Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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1A-1. CoC Name and Number: MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC

1A-2. Collaborative Applicant Name: Hearth Connection

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	Yes
Hospital(s)	Yes	No	Yes
EMS/Crisis Response Team(s)	Yes	No	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	No	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
HIV/AIDS	Yes	No	No

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

The CoC solicits and considers opinions and input from a robust range of community stakeholders representing interests that are committed to preventing and ending homelessness. Broad CoC membership includes over 75 organizations from a diverse group of providers as indicated in 1B-1. 1) The CoC Governing Board and all committees annually review membership participation. The CoC tracks demographics of all Governing Board members such as race and ethnicity, age, gender identity, interest group etc. Outreach is conducted to under-represented groups. The CoC's governance and voting procedures provide equal representation among all interests and ensure all opinions are heard. 2) The CoC communicates in multiply ways to make stakeholders aware of public meetings. Meeting times, location, and agendas are posted on the CoC website. The CoC Coordinator maintains a listserv and sends meeting reminders and updates to all stakeholders monthly. Meetings invites are also shared at all committee meetings. 3) The CoC conducts broad

stakeholder meetings quarterly to solicit feedback from a large range of community members. Stakeholder meetings were held on 2/6/19, 5/7/19 and 8/6/19. The feedback from these meetings was reviewed and implemented by the CoC's working committees. All committees are open to any interested stakeholder. These committees develop and monitor progress using annual work plans. These work plans are fluid, working documents that are developed with input from all stakeholders participating in the meeting. 4) Information for all meetings is available in electronic format and available through email or the CoC website. All CoC Governing Board and broad stakeholder meetings are held in physically accessible locations.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new members;
3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

1) The CoC is made up of a broad stakeholder membership. All meetings of the CoC, including Governing Board meetings, are open to the public. Invitation to apply for open voting positions on the Governing Board s conducted annually. Interested members are asked to complete a short application. Applications are reviewed and new members are selected by the broader CoC membership. In addition to voting members, the CoC encourages new member participation in all CoC meetings throughout the year. 2) The CoC communicates in multiply ways to make stakeholders aware of open voting positions on the Governing Board. Open positions and the application process are posted on the CoC website. The CoC Coordinator maintains a listserv and sends information regarding open positions and updates to all stakeholders annually at a minimum. Opportunities are also shared at CoC committee meetings and through presentations to local stakeholder groups such as school liaisons, police departments, etc. 3) Information for open board positions is available in electronic format and available through email or the CoC website. In addition, opportunities are verbally communicated during stakeholder meetings of the CoC. All CoC Governing Board and broad stakeholder meetings are held in physically accessible locations. 4) New membership is solicited on an annual basis at a minimum. 5) The CoC has formerly homeless persons serving on working committees and the Governing Board. Additionally, the CoC engages persons experiencing homelessness and formerly homeless persons through the Coordinated Entry system. Persons with lived experience are encouraged to participate in regular Governing Board and committee meetings. In addition, several youth programs in the CoC have active youth advisory councils. The CoC engages with these advisory groups throughout the year to inform planning.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)

The CoC solicits new proposals for funding annually to encourage development of new projects and expand CoC resources. 1) The CoC distributed the new funding announcement through broad distribution lists (including neighboring CoC regions) and posted on the CoC website on 5/29/19. The request for proposals was also detailed at the Governing Board meeting on 5/20/19. Outreach was conducted to specific providers requesting proposals that would fill the local CoC identified priorities. In addition, specific outreach was conducted to DV providers to ensure these providers were aware of the bonus opportunity and to encourage them to apply. Technical assistance was offered to all projects that have not previously received CoC funds. It was requested that applications should be submitted via email to the CoC Coordinator. 2) The CoC uses a competitive process to determine the new projects to be included in CoC Program Competition. Data is reviewed and used to set local priorities. These priorities are used in selecting new projects to ensure they will fill the identified gaps in the CoC. The application for new projects is developed by the Governing Board and is widely distributed. A scoring rubric is developed and shared at the time the application is released. Responses are submitted to the CoC Coordinator and then shared with the CoC Ranking Committee. Ranking Committee members score each application and then discusses all responses at an in person meeting. Based on scoring and local priorities, the Ranking Committee selects the projects that will be included in the CoC Program Competition. 3) The CoC publicly announced it was open to proposals on 5/29/19 through email distribution lists and the CoC website. 4) Information for new projects was available in electronic format and available through email or the CoC website. In addition, opportunities were verbally communicated during stakeholder meetings of the CoC. 5) N/A

