/ESG policies & standards will be developed by this group. All of the committee members receive all homeless funds that prevent & end homelessness throughout SLC.	Monthly	5 provider CA entry point reps, (Sub-populations: Singles, Families, Youth, DV, Vets), 5 community (PHA's, United Way 211, Reservations, developers). 5: LC (board), City/County, State Minnesota Interagency Council for Homeless, formerly homeless.
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1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

SLC CoC is strategic to assure a broad range of housing/homeless cross-sectional knowledge when soliciting applications to serve on working committees, sub-committees, and workgroups to end homelessness. Currently, over 40 agencies/organizations actively participate in the CoC, including 5 standing committees, and 4 workgroups. Members are solicited through CoC list serves, County/City websites, and local newspapers. Committee selection procedures include 15 broad geographic representatives: 5 entry CA points: youth, singles, vets & reservations; 5 community (PHA's, UW 211, DV, Police/probation, formerly homeless); and 5 board/government (City, County, State).

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The Review and Ranking (R & R) process is heavily weighted on community priorities & project performance. This process relies on objective data as outlined in attached "R & R Policies and Procedures". The LC (board) establishes priorities and the R & R develops the evaluation tool. All programs are measured on goals aligned with HUD performance standards and local priorities. In addition to APR data, criteria include CoC participation, leverage, HMIS reports, and HUD draw downs. Each project is scored and establishes ranked order utilizing comparative data charts and services of participants. A public comment period follows the initial published ranking, and providers/the public can appeal if processes have not been properly followed.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

Quarterly CoC Performance reports provide analysis for individual providers & aggregate CoC performance on housing stability & income growth. HIC, PIT data & HUD Unmet Needs are analyzed annually. Key measurements include: (1) Utilization (both capacity and PIT usage) (2) HMIS participation & Data Quality (3) Homeless Status at entry (4) Income Growth (5) Length of Stay (6) Exits to PH (7) Connection to Mainstream resources (8) Grant Expenditures (9) HUD Performance Measures. In 2014, discussions will take place with HMIS Lead to address how the MN HMIS system can provide CoC's with data & reporting by tracking the length of time remaining homeless & returns to homelessness by persons exiting RRH, TH & PH. The ranking policies accommodate different definitions of "success" for youth, CD, MI, CH. The State of MN received HMIS TA in 2013. A work plan has been developed and we hope to see progress on HMIS capacity by the end of 2015.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

SLC CoC welcomes and actively works to expand membership soliciting proposals from agencies that have not previously received CoC funds to fill local gaps. Funding opportunities are announced through the SLC/City of Duluth websites, in public meetings, and outreach is conducted to agencies that serve priority subpopulations. Scoring criteria & community priorities were reviewed and discussed on various community levels. The directions and strategies on funding decisions are shared with community members including HUD funded service providers prior to the ranking/funding decision meeting. In 2014 a Bidders Conference will be held to provide CoC CH direction and requirements regarding the NOFA process.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/15/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted? 01/17/2014

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

Not Applicable

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

Not Applicable

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The SLC CoC and the HMIS Lead (Wilder) have reviewed the CoC Interim rule and implemented the HMIS requirements. A Governance Charter (MOU) is in place with the HMIS Lead (Wilder), which articulates the role and responsibilities between the CoC & Wilder for compliance. The HMIS lead is responsible for ensuring that HMIS is administered in alignment with the 2010 HMIS Data Standards. The HMIS lead stays current with compliance and HUD regulations by reviewing HUD HMIS webinars, attending HMIS/data conferences, and has a network of HMIS system administrators. The State of MN has an HMIS Governing Group, which meets quarterly with SLC CoC representation. The SLC Data committee receives updated on progress and challenges with implementation.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

In January of 2005, the HMIS Lead(Wilder) developed and approved the HMIS "Policy and Procedure Manual", which includes the Privacy and Security plan policies. Annual updates to the data privacy plan are made as needed to remain in compliance with HUD standards. Following the release of the HUD CoC Interim rule, research took place, multiple meetings were held, and the Data Quality plan was updated once again in January 2014.

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

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

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

2B-1 Select the HMIS implementation coverage area: Statewide

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) MN-511 - Southwest Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC, MN-506 - Northwest Minnesota CoC, MN-504 - Northeast Minnesota CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-501 - Saint Paul/Ramsey County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$39,280
ESG	\$22,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$61,280

2B-3.2 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
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$11,599
State and Local - Total Amount	\$11,599

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$530
Organization	\$0
Private - Total Amount	\$530

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$10,560
Other - Total Amount	\$10,560

2B-3.6 Total Budget for Operating Year	\$83,969
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

Not applicable

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

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

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Not Applicable

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

Not Applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	7
Transitional Housing	9
Safe Haven	0
Permanent Supportive Housing	26
Rapid Re-housing	1

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	1%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The HMIS Lead generates standard reports for HUD and State funded programs such as CoC, ESG, FHPAP, PIT, and AHAR. Additionally, a dashboard report has been recently developed for the SLC CoC. The CoC coordinator actively works with CHO's to increase the quality of data within HMIS so that it can be used to generate quality reports.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Quarterly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

The CoC Coordinator will reach an agreement with the HMIS lead on the format and frequency of reports needed to identify and monitor providers who may be experiencing data quality issues. The CoC Coordinator, along with the Data/HMIS committee will follow up and work with providers to resolve identified issues. The 2013 Planning Grant also includes a Performance Planner to assist in monitoring APR reports at 6 & 12 months, working with providers who are consistently experiencing data quality issues by identifying specific issues and developing action plans. The Planner will be working proactively with City and County regarding data quality and reporting for CoC/ESG-funded projects making recommendations for improvements to HMIS Lead & LC (board). The HMIS Lead distributes electronic newsletters, provides multiple HMIS refresher course opportunities across the state, and is available to assist CoC providers 5 days a week, 8 hours a day.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Never
* Integration of HMIS data with data from mainstream resources	Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Annually

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 15 & 17 of the HMIS Policy and Procedures Manual

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

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/23/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		100%	100%	98%
Transitional Housing		100%		98%
Safe Havens				

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The 2013 Sheltered PIT count had a total of 300 sheltered persons in St. Louis County; 386 were counted in 2012. This 22% decrease can be partially attributed to a decrease of 20 TH beds. The decrease is also correlated with the successful placement of persons into Permanent Supportive Housing programs (96% utilization rate) on the night of the PIT. In addition, enhanced outreach efforts have been made to prioritize S+C beds for chronic homeless individuals. The information in the above table shows that we received forms documenting the number of people in shelter from 98% of area providers; all clients were surveyed in addition to HMIS data comparisons with forms to assure data quality.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

2H-2 If other, provide a detailed description. (limit 750 characters)

In St. Louis County, the CoC Coordinator follows up with service providers for the following reasons: 1) Non-responders for Point in Time Count data through the MN Department of Human Services (DHS) Office of Economic Opportunity's bi-annual Shelter and Transitional housing survey. 2) No data reported in HMIS for the Point in Time count. 3) A discrepancy in the HMIS data reported for the Point in Time Count. If survey and HMIS data were not received from a project applicant by the pre-established CoC time line, follow-up phone calls & e-mails were made to homeless service providers to rectify the discrepancy. HMIS TA is provided if needed to assure accuracy of data.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Survey providers: All Sheltered service providers complete the bi-annual MN Dept. of Human Services (DHS) sheltered survey, which includes HUD data elements. CoC Coordinator follows up with non-responders.
HMIS: An HMIS data report is run, and then compared to the DHS survey data. Any discrepancies are fixed and the report is re-run to assure the issue has been resolved. The CoC coordinator works closely with the provider and HMIS lead (Wilder) to assure accuracy.
Other: CoC Coordinator follow up. Multiple meetings, trainings & mass e-mails are sent to go over the HUD PIT webinar, update the survey tool as required, establish a time line, & de-duplicate surveys if applicable. Non-HMIS participating agency/organization data added.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 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"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input checked="" type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

Other – The CoC Coordinator develops a time line with the CoC for collecting data and updating the Interview forms. Follow-up measures are taken if needed to assure all accurate data has been collected & submitted from all ES & TH service providers.

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

HMIS lead (Wilder): provides data to each CoC. At that time, we caught 4 errors in the follow-up we were able to fix; we de-duplicated 3 records with this method. The data is then compiled into a spreadsheet & totaled for submission into HDX. Provider Expertise: Some individuals are unable to remember dates and understand survey questions. At times it takes multiple shelter providers to meet and talk using provider expertise & history working with clients. Interviews: On the PIT date, 1 survey is filled out per client. Shelter staff interview ES. Prior to taking the survey, persons are asked if they have taken the survey, along with unique identifying information to prevent duplication (i.e. mother's maiden name, last 4 digits of SS#)

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

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

2J-2 If other, provide a detailed description. (limit 750 characters)

Other: The CoC Coordinator assures all data has been received by the established time line, checks for accuracy with the aggregate HMIS data report, and then checks in with providers if discrepancies exist in the data collected. Additionally, increases or decreases in beds from the previous year are recorded if applicable for the following NOFA to assure consistency of interviews and counts across volunteers and service providers.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Training: Once the HUD PIT guidance is released, announcements are made, meetings scheduled, webinars noted, and time line for the count is distributed & e-mailed to the CoC. Follow up: The CoC coordinator will follow up if bed and persons served does not match the HMIS data. Discrepancies are resolved & updated prior to HDX entry. Non-HMIS de-duplication: To de-duplicate records, each survey requires sheltered staff to ask if the person has taken the survey. The survey location, mother's maiden name, and the last 4 digits of their SS # are tracked. HMIS: The CoC coordinator receives an HMIS data report and compares the TH/ES survey data. If data quality does not match, the coordinator works closely with providers to clear discrepancies.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/23/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

The 2013 SLC unsheltered PIT count had a total of 110 sheltered persons; 182 were counted in 2012. This decrease can be partially attributed to our successful outreach efforts for individuals, which decreased by 38% over the past year. However, Duluth is lacking PSH for families (currently 4 units). In 2014, the new Steve O'Neil PSH will open 44 units of housing for homeless families, which will house unsheltered families identified in the PIT counts. A volunteer outreach team has started to meet once a week to go out, look for, and develop rapport with, homeless groups in order to better understand the needs of our unsheltered. A City of Duluth Bill of Rights has been passed to decriminalize unsheltered homelessness in December of 2013.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

Not Applicable

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Public Places /Service based: A simple 2 sided PIT survey was used by over 30 trained surveyors. Prior to the count, all known public places are contacted via e-mail & updated about the PIT, Survey Monkey link & other info. Our methods are stretched in the non-populated wooded areas, which make up 60% of SLC's geography. It is critical for broader community partners; (local hunting and bird watch associations, forestry jurisdictions) to get a rural unsheltered perspective. Public Places /Count later date: All known locations are interviewed on PIT night. If outreach staff are aware of locations or tipped about unsheltered homeless or highly mobile homeless, we give outreach staffs a few weeks to conduct an interview post PIT date.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

Primarily, unsheltered homeless persons are counted on the PIT date by outreach staffs who work throughout the year to develop relationships with these highly mobile persons. Volunteers and unsheltered homeless persons are counted in the known public locations and known regions such as abandoned buildings, houses, camp sites, and those living in their cars. Additionally, soup kitchens, food shelves, government buildings, and free stores have volunteers surveying for sheltered homeless. In rural areas of SLC, the unsheltered homeless are surveyed by tips from local community members of abandoned fish houses, trailers, and deer hunting shacks, which is where some unsheltered reside in the cold months.

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population 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"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

Not Applicable

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Training: A few months prior to the PIT date, SLC CoC solicits over 35 volunteers for conducting the survey and hold survey & safety trainings in various geographic locations for conducting the survey on the PIT count date. E-mails are distributed to public entity partners (hospitals, libraries, plasma centers) with instructions, and optional Survey Monkey link. Unique Identifier/Enumerator: Due to the large geography of the SLC CoC (2 hours between Duluth and Iron Range), each counted individual was asked to provide time & location, along with a unique identifier, which are compared to HMIS data. Survey Question: Each surveyor is trained to ask if the participant has been surveyed already.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		399	411	519
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	282	114	130	140
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		200	201	202
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		94%	94%	95%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	10	15

**3A-1.2 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.
(limit 1000 characters)**

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.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The Leadership Council (board) and the Performance Evaluation committee will be responsible for establishing Program Evaluation ranking criteria. Based on the evaluations, the Leadership Council may elect to reallocate CoC funding, in whole or in part, from existing renewal projects to new projects supporting PSH beds for chronic homeless individuals or families. The Heading Home 10 Year Plan committee will be responsible for targeting HUD funds for reallocation to increase the number of PSH for chronic homeless individuals and families in 2014 & 2015. The PHA's will serve on CoC committees.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	531	545	575
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	449	460	470
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	85%	86%	87%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

- (1) In 2014-2015, CoC leadership will look at new framework to increase housing stability. Key tenants: multiple, but limited points of entry; diversion from shelter; assessment using score; right size assistance; staff specialization & data sharing.
- (2) Continue Best Practices in Case Management, including: Housing is initial focus; assessment to best fit for housing; access housing resources; harm reduction & trauma informed services; follow-up to continue assessment of needs & access community resources; ensure children are linked to educational resources; & SOAR training.
- (3) By end of 2014 adopt an appropriate model for Housing First (differences in scattered site & site based housing); ensure PSH providers have implemented where possible. Implementation of a transition plan for TH Providers(not serving youth, DV or CD) to a less expensive and more effective model.
- (4) By end of 2015, the fully aligned CA system which will ensure individuals are in the best housing situation.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Performance Evaluation Committee is tasked with reviewing housing stability outcomes, positive housing destinations and developing a plan to improve performance if under performance is identified. Coordinator and other partners share best practices. On-going monitoring will take place by CoC coordinator & evaluation committee.