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Not Applicable
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Not Applicable
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

1) The CoC engages with both ESG recipients in the region, Dakota County CDA and the State of Minnesota, in developing plans and allocating funding. The CoC collaborates with the State of Minnesota on a monthly basis through the Heading Home Alliance meeting for system planning discussions. The State of Minnesota has a bi-annual competitive Request for Proposal (RFP) process for ESG funds. Representatives from the CoC participate in the review of funding applications. This review process, along with additional RFP meetings, provide an opportunity for meaningful CoC input in the allocation of ESG funds in the CoC. In addition, the CoC meets at least monthly with the Dakota County CDA through the Dakota County Affordable Housing Coalition meeting where ESG planning and funding allocation are included on the agenda annually at a minimum. 2) The CoC has collaborated with all ESG recipients to create written standards that define practices, performance standards, outcomes and evaluation processes for all ESG funded programs within the CoC. The CoC works with both the Dakota County CDA and the State recipient of ESG funds to evaluate the performance of the ESG recipients, as defined by the written standards through the meetings detailed above. 3) The Consolidated Plan jurisdictions covered by the CoC include: Anoka, Dakota and Washington Counties, Woodbury City and the State of Minnesota. Staff from Con Plan jurisdictions are active in CoC committees. The CoC provides input during the development of the Con Plan including providing data from HDX (PIT and HIC) and HMIS (Coordinated Entry) that inform trends and CoC identified priorities. There is regular phone and email contact between Con Plan jurisdiction staff and the CoC on projects of interest and in-person attendance at CoC committee meetings.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. **Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.**	Yes to both
1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.	Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:
1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1) The CoC has created protocols for Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors using an emergency transfer plan, also known as a transition plan, through the CoC's Coordinated Entry Policies. The CoC engaged Victim Service Providers in the creation of the emergency transfer plan to ensure it would meet the needs of survivors. The emergency transfer plan details a CES Advisory Committee that expedites the transition for a household from one housing program to another for several reasons including safety concerns. The CES Advisory Committee began meeting in January 2018 and is an elected group of providers and assessors. The Advisory meets monthly or more frequently as needed to review, discuss, and facilitate transitions. 2) Client choice is maintained by allowing survivors of Domestic Violence or Sexual Assault a choice to access the Coordinated Entry System and are offered housing where they believe they may be able to safely live. If the household needs to leave housing obtained through the CoC's CES for safety reasons, program staff are instructed to follow the process outlined in the CES transition plan (emergency transfer plan) detailed in (1) above. The CES Advisory Committee will expedite all safety related requests. If a household needs to be on a priority list in a non-SMAC region, Coordinated Entry staff will make every attempt to work with the new region to ensure a successful referral to that region's priority list. All households assessed by a Victim Service Provider and/or opt out of data-sharing are kept on a priority list outside of HMIS for confidentiality purposes. In addition, the CoC utilizes a weekly case consultation process to fill referrals. This process is a review of the households at the top of the priority list. Through this process, households are contacted prior to receiving a housing referral to ensure the referral will meet their needs including safety concerns.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and

**2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)**

The CoC coordinates with Victim Service Providers to provide training to all providers within the CoC including Coordinated Entry staff and assessors. 1) Local Victim Service Providers are active participants in local homelessness planning groups and provide trainings at these meetings on at least an annual basis. The CoC also connects housing providers to trauma informed trainings to ensure victim centered practices are used throughout the continuum and across the range of programs. Training opportunities exist at least annually for providers on best practices in serving survivors. Trainings are conducted by resources like local DV shelters & the Minnesota Coalition for Battered Women. 2) The CoC provides CE assessor training monthly. The curriculum for this training includes trauma-informed practices and content on best practices in serving survivors. This training is developed by the Assessor Training Team which includes experts on trauma informed care. CES assessors are required to attend this training annually as part of the recertification process as outlined in the Coordinated Entry Policies.

1C-3b. Domestic Violence–Community Need Data.

**Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)**

The CoC uses three primary sources for data to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking: HMIS, Coordinated Entry Priority List outside of HMIS, and data from Victim Service Providers across the region. The primary tool the CoC uses to collect information on homeless programs is HMIS. While it is understood that HMIS cannot capture data from households served by Victim Service Providers, data on victimization is collected from households participating in non-VAWA covered programs in HMIS. This is important data to include when considering the scope of the issue. Data from HMIS is used by the CoC to review how many households have experienced DV and are currently being served by Housing Services Providers. HMIS is also utilized to maintain the majority of the CoC's Coordinated Entry Priority List. Households who are assessed by a Victim Service Provider or opt not to have their data shared in HMIS are added to a non-HMIS Priority List. The data from the HMIS list and the non-HMIS list are combined and used quarterly by the CoC to review trends and unmet needs including unmet needs of survivors. The final source the CoC utilizes is data directly from Victim Service Providers. The CoC requests data on households served, households turned away, and length of stay in emergency shelter from Victim Service Providers across the region to better understand the scope of need in the community.

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two

PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Radias Health	0.00%	Yes-HCV	No
Scott Carver Dakota CAP	0.00%	Yes-HCV	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1) The CoC has strong working relationships with the PHAs within the CoC. Most of the PHA's within the CoC are already well integrated into the homeless response system. One of the smaller PHAs within the CoC (Radius Health) does have a homeless preference. The CoC requested TA from the local HUD field office on implementing Homeless Preference and Move On policies in the PHAs across the CoC region following the 2018 NOFA competition. Partnership between the CoC and HUD field office staff began in December 2018 to develop an outreach plan for PHAs. It was determined that Move On preferences would be pursued with PHAs first. After the Move On preference is successfully adopted and implemented, Homeless Admission preferences will be pursued. Outreach to Metropolitan Council (Metro HRA), the largest PHA in the CoC began in February of 2019. After meeting with Metro HRA, it was agreed a Move On preference would be implemented. Metro HRA updated their HCV Admin Plan in July 2019 to reflect this preference for HCV. Vouchers will be available to the CoC beginning in January 2020. In addition to the partnership with Metro HRA, the CoC has also developed a Move On preference with the Scott County CDA. The Scott County CDA is applying for additional HCV capacity and has worked closely with CoC staff to include a Move On preference with the application. The CoC's Coordinated Entry system will be the access point for Move On vouchers for both PHAs. The CoC will be working throughout the rest of 2019 and 2020 to expand the Move On preference to the other PHAs in the region beginning with the Dakota County CDA. 2) N/A

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

The CoC has developed Moving On strategies with two of the PHAs within the region: Metropolitan Council and Scott County CDA.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)

The CoC addresses discrimination in multiple ways across the region: a) An Anti-Discrimination Policy was implemented in 2017 that addresses how the CoC will meet the needs of protected classes as defined under the Fair Housing Act and 24 CFR 5.105(a)(2)-Equal Access to HUD-Assisted or HUD-Insured Housing, and the Minnesota Human Rights Act. The policy outlines the following areas: access to sex-segregated facilities and programs, access to family facilities and programs, access to bathrooms, accommodation for safety and/or privacy, use of preferred names and gendered-pronouns, and HMIS data collection and intake forms. The CoC worked with providers across the region on implementing the policy into current programming. b) Trainings on Fair Housing and working with protected classes are offered to all CoC stakeholders annually at a minimum. The most recent Fair Housing training was offered on 4/24/19. c) The CoC partnered with True Colors United to offer the True Inclusion Assessment to all provider agencies free of charge. The initial webinar for providers to get started with the assessment was offered in April 2019. Work on the assessment and implementing changes will continue through 2019 and 2020. d) Through analysis of CoC data, racial disparities and discriminatory practices have been identified within the CoCs homeless response system. The CoC will be engaging with SPARC (Supporting Partnerships for Anti-Racist Communities) in the coming year to identify policies and practices that are causing disparities and discrimination. Initial meetings with SPARC began in August 2019. Recommendations will be brought to the CoC Governing Board in the spring of 2020.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X
3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	X
5. No strategies have been implemented:	
6. Other:(limit 50 characters)	