The Coordinated Access committee will lead the implementation of the CA system in SLC. The LC(board) will oversee the implementation and monitor success.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 2580

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	16%	20%	20%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	55%	56%	57%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	437	16.94 %
Unemployment Insurance	40	1.55 %
SSI	595	23.06 %

SSDI	186	7.21	%
Veteran's disability	29	1.12	%
Private disability insurance	0		%
Worker's compensation	3	0.12	%
TANF or equivalent	211	8.18	%
General Assistance	457	17.71	%
Retirement (Social Security)	34	1.32	%
Veteran's pension	15	0.58	%
Pension from former job	4	0.16	%
Child support	69	2.67	%
Alimony (Spousal support)	5	0.19	%
Other Source	40	1.55	%
No sources	656	25.43	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

During 2014, providers who are not meeting the 54% standard for increasing income from non-employment services will be contracted to identify barriers and challenges, as well as strategies to improve performance. By the end of 2015, an agreement will be reached by all CoC providers on local best practices to increase income from non-employment sources and make a commitment to adopt these strategies. SLC has 2 SOAR advocates to assist with connecting to SSI/SSDI benefits, one at CHUM shelter (Duluth), and one on the Iron Range. These advocates are integrated into the CA system entry points through a screening question for direct referral and through integration with County Financial workers through United Way 211 to streamline the application process for homeless individuals & families. Implementing CA will provide multiple level assessment info on clients needs, which is very critical to connect clients to the right services which will improve leveraging mainstream resources.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

During 2014, improve data entry practices by providers that have negatively impacted our meeting the 20% standard will improve, including loss of fidelity to practice model over time for long-term recipients. As part of the implementation of the CA system a comprehensive assessment of client needs will be completed that include employability, work history, and education; workers will refer those who are ready to employment services within the community. These strategies will be done on an on an on-going basis to ensure that case managers: are assessing readiness to work and make referrals to employment service specialist to build necessary skills & to obtain employment; encourage youth & adults to complete a high school, GED, or additional skills training in increase employability & link those who are ready with resources; assisting the hardest to serve with stabilizing MI/CD issues to eliminate barriers to employment; promoting work as an alternative to disability payments.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Heading Home St.Louis County's Leadership Council (board), Performance Evaluation Committee & Performance Planner will be tasked with reviewing increases in income from employment & non-employment sources from entry date to program exit. On-going monitoring will take place by coordinator & evaluation committee. The Coordinated Access committee will also be integrated into this goal related to the assessment of benefit eligibility.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 2580
 funded projects as reported on APRs
 submitted during the period between October
 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	62%	63%	64%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1471	57.02 %
MEDICAID health insurance	1097	42.52 %
MEDICARE health insurance	159	6.16 %
State children's health insurance	2	0.08 %
WIC	41	1.59 %

VA medical services	39	1.51 %
TANF child care services	7	0.27 %
TANF transportation services	0	%
Other TANF-funded services	2	0.08 %
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	128	4.96 %
Other Source	141	5.47 %
No sources	952	36.90 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC is currently above the HUD standard of 56% of participants accessing mainstream benefits. In order to maintain this performance, by the end of 2014, those providers not currently achieving the 56% standard will be contacted to discuss barriers, challenges and specific steps they will take in the short-term and/or mid-term to improve performance. By the end of 2014, St. Louis County PHHS will host a training session on Mainstream Benefits for all CoC and ESP providers. In addition, as described in 4C-3, specific enrollment and outreach activities are being implemented to connect eligible households with appropriate Affordable Care Act options; these enrollment and outreach activities will also be highlighted in the Mainstream Benefits training.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

Heading Home St. Louis County's Leadership Council (board), Performance Evaluation Committee & Performance Planner will be tasked with reviewing increases in income from employment & non-employment sources from entry date to program exit. On-going monitoring will take place by coordinator & evaluation committee. The Coordinated Access committee will also be integrated into this goal related to the assessment of benefit eligibility.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	21	35
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	25	27	30
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	10	12

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

In 2013, the LC(board) approved community funding priorities prioritizing rental assistance, case management, & other resources to implement RRH strategies consistent with evidence-based practices & local standards. There are 2 ESG Entitlement jurisdictions in St. Louis County In 2013, both were providing Rapid Re-Housing for a total of 25 households with children. ESG RRH projects to serve 27 households with children in 2014 & 35 in 2015. By 2015, the new CA system will be fully in place, which will allow for in-reach to public schools to identify families for who RRH is the appropriate intervention & target families based on vulnerability and frequent use of public systems. For the FY 2013 NOFA, the CoC has supported the reallocation of an SSO project to an RRH project serve 21 families with children directly from the shelter & unsheltered locations

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Leadership Council (board), 10 year plan committee, Coordinated Assessment committee.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

In consultation with ESG areas, the SLC CoC has adopted a new framework for housing stability including coordinated assessment(with diversion) and RRH as the medium level of housing intervention. In 2014, the CoC will continue this work through the following: (1) ESG manual and guidebook will be complete with both jurisdictions policies. (2) Specific protocols for determining and prioritizing services to eligible households. (3) RRH case managers and housing specialists. The goal is to give “just enough”, with subsidies decreasing as client attains goals and the HH assumes more responsibilities over a fixed time line. It will also include expectation for client participation and contributions, client rights, recipient and CoC project monitoring, and other issues such as housing standards. The guidebook will include policies and procedures for ESG areas and will contain regulatory information using simple handouts that assist providers in planning and implementing programs.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

Many RRH providers also operate other CoC projects. Case management services are offered at varying frequency. Although case management typically occurs at least monthly, intensive case management may occur at least weekly, and stabilization case management occurs as needed, often quarterly. Most RRH services are initially delivered in person with follow-up contact via phone and eligibility reporting and updates through written communication. Services may be offered at other convenient locations such as assisted housing locations or school outreach or public facilities.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Current follow up services have limited resources. Potential new strategies include revision of HMIS data-sharing protocols that capitalize on integrated systems and 2-1-1 resource capacity that allows cross-project client level tracking. RRH clients are encouraged to continue contact with CoC providers that offer other supports that may be needed to maintain stable independent housing, such as employment or education services, budgeting and tax preparation, food and other tangible needs, or mainstream supports. Data entry of continued contact with clients at various service locations in the CoC and quarterly contact are the current resources available. New governance board, the identified Infrastructure organization, and advisory groups tasked with Collaborative Assessment and system evaluation will seek opportunities and best practices to enhance this important aspect of the CoC.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-1.1a If other, please explain.
(limit 750 characters)

Not Applicable

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Minnesota Department of Human Services and St. Louis County have policies requiring all youth in foster care to have a pre-discharge plan prior to release. This policy assures that transition &, when appropriate, independent living planning is completed for each youth in care of SLC-HHS, including plans for appropriate housing & employment options. State policy mandates that the agency assures, and that the youth can petition to, remain in foster care until age 21. Therefore, SLC-HHS case managers and contracted youth service and housing providers work to transition youth into appropriate housing. Protocols are in place ensuring that youth are not discharged from publicly-funded institutions or systems of care directly into HUD homeless assistance programs. Upon discharge youth generally move into scattered site market rate apartments, college dormitories, PSH, supported adult housing options when appropriate (adult foster care, adult MN supported housing etc).

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Minnesota Department of Human Services, St. Louis County Public Health & Human Services, Lutheran Social Services, Young Women & Children Association(YWCA), Life House in Duluth, Range Mental Health Center in Virginia, MN, Arrowhead Economic Opportunity Agency(AEOA) in Virginia, MN.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-2.1a If other, please explain. (limit 750 characters)

Not Applicable

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC and State of MN adhere to HUD policy prohibiting discharge from health care facilities into McKinney-Vento funded beds. Medical needs at discharge are identified and interdisciplinary teams, including RHs and Social Workers, coordinate discharge plans to assure that patients are discharged to the most appropriate level of care. Based on identified needs, patients are discharged to acute rehab, sub-acute rehab, or home. Local shelter staffs have well established relationships with hospital emergency room, general, and mental health discharge planners to assure discharge to housing first. The SLC CoC has determined that a very low percent of persons are discharged from hospitals to homelessness in our region. Persons without housing routinely go to scattered site market rate apartments, State or locally funded housing, group homes, adult foster care, shared living arrangements, & state rental subsidies.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Stakeholders include: Essentia Health in Duluth, MN, St. Luke's Hospital in Duluth, MN, Fairview Center in Virginia, MN, Center for Alcohol & Drug Treatment in Duluth, MN, Arrowhead Center in Virginia, MN, St. Louis County Health & Human Services in Duluth, Virginia, & Hibbing. The main local shelter in Duluth (CHUM shelter), is in contact with hospital discharge staffs and is notified if someone is being released who is choosing to discharge to CHUM shelter. If there are medical needs, the hospital notifies the CHUM nurse before discharge. Hospitals use acute in-patient rehab as the discharge plan for individuals whose medical needs are greater than the CHUM nursing staff can provide. Social workers at each hospital make referrals based on the clients' needs, including the Range Mental Health Center in Virginia, MN, and the Arrowhead Economic Opportunity Agency (AEOA) in Virginia, MN.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-3.1a If other, please explain. (limit 750 characters)