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

The CoC has had an active Coordinated Entry System (CES) in place since January 2015. 1) The CoC has access points spread across the entire region of the CoC. The definition and expectations of an Access Point are detailed in the CoC's CES policies. At a minimum, Access Points must administer the CES assessment and enter data into the Priority List. The CoC's CES work group reviews Access Point capacity on a quarterly basis to assess if additional access is needed somewhere in the region. 2) In order to reach people who are least likely to apply for homeless assistance, outreach workers are utilized for CES assessments. All street outreach teams within the CoC are considered Access Points. Outreach workers connect with those households that are least likely to apply for homeless assistance by meeting and offering the CES

assessment where the household is comfortable as opposed to requiring the household to come to a specific location. In addition to outreach providing assessments, Access Points are also able to offer housing assessments over the phone. There are places in the CoC where street outreach capacity is limited. Phone assessments are offered to households in areas not covered by an outreach team that are also are unable to come to an assessment site. 3) The CoC uses the VI-SPDAT as the primary assessment tool. In addition, the CoC has developed a set of supplemental questions that help to further identify vulnerabilities and barriers. Households are prioritized on the by name list based on length of time homeless. After the by name list has been prioritized using this criteria Case Consultation teams review households at the top of the list to ensure those with the most significant barriers are served first in a program that will best fit their needs.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

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*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

1) The CoC considers severity of needs and vulnerabilities through the PROJECT SCORE TOOL, the PROJECT REVIEW, and the RANKING PROCESS. Through these three process steps the CoC considers the following: low or no income, disability including substance use, history of domestic violence, chronic homelessness and if the project fills a unique need within the region. 2) The PROJECT SCORE TOOL awards points for PSH projects that dedicate at least 79% of their beds to Chronically Homeless or Dedicated Plus. To earn maximum points on this scoring criteria the project must dedicate at least 90% of their beds to serving Chronically Homeless or Dedicated Plus. In addition, the CoC awards points to projects that successfully increase total income not just earned income. New scoring criteria was added in 2019 specific to Domestic Violence projects considering experience and safety planning for households with a history of Domestic Violence. During the PROJECT REVIEW members of the Ranking Committee talk with each project to understand any circumstances during the year that led to a lower performance score. Discussions include the vulnerability of current households served such as substance use and ability to increase income. In addition, Ranking members check in with projects about intake processes and how providers are screening for vulnerabilities at intake. In the RANKING PROCESS, Ranking members share relevant content from the project check ins. Vulnerabilities and special circumstances identified during the check ins are considered when determining final ranking.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	X	1. Email	X

2. Mail	☐	**2. Mail**	☐
3. Advertising in Local Newspaper(s)	☐	**3. Advertising in Local Newspaper(s)**	☐
4. Advertising on Radio or Television	☐	**4. Advertising on Radio or Television**	☐
5. Social Media (Twitter, Facebook, etc.)	X	**5. Social Media (Twitter, Facebook, etc.)**	X
6. Did Not Publicly Post Review and Ranking Process	☐	**6. Did Not Publicly Post CoC Consolidated Application**	☐

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 30%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
(limit 2,000 characters)

1) The CoC considers severity of needs and vulnerabilities through the PROJECT SCORE TOOL, the PROJECT REVIEW, and the RANKING PROCESS. Through these three process steps the CoC considers the following: low or no income, disability including substance use, history of domestic violence, chronic homelessness and if the project fills a unique need within the region. 2) The PROJECT SCORE TOOL awards points for PSH projects that dedicate at least 79% of their beds to Chronically Homeless or Dedicated Plus. To earn maximum points on this scoring criteria the project must dedicate at least 90% of their beds to serving Chronically Homeless or Dedicated Plus. In addition, the CoC awards points to projects that successfully increase total income not just earned income. New scoring criteria was added in 2019 specific to Domestic Violence projects considering experience and safety planning for households with a history of Domestic Violence. During the PROJECT REVIEW members of the Ranking Committee talk with each project to understand any circumstances during the year that led to a lower performance score. Discussions include the vulnerability of current households served such as substance use and ability to increase income. In addition,

Ranking members check in with projects about intake processes and how providers are screening for vulnerabilities at intake. In the RANKING PROCESS, Ranking members share relevant content from the project check ins. Vulnerabilities and special circumstances identified during the check ins are considered when determining final ranking.