Not Applicable

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC and State of MN adhere to HUD policy prohibiting discharge from mental health facilities into McKinney-Vento funded beds. Protocol is in place to prevent discharging people to a shelter or streets from a state regional mental health facility. Per state mandate all persons committed to any treatment facility are assigned a mental health case manager through the home county of the person discharged. Discharge planning begins during the commitment process & continues through discharge. The case manager assists in locating appropriate housing. St. Louis County's Adult Discharge Policy works with local mental health agencies/services to implement appropriate protocols for homeless patients discharged from behavioral health facilities in St Louis County. Persons without housing routinely go to scattered site market rate apartments, State or locally funded housing, group homes, adult foster care, shared living arrangements, & state rental subsidies.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Stakeholders include: St. Louis County PHHS in Duluth, Virginia, & Hibbing, MN, Assertive Community Treatment (ACT) teams in Duluth & Virginia, MN, Essentia Behavioral Health unit in Duluth, MN, St. Luke's Behavioral Health unit in Duluth, MN, Range Mental Health Center in Hibbing & Virginia, MN, Minnesota Department of Human Services (which administers regional treatment centers) Range Mental Health Center in Virginia, MN, Arrowhead Economic Opportunity Agency (AEOA) in Virginia, MN, and private psychological and mental health agencies within the county.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-4.1a If other, please explain.
(limit 750 characters)

Not Applicable

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Minnesota Department of Corrections (DOC) completes intake on entry and assesses eligibility for county services & income supports. If a person identifies as homeless, a correctional officer will coordinate with County staff for housing search assistance. The CoC attends Re-Entry resource fairs at correctional facilities. Existing protocols ensure that people discharged from publically-funded institutions or systems of care do not go into HUD homeless programs. Local coordination is ensured through SLC probation Intensive Supervised Release Program, where officers maintain relationships with private landlords and B & L's to minimize release to shelters. The Community Intervention Group (funded by MN-OJP) works with police, courts, and corrections to create stabilization strategies for homeless individuals with high police contact. Persons without housing routinely go to market rate apartments, State or locally funded housing, group homes, adult foster care, shared living arrangements, & state rental subsidies.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Stakeholders include: Minnesota Department of Corrections, MN DOC Transition Coalition, Minnesota Department of Employment and Economic Development's Veteran's Ex-Offender Project, Minnesota Department of Human Services – At Risk Adults Network, Minnesota Comprehensive Offender Reentry Plan, St. Louis county Jail and Arrowhead Regional Corrections (Northeast Regional Corrections Center, Arrowhead Juvenile Center), St. Louis County PHHS in Duluth, Virginia, & Hibbing, MN, Duluth Bethel work release, St. Louis County Probation, and local shelters (CHUM shelter, Duluth, MN, Bills House Shelter, Virginia, MN). Range Mental Health Center in Virginia, MN, Arrowhead Economic Opportunity Agency (AEOA) in Virginia, MN.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The Consolidated Plan objectives listed below are from the 2010-2014 Con Plans. The draft for the 2015-2020 will be updated to coordinate & align with the updated 10 year plan goals.
(1)Support the operation of emergency shelter facilities that help the homeless get rapidly re-housed. (2)Provide shelter and services for battered & abused spouses to leave domestic violence situations & become stabilized. (3)Support the operation of transitional facilities that help the homeless maintain housing stability. 4. Support programs that help abused & neglected youth who are at risk of homelessness to become stabilized.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The Leadership Council (board) oversees the CoC & ESG funds. Local ESG Entitlement area staffs serve as members of HHSLC LC (board) and work closely with the CoC committees. CoC and ESG leads also meet to discuss leveraging and use of ESG funds, access service levels & needs, prioritize & target, and review program outcomes. In 2014, ESG & CoC will adopt an aligned Governance Charter, as well as cross-jurisdiction policies and HMIS support standards. ESG & CoC performance will be part of the annual performance review completed by the Performance Evaluation committee. Coordination of ESG, CoC, NSP, HOME, VA, and local funds enable homeless prevention and RRH to PH for veterans, families, housing for disabled persons including HIV, & outreach activities. The 10 year plan committee assists in the development of new 5 year Con plans, sets local priorities for ESG, reviews, scores and ranks local projects, and submits priorities for new projects.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

In 2013, SLC CoC has reallocated an SSO into a RRH for family pilot project in the City of Duluth jurisdiction to further align with the current ESG RRH funds. The CoC will continue to support this RRH pilot and determine if expansion is needed in FY 2014-15. There are two ESG entitlement jurisdictions in St. Louis County, the City of Duluth and rural St. Louis County. ESG overall funds differ slightly in each area based on need. In 2013, City of Duluth & County allocated 64% -RRH and 36% - Prevention; ESG project recipients provide an array of ESG services: Outreach, Intake and Assessment, Shelter, RRH, Prevention, and rental assistance. Funded agencies use emergency shelter as primary entry points to move singles & families to PSH, or return them to independent housing. Both City and County provided minimal amounts for emergency shelter operations & the remainder of funds for RRH & Prevention.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

Ending homelessness takes prevention, RRH, affordable housing access, and system coordination. The SLC CoC coordinates with the 2 Con Plan jurisdictions to provide homeless prevention programming funded through ESG, CDBG, HOME, TBRA, as well as State- Family Homeless Prevention & Assistance(FHPAP) program & private funds. Prevention strategies include: Housing search, landlord-tenant mediation, legal services, eviction prevention, & tenant right workshops. The 10 year and Con Plans will continue to make reducing homelessness a priority through prevention activities. Barriers to housing include a general lack of affordable housing units, less than 1% vacancy rates, 3 colleges in the City & older housing stock. The SLC CoC affirms access to fair housing & works with the City/County to reduce housing impediments. Efforts include: Interagency cooperation & efforts at effective diversion counseling, landlord/agency relationships & education for harder to house households.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