DV Bonus

Instructions

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1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: No

Applicant Name	DUNS Number
This list contains no items	

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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2A-1. HMIS Vendor Identification. WellSky

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	370	90	261	93.21%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	104	0	95	91.35%
Rapid Re-Housing (RRH) beds	298	0	298	100.00%
Permanent Supportive Housing (PSH) beds	1,074	0	994	92.55%
Other Permanent Housing (OPH) beds	162	0	162	100.00%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)

N/A

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.	Yes

***2A-4. HIC HDX Submission Date.**

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)	04/30/2019

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).	01/23/2019
2B-2. PIT Count Data–HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/30/2019

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's sheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

1) In 2019 minor changes were made to the sheltered count methodology to increase improvement in data collection. Those changes included: a) simplification of questions regarding episodes of homelessness, b) clarified questions to more accurately determine the number of persons in each household and c) automated error and duplicate check for increased accuracy. 2) Simplified questions regarding episodes of homelessness may have been the cause of an increase in households identified as Chronically homeless. Clearer questions around household composition and an easier way to clean up errors led to better data quality and a more accurate count. 3) N/A

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.	No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's unsheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

1) In 2019 minor changes were made to the unsheltered count methodology to increase improvement in data collection. Those changes included: a) simplification of questions regarding episodes of homelessness, b) clarified questions to more accurately determine the number of persons in each household and c) automated error and duplicate check for increased accuracy. 2) Simplified questions regarding episodes of homelessness may have been the cause of an increase in households identified as Chronically homeless. Clearer questions around household composition and an easier way to clean up errors led to better data quality and a more accurate count. 3) N/A

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.	Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

1) Youth serving agencies are strong members of the CoC throughout the year and are key stakeholders in planning for PIT count implementation. Focused efforts were made by youth outreach staff within the CoC to identify youth experiencing homelessness. 2) The CoC worked with youth stakeholders, including youth advisory committees, to support the selection of outreach locations for the night of the PIT count. Stakeholders who serve youth attended planning meetings to create a plan for where outreach should be conducted ie: libraries, teen centers, after school events etc. 3) The CoC involved youth experiencing homelessness through the utilization of youth advisory committees year-round. These advisory committees were able to identify key outreach locations for youth along with volunteering to administer survey on the night of the PIT count.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.
(limit 2,000 characters)

The CoC implemented the following during the 2019 PIT count: 1) In order to better count chronically homeless households, the CoC: a) Simplified questions on the survey regarding episodes of homelessness making it easier for participants to understand the questions. This change also allowed volunteers to more accurately record responses. b) The Coordinated Entry Priority List was used to reach out to households identified as chronically homeless on the night of the count to check housing status. If the household was still experiencing homelessness they were asked to participate in the PIT survey. 2) To more accurately count families with children the CoC: a) Collaborated with school districts across the region to identify the most appropriate way for schools to engage in the count. Aggregate data was collected from school districts to ensure families across the region were captured in the count. b) Surveys were conducted at local food shelves and community meals. Traditional street outreach sites are not effective for identifying families with children, however community sites such as churches hosting a meal, are better locations to find families. 3) In order to improve the PIT count for the Veteran population, the CoC engaged the local County Veteran Service Officers to reach out to Vets they had contact with in recent months. In addition, the Veteran registry (the statewide, by name, list) was used to outreach to Veterans within the CoC region who did not have a housing plan on the night of the PIT count.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	1,796

3A-1a. First Time Homeless Risk Factors.

Applicants must:
1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) The CoC has worked to determine risk factors to identify persons becoming homeless for the first time. State partners provided resources for TA that researched national trends to identify who is likely to become homeless. In addition, the CoC annually reviews shelter data and conducts focus groups to collect information on local risk factors. A prevention targeting tool was created that incorporates the national research along with local shelter data and focus group information to identify households who exhibit traits that most likely will lead to homelessness. Risk factors such as past homelessness and past criminal justice involvement are used to identify households that are most likely to become homeless. 2) The CoC maximizes homeless prevention from

multiple funding sources to fund strategies most likely to prevent first time homelessness. Utilization of the targeting tool has shifted the CoC's use of prevention resources toward serving higher needs households. The CoC is now increasingly moving toward more service intensive models, with deeper subsidies and longer periods of engagement to better ensure stability. The CoC also works with food shelves, homeless school liaisons, etc. to identify households at risk of homelessness to connect them to Coordinated Entry & emergency services. 3) The prevention coordinator in each of the counties within the CoC are responsible for overseeing the strategies to reduce the number of individuals and families experiencing homelessness for the first time.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	102