Active representatives from the SLC CoC include federal, state, local, private and non-profit service providers that coordinate regularly with the CoC program service providers. The CoC CA works in the PHHS division, which enables collaboration within other divisions of HHS to coordinate resources from federal, state & local entities that also serve homeless people, including: TANF, WIC, GA, MA etc. Statewide regional meeting coordination with SAMSHA PATH, HIV/AIDS & the following partners: MN State Housing Finance Agency (MHFA), PHA's, local City/County government, & homeless service providers. SLC CoC works collaboratively with several PHAs for coordination of project based Section 8 vouchers & HUD VASH(4 VASH in SLC). Life House & LSS serve as experts on youth & receives RHY funds. Head start & CDBG funding is used to provide early education for homeless & at risk children. All philanthropic, foundations, & local housing funders (LISC, GMPF) fill unfunded gaps for new projects.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The SLC CoC works collaboratively with several local PHA's as well as the MN State Housing Finance Agency (MHFA). The following PHA's actively participate in and serve on several of our CoC committees: Duluth, Virginia, Hibbing, Ely, and SLC. The PHA/service provider partnership has taken time to develop through multiple meetings & on-going education for both the PHA and the Developers/Service Providers. Local PHA's include preferences for homeless households exiting shelter, TH & referrals from homeless service provider agencies in the SLC CoC. PHA's administer Bridges, TBRA, S+C, VASH vouchers, & Rental Assistance for new CoC funded projects. Additionally, PHA's in SLC work alongside new developments for homeless to determine if project-based Section 8 can be used in new developments and assist with all aspects of planning & development of these high priority projects toward of efforts to prevent & end homelessness.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Reducing barriers to entry continue to be a high priority area in St. Louis County. CoC & ESG funded projects generally operate using a Housing First model; however, property management companies continue to be problematic for access. PHA's have made large strides to remove barriers by participating in the CoC & working closely with homeless providers, including purchase of the Seaway hotel project in Duluth. This 70+ unit building houses high barrier clients & was nearly condemned by the City. Market rate housing access requires relationship building with landlords and on-going education. Strategies to remove barriers: 1. Assessing barriers to entry in all CoC projects. 2. Evaluation of barriers for providers with high turnover rates/low bed utilization to determine if the program design is preventing housing stability. 3. On-going evaluation will provide an opportunity to evaluate what is working well, which aspects need to be improved, and common barriers for housing.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

Approximately 97% of SLC CoC PSH Project Applicants stated their commitment to the Housing First model in their FY 2013 Project Applications. In the SLC CoC, we have great resources for site-based housing and much less for scattered-site housing. Within those constraints, site-based housing providers have implemented harm reduction & relaxed tenant selection criteria to assure Housing First methodologies, which has successfully contributed to increased housing and housing stability for the LTH. The Leadership Council (board) will integrate this philosophy into the 2014 Governance Charter policies & procedures. Experienced Housing First providers will assist others to make this shift by providing information about their strategies that have been successful. The 2 new RRH projects for households with children (One in Tier I & one in Tier II) have identified (100%) that they will align with the housing first model.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The goal of the SLC CoC is to have a functional CA system by 2015. Pilot projects have started throughout regions to fit the needs and the populations of the geographic regions covered. A CA system in the urban part of SLC may have approaches that vary from the rural area. In May of 2013, SLC CoC received HUD TA to assist with initial steps toward a county-wide CA system. Through that process, community meetings were held to reduce apprehension. Guiding principles, entry point ID, work plan, & time line were established. The outcome was entry point identification in Duluth & the Iron Range. Due to the large geography, there are multiple access sites and mobile assessors for more rural areas. SLC CoC is exploring standard tools, & in the pilot phase to identify client need. Based on the assessment, entry point staffs prioritize for housing/services. Data trends will be tracked for adjustments in the tool. A diverse CA workgroup will oversee the system implementation.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Access is a key SLC CoC goal. Outreach services ensure all homeless persons regardless of race, color, national origin, religion, sex, age, familial status, or disability know about & feel welcome accessing services in our region. SLC CoC members support outreach, help clients to access policies, file complaints, local housing or legal services. Brochures and posters regarding landlord/tenant rights and fair housing laws are available & displayed in all service provider lobby and accessibility & translation upon request. Agencies serving special groups: limited English speakers; mental, physical or behavioral-health impacted; or DV victims post notices and translate if needed. United Way 211 resource & referral line is available. The Coordination Access system will be key to integrate these services & will be marketed widely when fully implemented.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

All family shelters, transitional, and PSH providers that serve families work directly with homeless school liaisons to ensure that all children are enrolled in school and transportation to either school of origin. State policies ensure homeless children receive quality & consistent education during their families' homeless experience. CoC /ESG providers include program site outreach and assistance by school liaisons to ensure referral and linkage of homeless school-age youth. Information & written materials posted & handouts in sitting areas outlining the educational rights of children and unaccompanied youth. Educations for these policies take place through community forums & posting information throughout the community. Protocols/agreements for identification and school enrollment, joint release of information forms for parents so info. can be forwarded to the school district upon entry and exit of services; and protocols for liaisons to refer families and youth to appropriate housing programs.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

SLC CoC homeless assistance providers have a strong collaborative relationship with local school district & liaisons to assist to identify homeless families and youth to inform them of their eligibility for Duluth McKinney Vento education services. The McKinney-Vento education service liaison has been an active CoC member for 10 years, and currently serves on our HHSLC Leadership Council (board). Steps to inform include:

- (1) Post notice of students McKinney-Vento Act rights at each youth/family program site (in appropriate languages)
- (2) Each agency ensures (and designates staff to ensure) that all children age 5 & over are enrolled in school and connected to appropriate services.
- (3) Monitor CoC/ESG compliance with McKinney-Vento educational requirements.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

SLC CoC policies related to emergency shelter & transitional housing encourage providers to admit and keep families' together with all of their children under the age of 18 in compliance with the HEARTH Act requirements. A top priority is to keep the family intact whether they are in Emergency or Transitional housing. When a suitable size unit becomes available, the family will be prioritized based on household size. Monthly housing collation meetings take place in Duluth & on the Iron Range, providing opportunities for provider networking with school representatives. A summary of CoC policies guiding compliance with HEARTH regulations will be prepared, distributed, and posted on the Keys website. Coordinate: Provide assistance to shelter and housing programs in revising program screening practices as needed. Review information and referral protocols of the intake and outreach programs and establish an inter-agency referral network for families.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

Current methods to monitor returns to homelessness include: RRH providers maintain contact with HH's served for 1 year post services to assure housing stability & provide additional referrals & assistance if at risk in that time. State Prevention & RRH funds track returns to homeless shelters for approximately 480 households annually. PSH projects often provide case management services for residents who leave programs due to lease violations, with a focus on assisting with re-housing in a more suitable placement avoiding returns to homelessness. All CoC & ESG providers continue to provide resources to clients who have left programs, offering referrals & other needed assistance. Locally, the SLC CoC is unable to use HMIS for tracking of returns to homelessness. The State HMIS CoC's have received HUD TA in 2013. A work plan will be implemented starting in 2014 to increase HMIS capacity, open the HMIS system & provide local return to homeless tracking for CoC/ESG planning & evaluation.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

**3C-15.1 If yes, 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 1000 characters)**

Not Applicable

3C-16 Has the project been impacted 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 2013 CoC Program Competition? No

**3C-16.1 If 'Yes', 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

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

In order to end CH by 2015 & align with the Federal Strategic Plan, SLC CoC is making more PSH CH units available through conversion, use of new resources, and commitment to turnover units to make more available for CH people. In the 2013 application, SLC has 84% of all PSH prioritizing non-CH units for CH persons. Over the last 5 years bonus project funds, a portion of beds have been targeted to the chronic homeless. Additional goals in local planning include ending CH for families, youth & veterans through increased leadership & collaboration. SLC will implement this through increased access to affordable housing, increased economic security, and the on-going system-wide analysis of the homeless response system. In 2015, CCHC will develop 44 units to serve high barrier families with 2 units dedicated for CH. All CoC PSH projects will assess their beds & data to determine if additional increases in dedicated CH should be made based on CH served in the programs & CH #'s in PIT & population.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

All ES and TH projects connect families from the streets short term shelter and system access. TH units offer extensive services & link to school-based efforts. The YWCA has 5 PSH units for young female HH's. From 2012 to 2013, SLC prioritized development of the following: 16 units PSH-Iron Range & 44 units PSH-City of Duluth. Outreach efforts include: Education & Coordination between entities with high rate households (Head start, local ER shelters, HHS for housing/service). Outreach for unsheltered, identification of homeless HH with children. Close coordination with school Homeless liaisons for identification & connection with CA entry points. Prioritization for households with children for RRH ESG/CoC funds & services.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

In the City of Duluth area, there are 2 DV shelters. Safe Haven shelter and a culturally specific American Indian shelter (AICHO-Danobigaan). In rural St. Louis County, there are safe houses and advocacy organizations (Advocates for Family Peace). DV shelters-funded sources include ESG, Violence Against Women's Act(VAWA), & the Dept.of Justice. ESG & CoC DV providers are exempt from HMIS entry to assure safety and privacy of survivors. DV providers send aggregate data reports from their DV data system(ALICE). The aggregate data reports do not include any survivor identifying information. Shelter locations are kept confidential to protect the victims & their children. Referrals both to and from are made with strict confidentiality policies. CA entry points in Duluth are considering mobile CA locators to have hours at the DV shelter locations for housing needs.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

ACCESS: Life House, LSS, RMHC, AEOA. Outreach, both street and site based, seek to locate & build relationships with youth while encouraging youth to access basic needs & services. No wrong door philosophy. ASSESSMENT: Client-focused comprehensive assessments ensure youth access most appropriate housing to meet needs & preferences. Assessment includes basic needs, housing, employment, education, medical/mental health, benefit entitlements, & overall physical safety. REFERRAL: Effective referrals are designed to move youth out of homelessness quickly. Supportive Housing programs with services (education, health & wellness) HOUSING/SERVICES: On the Iron Range, AEOA (15 PSH 18-24) & RMHC(3PSH 18-24). In the City of Duluth, Life House(8 THP leasing) & SSO for(7 PSH 18-24), LSS(6 TH 18-24), YWCA(4 PSH 16-17) Goals plans are set with each youth & services include education achievement, economic & residential stability, social tools, independent living skill training, wellness & sense of belonging to the community. FUND SOURCES: State OEO THP, ESP, RHYA, City of Duluth, HUD CoC, United Way, Hearth Conn, local foundations, and philanthropic community.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

Due to SLC CoC's large geographic area, over 60% wooded green space, engaging unsheltered homeless continues to be tough outside of the 2 main populated regions. Locating rural unsheltered takes extensive time as persons often reside in abandoned fish houses, trailers, and deer shacks in the woods. It takes a community effort relying on police, libraries, local townships, businesses, and/or tips from community members. It takes partnerships with deer hunting, snowmobile, and bird watching groups, rural libraries, and forestry staffs. PHC events engage unsheltered. CHUM participates in a collaborative outreach effort with law enforcement that meet regularly to engage and house high community resource individuals.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The primary service provider for assisting homeless veterans in the SLC CoC is the Minnesota Assistance Council for Veterans (MAC V). MAC V is a statewide non-profit with access to & leverages many funds: HUD CoC, VA, Dept.of Labor (DOL), SSVF, State, City, VSO, and foundations. MAV is able to use its SSVF grant to provide prevention & RRH. MACV owns and operates 11 beds of PSH, and 10 beds of TH. The DOL grant, HVRP, assists veterans with employment placement & legal assistance. Additional State, VSO, and foundation grants provide direct assistance to veterans to assure stability. Referrals come from County CVSO's located in 5 offices throughout SLC. MAC V coordinates with VA providers in Duluth & Mpls. for 5 VASH vouchers in SLC. If veterans are ineligible for VA assistance, they are connected with other resources. MAC V's regional office collaborates closely with all homeless service providers throughout SLC's large geographic area, as well as governmental agencies.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? Yes

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

SLC CoC has a high priority to end chronic homelessness based on our PIT count numbers and service provider input. This shift has to be done strategically with careful planning to end chronic homelessness in our community for our hardest to serve individuals by 2015. In 2007, the San Marco development leveraged state funds to create 25 units of housing for CH MI/CD individuals. The strategy for 2013 is to prioritize 97% of current PHS beds to serve CH. In 2014, reallocation of 10 beds of PSH to serve 100% CH. In 2015, strategies include reallocating 15 beds for a new PSH project to serve 100% CH. Local needs & gaps analysis, along with PIT data show an increase in homeless families with children in our ER shelters. Currently, there are 4 PSH beds for families in Duluth. In 2013, we are reallocating an SSO project, which is currently serving families, to 2 New RRH projects to serve 21 families. The RRH projects will be integrated into the CA system & targeted for families.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$180,000				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Housing Services ...	MN010L5K091205	SSO	\$180,000	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Housing Services of Northeastern Minnesota

Grant Number of Eliminated Project: MN010L5K091205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$180,000

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The Salvation Army was the grantee for this SSO project. The SSO project provided both rental assistance and light services for families similarly to the RRH for family model. The grantee is also an ESG RRH recipient & determined that this eliminated grant would be an opportunity to better align the RRH funds & services to target short, mid & long term assistance needs in a strategic manner. In addition to the CoC shift to a RRH model, it was determined that the local shelter service provider, CHUM shelter, would also have access to provide rental assistance & services through our Coordinated Assessment entry points. In order to streamline this process and coordinate with the local PHA's, the Duluth PHA is the administrator of this new CoC RRH grant, as well as the ESG RRH grant.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$81,096					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Memorial Park Apa...	MN0219L5K091201	\$37,627	\$37,579	\$48	Regular
S+Care CHUM	MN0235L5K091202	\$219,864	\$214,864	\$5,000	Regular
S+C Perpich	MN0234L5K091202	\$107,539	\$96,523	\$11,016	Regular
Gimaajii Phase I	MN0182B5K090900	\$66,036	\$63,036	\$3,000	Regular
Hibbing Transiti...	MN0114L5K091205	\$91,504	\$86,929	\$4,575	Regular
MACV SIL	MN0119L5K091205	\$49,260	\$46,797	\$2,463	Regular
Catherine Booth	MN0112L5K091205	\$121,817	\$109,635	\$12,182	Regular
Bill's House	MN0111L5K091205	\$51,143	\$46,029	\$5,114	Regular
Renaissance	MN0127L5K091205	\$47,184	\$42,466	\$4,718	Regular
CCHC Transitional	MN0132L5K091205	\$143,003	\$128,703	\$14,300	Regular
AICHO Oshki Trans...	MN0124L5K091205	\$59,670	\$53,703	\$5,967	Regular
Adult Outreach an...	MN0116L5K091205	\$40,059	\$38,056	\$2,003	Regular
Shelia's Place	MN0131L5K091205	\$39,921	\$37,925	\$1,996	Regular
Alicia's Place/Ne...	MN0110L5K091205	\$73,416	\$69,745	\$3,671	Regular
MACV SSO	MN0122L5K091205	\$26,602	\$25,272	\$1,330	Regular
HDC Homeless Project	MN0117L5K091205	\$74,263	\$70,550	\$3,713	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Memorial Park Apartments

Grant Number of Reduced Project: MN0219L5K091201

Reduced Project Current Annual Renewal Amount: \$37,627

Amount Retained for Project: \$37,579

Amount available for New Project(s): \$48
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Project did not apply for full renewal amount.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: S+Care CHUM