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1) The CoC has a severe gap in PSH resources that serve families with children. Families on the priority list that appeared eligible for PSH had extremely long wait times due to the lack of resource. In August 2018, the CoC implemented a change to the prioritization practices that allowed all families eligibility to all family housing resources. This change allowed families eligible for PSH to be served by RRH and TH providers. Since the implementation there has been a significant decrease in the number of families on the priority list. Another strategy is the creation of a CE navigator position that started in November 2017. The navigator works with clients waiting on the CE priority list to remove barriers that would slow access to housing such as gathering documentation on homeless status, disability diagnosis, applying for vital documents, etc. This position will be increased to full time beginning November 2019. 3) In order to identify and house households with the longest lengths of time homeless the CoC implemented a case consultation approach within the CE process in January of 2018. This approach includes a weekly review of a by name list by a team of professionals that discuss households on the list that have been homeless the longest. The focus of the discussions is to move those households into permanent housing as quickly as possible and identify what supportive services the household may need ongoing to remain stably housed. Additionally, the CoC is working with ES providers to ensure households served in ES are those with the longest length of time homeless. The collaboration between ES providers and CES will create system flow that should result in

reduction in length of time homeless across the system. 4) The CoC's Governing Board is responsible to oversee the implementation of strategies that will length of time homeless.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	47%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	92%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:
1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1) In March 2018 the CoC implemented a case consultation process through CE which uses a by name list for weekly review by a team of professionals, including shelter staff, to quickly move households into permanent housing. This process ensures households staying in ES are served timely through the CE process and are exiting to permanent destinations. Shelters across the region are also actively working with landlords to facilitate permanent exits from the shelter. In addition, the CoC hosts quarterly workshops for all providers within the region which offer exit planning support for all who attend. An online forum is under development for RRH providers where exit planning support will be available at any time. 2) The CoC's Coordinated Entry Committee is responsible for overseeing successful exits to permanent housing for ES, TH and RRH. 3) The CoC has multiple strategies to increase households maintaining placement in permanent housing and exits to permanent destinations from other housing types. One of these strategies has been to implement a transition plan in CE

policy. This policy supports households in transferring from one housing program to another if housing stability is at risk. The transition plan details the CES Advisory Committee that works with housing program staff to facilitate a transition if necessary. The CES Advisory Committee began meeting in January 2018 and is an elected group of providers and assessors. The Advisory meets monthly or more frequently as needed to review, discuss, and facilitate transitions. 4) The CE Committee is responsible for increasing the rate households retain permanent housing or exit to permanent housing destinations.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	3%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	2%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

1) The CoC identifies common factors of households who return to homelessness by reviewing System Performance and Coordinated Entry data quarterly. The Governing Board reviews progress data on System Performance measures each quarter including how many households have returned to homelessness during that period. The system performance report is then cross referenced with Coordinated Entry data to ensure households who have returned to homelessness are rehoused as quickly as possible. 2) The CoC's strategy to reduce returns to homelessness is to create a network of resources households served in the CoC can turn to prior to returning to homelessness. To accomplish this the CoC worked with housing providers across the region to revise written standards for RRH and PSH providers. These updates include expectations on case management services and after care services. A key component in the expectations is communicating early and often with the household about the resources available to regain housing stability. Providers across the region are committed to re-engaging with households after program exit if the household needs support in re-stabilizing their housing. 3) The CoC Governing Board is responsible to oversee the strategy to reduce the rate of households returns to homelessness.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	24%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	29%

3A-5a. Increasing Employment Income.

Applicants must:
1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
(limit 2,000 characters)

1) The CoC's strategy to increase access to employment includes quarterly monitoring of income performance measures through review of APR data. The CoC offers support to programs that have not met performance measures as outlined by the CoC scoring tool. Training is offered to projects on increasing employment income at least annually. Training specific to supporting participants in RRH to increase income was held on 3/24/19. All projects work closely with employment service providers to provide targeted employment services and comprehensive supports to increase earned income from employment with the specific goal of increasing income. 2) The CoC attempts to increase access to earned income through promoting job/career fairs throughout the region. Employers are invited to attend Project Community Connect events in the region to connect those experiencing homelessness directly to employment opportunities. Providers within the CoC work with participants on work readiness activities such as resume/application support and interview coaching. 3) The CoC utilizes expertise of its members and partners, including employment services providers, such as Tasks Unlimited, Guild, & the Work Force Centers. Governing Board members attend Work Force Center board meetings and share relevant information and ideas across sectors. Work Force Center staff are active member of the local homeless planning committees and partner in providing trainings and resources during community events targeted to households experiencing homelessness. 3) The CoC Governing Board working closely with the CoC Ranking Committee is responsible for ensuring projects have strategies to increase income.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

1. describe the CoC's strategy to increase non-employment cash income;
2. describe the CoC's strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.