Grant Number of Reduced Project: MN0235L5K091202

Reduced Project Current Annual Renewal Amount: \$219,864

Amount Retained for Project: \$214,864

Amount available for New Project(s): \$5,000
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Project left unspent funds in FY2012/2013, 50% of unspent funds were reallocated. Percentage was determined based on PHA's ability to maintain current permanent supportive housing bed total.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: S+C Perpich

Grant Number of Reduced Project: MN0234L5K091202

Reduced Project Current Annual Renewal Amount: \$107,539

Amount Retained for Project: \$96,523

Amount available for New Project(s): \$11,016
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

Project left unspent funds in FY2012/2013, 50% of unspent funds were reallocated. Percentage was determined based on PHA's ability to maintain current permanent supportive housing bed total.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Gimaajii Phase I

Grant Number of Reduced Project: MN0182B5K090900

Reduced Project Current Annual Renewal Amount: \$66,036

Amount Retained for Project: \$63,036

Amount available for New Project(s): \$3,000
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

Project did not apply for full renewal amount.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Hibbing Transitional Housing

Grant Number of Reduced Project: MN0114L5K091205

Reduced Project Current Annual Renewal Amount: \$91,504

Amount Retained for Project: \$86,929

Amount available for New Project(s): \$4,575
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All TH projects were ranked initially based on score. The two highest performing TH projects were not reduced. The two following TH projects were reduced by 5%. The remaining TH projects were reduced by 10%.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: MACV SIL
Grant Number of Reduced Project: MN0119L5K091205
Reduced Project Current Annual Renewal Amount: \$49,260
Amount Retained for Project: \$46,797
Amount available for New Project(s): \$2,463
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All TH projects were ranked initially based on score. The two highest performing TH projects were not reduced. The two following TH projects were reduced by 5%. The remaining TH projects were reduced by 10%.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Catherine Booth
Grant Number of Reduced Project: MN0112L5K091205
Reduced Project Current Annual Renewal Amount: \$121,817
Amount Retained for Project: \$109,635
Amount available for New Project(s): \$12,182
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All TH projects were ranked initially based on score. The two highest performing TH projects were not reduced. The two following TH projects were reduced by 5%. The remaining TH projects were reduced by 10%.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Bill's House
Grant Number of Reduced Project: MN0111L5K091205
Reduced Project Current Annual Renewal Amount: \$51,143
Amount Retained for Project: \$46,029
Amount available for New Project(s): \$5,114
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All TH projects were ranked initially based on score. The two highest performing TH projects were not reduced. The two following TH projects were reduced by 5%. The remaining TH projects were reduced by 10%.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Renaissance
Grant Number of Reduced Project: MN0127L5K091205
Reduced Project Current Annual Renewal Amount: \$47,184

Amount Retained for Project: \$42,466

Amount available for New Project(s): \$4,718
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All TH projects were ranked initially based on score. The two highest performing TH projects were not reduced. The two following TH projects were reduced by 5%. The remaining TH projects were reduced by 10%.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: CCHC Transitional

Grant Number of Reduced Project: MN0132L5K091205

Reduced Project Current Annual Renewal Amount: \$143,003

Amount Retained for Project: \$128,703

Amount available for New Project(s): \$14,300
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All TH projects were ranked initially based on score. The two highest performing TH projects were not reduced. The two following TH projects were reduced by 5%. The remaining TH projects were reduced by 10%.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: AICHO Oshki Transitional

Grant Number of Reduced Project: MN0124L5K091205

Reduced Project Current Annual Renewal Amount: \$59,670

Amount Retained for Project: \$53,703

Amount available for New Project(s): \$5,967
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All TH projects were ranked initially based on score. The two highest performing TH projects were not reduced. The two following TH projects were reduced by 5%. The remaining TH projects were reduced by 10%.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Adult Outreach and Employment

Grant Number of Reduced Project: MN0116L5K091205

Reduced Project Current Annual Renewal Amount: \$40,059

Amount Retained for Project: \$38,056

Amount available for New Project(s): \$2,003
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All SLC SSO's are providing support services directly to households in PSH. All SSO projects received a 5% reduction in 2013. The Leadership Council (Board) in 2014-15 will assist SSO projects to determine ways to shift support service costs in to other service funds (TCM, ARMHS, ACA).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Shelia's Place
Grant Number of Reduced Project: MN0131L5K091205
Reduced Project Current Annual Renewal Amount: \$39,921
Amount Retained for Project: \$37,925
Amount available for New Project(s): \$1,996
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All SLC SSO's are providing support services directly to households in PSH. All SSO projects received a 5% reduction in 2013. The Leadership Council (Board) in 2014-15 will assist SSO projects to determine ways to shift support service costs in to other service funds (TCM, ARMHS, ACA).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Alicia's Place/New San Marco
Grant Number of Reduced Project: MN0110L5K091205
Reduced Project Current Annual Renewal Amount: \$73,416
Amount Retained for Project: \$69,745
Amount available for New Project(s): \$3,671
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All SLC SSO's are providing support services directly to households in PSH. All SSO projects received a 5% reduction in 2013. The Leadership Council (Board) in 2014-15 will assist SSO projects to determine ways to shift support service costs in to other service funds (TCM, ARMHS, ACA).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: MACV SSO
Grant Number of Reduced Project: MN0122L5K091205
Reduced Project Current Annual Renewal Amount: \$26,602
Amount Retained for Project: \$25,272
Amount available for New Project(s): \$1,330
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All SLC SSO's are providing support services directly to households in PSH. All SSO projects received a 5% reduction in 2013. The Leadership Council (Board) in 2014-15 will assist SSO projects to determine ways to shift support service costs in to other service funds (TCM, ARMHS, ACA).

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: HDC Homeless Project
Grant Number of Reduced Project: MN0117L5K091205
Reduced Project Current Annual Renewal Amount: \$74,263
Amount Retained for Project: \$70,550
Amount available for New Project(s): \$3,713
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced. (limit 750 characters)

PSH projects were SLC's highest priority. TH and SSO's absorbed the majority of the HUD 5% reduction based on performance. All SLC SSO's are providing support services directly to households in PSH. All SSO projects received a 5% reduction in 2013. The Leadership Council (Board) in 2014-15 will assist SSO projects to determine ways to shift support service costs in to other service funds (TCM, ARMHS, ACA).

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$227,496				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
15	Rapid Re-Hou...	PH	\$126,696	Regular
31	Rapid Re-Hou...	PH	\$100,800	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 15
Proposed New Project Name: Rapid Re-Housing
Component Type: PH
Amount Requested for New Project: \$126,696

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 31
Proposed New Project Name: Rapid Re-Housing 2
Component Type: PH
Amount Requested for New Project: \$100,800

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$261,096
Amount requested for new project(s):	\$227,496
Remaining Reallocation Balance:	\$33,600

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The Performance Evaluation Committee (PEC), CoC Coordinator & Performance Planner will monitor performance on HUD-established goals on a monthly basis. The Quarterly Performance Report that is reviewed by the Leadership Council includes performance by individual providers & the aggregate for the CoC performance for Housing Stability & employment income, other cash income & mainstream benefits. The implementation of the specific strategies identified in the Combined Application will also be monitored. The PEC will review HIC, PIT, the annual GAPS Analysis & the HUD Unmet Need Analysis to identify trends that will drive performance & help achieve outcomes. The Heading Home SLC 10 year plan/Consolidated Plan Committee will monitor progress on a quarterly basis by individual provider & in the aggregate for CoC level performance on meeting the numeric goals to increase the number of homeless beds & the implementation of the specific strategies outlined in the Combined Application.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The SLC CoC invests in collaboration. Performance Planner will work with individual underperforming providers to identify barriers, challenges & best practices; discuss program design and factors contributing to low performance; provide information and training on best practices, HMIS, SOAR, & sample forms and protocols used by other providers. Annual actions can include a corrective action plan which could include mentoring by a high-performing agency. With the assistance of the CoC Coordinator & Performance planner, the PEC will host three discussions in 2014-15 with all providers regarding the HUD established performance goals to share best practices, provide additional support for providers & to develop strategies & recommendations on how to strengthen provider performance. A priority on working together fosters reciprocal learning. Evaluation of outcomes, fiscal capacity, project design and regulations are part of the combined annual review.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC coordinator and Ranking committee conducted a review of all CoC funded projects in 2013, as it does each year. It determined that all projects are meeting threshold goals and reviews agency capacity, including history of timely reports and drawdowns of funds. If a project is clearly not meeting performance targets or utilizing best practices, and/or has capacity issues, the LC (board) may not recommend inclusion in the NOFA. In addition, the Performance Planner will work individually with underperforming recipients, particularly those who ranked low on administrative capacity during the 2013 ranking process, to identify barriers, challenges & best practices, including logic model fidelity, staffing, training, funding drawdowns or other administrative issues negatively impacting performance. Mutual written action plans will be developed to include strategies & a time line that will be implemented to resolve performance issues.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

SLC CoC uses the following approaches to reduce length of time homeless. (1) Early detection/Outreach coordination (Youth outreach, ACT teams, OAP partnerships (Police/MICD/Shelter collaborative) to identify households who have become homeless as early as possible. (2) Rapid Re-Housing – SLC has provided RRH type services for the past 7+ years primarily through HUD and State funds. All RRH projects are evaluated based on two measures: (a) minimize the length of time homeless and (b) limit repeat episodes of homelessness. (3) Housing First – SLC promotes Housing First for all PSH, which help to minimize barriers and delays to access. (4) Coordinated Assessment – in 2014, SLC will begin implementation of a county wide CA system, which will improve ability to accurately refer households to the right models.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?
(limit 1000 characters)**

The SLC CoC uses two methods to monitor returns to homelessness. (1) The R & R committee reviews APR’s to monitor destination at program exit. All projects are expected to exit households to a permanent housing destination. (2) The CoC has developed a “return to homelessness” report in HMIS. This report provides system-wide and program-specific data for each household that have returned to homelessness. LC(board) & Performance Evaluation committees can use this to review characteristics of households that did not remain stably housed to improve eligibility & targeting. Additionally, data collected can be used to inform RRH program design, including assistance and amount. The SLC CoC(along with the other 9 CoC regions in MN) has received HUD TA to improve our state-wide HMIS system. The “return to homeless” report is prioritized as an area that will be enhanced through TA in 2014.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

Formal outreach activities include "Outreach, Assessment and Placement" (OAP) mobile teams, which provide on the street in a daily, non-aggressive fashion, and as a result of service requests from homeless persons, social service agencies, religious organizations and law enforcement personnel. OAP teams are composed of formerly homeless persons and social services professionals. The mobile outreach team responds to service requests, as well as visiting areas on a daily/weekly basis known to be frequented by homeless persons and/or identified through local law enforcement. Non-formal outreach include; a collaboration of volunteers & street outreach/case managers who meet 2 nights a week to go out and locate unsheltered homeless with community volunteers. Annual Project & Community connect events provide outreach opportunities to engage homeless individuals and families.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

Not Applicable

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons: None of the above

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	98%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	98%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 04/17/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The CoC is uniquely positioned for implementation of the Affordable Care Act (ACA). Seventeen organizations, including 8 CoC homeless service providers, have joined together to form InsureDULUTH organized by Generations Health Care Initiative. Multiple Enrollment sites include Navigator locaters through United Way's 211 Resource & Referral line, which is available 24/7/365 days per year. As of 12/31/13, InsureDuluth's outreach activities have reached 150,543 people, and over 300 have enrolled. Marketing and outreach strategies include: Multiple media advertisements, internet sites, grassroots outreach, and, collectively, 24 community based Navigators throughout the SLC region. The two year plan (2014-2015) is to work through the 10 year plan committee to explore how these funds may be more closely integrated into our Coordinated Assessment entry points to serve the homeless.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Data to support the maximizing of mainstream services indicates 63% of persons are connected with Mainstream resources in our 2013/14 application. Following the 2013 ranking for current CoC applicants, all SSO projects were made aware of the shift of Housing for the SLC CoC. Over the next 2 years, the Leadership team (board), Performance Evaluation, & 10 year plan committees will explore & educate SSO projects to target additional HUD Homeless Assistance funds for housing, while maximizing use of local foundation dollars, Targeted CM, ARMHS outreach, & ACA funds for services in our housing programming. An ad hoc committee will be developed to identify opportunities and barriers presented by the ACA as it related to homeless persons. This group will identify strategies to increase access to health & related mainstream resources. The SLC CoC works with the VA to secure additional VASH vouchers that bring additional support services into our community.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/29/2014
CoC Governance Agreement	No	St .Louis County ...	01/29/2014
CoC-HMIS Governance Agreement	No	HMIS - St. Louis ...	01/29/2014
CoC Rating and Review Document	No	2103 St. Louis Co...	01/29/2014
CoCs Process for Making Cuts	No	2013 St Louis Cou...	01/29/2014
FY2013 Chronic Homeless Project Prioritization List	No	2013 St. Louis Co...	01/29/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	2013 HUD approved...	01/29/2014
FY2013 Rank (from Project Listing)	No	FY 2013 SLC Prior...	01/29/2014
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	St. Louis County ...	01/29/2014

Attachment Details

Document Description: Certificate of Consistency - City of Duluth/St. Louis County

Attachment Details

Document Description: St .Louis County draft Governance Charter

Attachment Details

Document Description: HMIS - St. Louis County MOU

Attachment Details

Document Description: 2103 St. Louis County Ranking policies & procedures

Attachment Details

Document Description: 2013 St Louis County Ranking Rationale

Attachment Details

Document Description: 2013 St. Louis County CH Priority

Attachment Details

Document Description: 2013 HUD approved GIW

Attachment Details

Document Description: FY 2013 SLC Priority List

Attachment Details

Document Description:

Attachment Details

Document Description: St. Louis County public solicitation

Submission Summary

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1A. Identification	No Input Required
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1C. Committees	01/31/2014
1D. Project Review	01/31/2014
1E. Housing Inventory	01/24/2014
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2B. HMIS Funding Sources	01/29/2014
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2G. Sheltered PIT	01/31/2014
2H. Sheltered Data - Methods	01/31/2014
2I. Sheltered Data - Collection	01/31/2014
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Objective 1	01/31/2014
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Objective 5	01/31/2014
3B. CoC Discharge Planning: Foster Care	01/30/2014
3B. CoC Discharge Planning: Health Care	01/30/2014

3B. CoC Discharge Planning: Mental Health	01/30/2014
3B. CoC Discharge Planning: Corrections	01/30/2014
3C. CoC Coordination	01/31/2014
3D. Strategic Plan Goals	01/30/2014
3E. Reallocation	01/30/2014
3F. Grant(s) Eliminated	01/30/2014
3G. Grant(s) Reduced	01/28/2014
3H. New Project(s)	01/28/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/31/2014
4B. Employment Policy	01/24/2014
4C. Resources	01/31/2014
Attachments	01/29/2014
Submission Summary	No Input Required