1) The CoC's strategy to increase non-employment cash includes quarterly monitoring of non-employment income performance measures through review of APR data. The CoC offers support to programs that have not met performance measures as outlined by the CoC scoring tool. In addition, the CoC partners with the State of MN to offer SOAR trainings to increase staff capacity & assist people enrolling in SSI & SSDI. SOAR trained providers also attend CoC meetings & offer SOAR services to projects who may not have a SOAR person on staff. The CoC also partnered with the state to offer a half day training on all mainstream benefit programs including but not limited to Food Stamps, SSI, and General Assistance This training was offered free of charge to providers in the CoC on 4/9/19. This training will be offered annually at a minimum. 2) Access Points for the CoC's Coordinated Entry System are responsible to connect all households to mainstream benefits as part of the assessment process. CoC programs are also required to ensure participants are receiving all benefit they are eligible for. 3) The CoC Governing Board working closely with the CoC Ranking Committee is responsible for ensuring projects have strategies to increase income.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

1) The CoC has promoted partnerships and access to employment opportunities through engagement with private employers and employment organizations in Project Community Connect events. Employers are invited to attend events throughout the CoC region offering employment opportunities to individuals who attend the event. Some employers come prepared to do on site interviews. As part of coordination under the Heading Home Alliance agreement, the CoC partnered with the MN Department of Employment and Economic Development in July 2019 to deliver training to frontline workforce center staff across the state in serving people who are homeless and connecting with homeless program staff to support participants' employment goals. 2) The CoC works with partners to provide meaningful training and employment for supportive housing participants by promoting job/career fairs throughout the region.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date 05/30/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
2. Number of previous homeless episodes	X
3. Unsheltered homelessness	X
4. Criminal History	X
5. Bad credit or rental history	X
6. Head of Household with Mental/Physical Disability	X

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

1) The CoC implemented a new strategy to rapidly rehouse every household of families with children within 30 days in August 2018. A gap was identified in PSH programming for families with children. Resource development is being worked on to fill this gap, but this is a long-term strategy that leaves families currently experiencing homelessness without resources. To address the immediate need, a new strategy for prioritizing families on the CE priority list was implemented. Prior to August 2018 the priority list was divided based on intervention type (TH, RRH, PSH) and the family would be referred to an intervention based on assessment score. Sorting the list this way meant families that met the CH definition and with high vulnerability would not be referred to RRH programs. With the gap in PSH programming, families with the longest histories of homelessness were not being served. To correct this, while additional resources are in development, the CoC has moved to prioritizing families on one list, removing the intervention type. This means families meeting the CH definition will be referred to RRH programs across the region reducing the length of time they spend homeless. 2) To address housing and service needs, in 2018 the CoC worked with all RRH providers within the region to revise and strengthen the written standards for RRH programs. Best practices for RRH programs were used in the creation of the written standards. The standards also include guidance and expectations around case management services as well as after care services. 3) The CoC Executive Committee with support from the Coordinated Entry Committee is responsible to oversee the strategy to rapidly rehouse families with children within 30 days.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	X
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	X

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
2. Number of Previous Homeless Episodes	X
3. Unsheltered Homelessness	X
4. Criminal History	X
5. Bad Credit or Rental History	X

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

1) The CoC has increased funding for youth services from multiple sources over the past 2 years including CoC funding, MN Family Homeless Prevention and Assistance Program (FHPAP), MN Homeless Youth Act (HYA), and capacity

building funds from MN Housing. Data review during the 2018 NOFA competition led to youth project development being a priority. The CoC expanded the youth PSH project that currently exists in the CoC. In addition, the CoC funded a youth focused project through the Domestic Violence bonus opportunity in the 2018 competition. A total of 22 new youth beds were created through the expansion and new project. Both projects will be operating at full capacity by the end of 2019. Continued development of youth focused options is necessary to meet the gap in services that still exists within the CoC. Youth focused housing will continue to be a priority area. 2) The CoC works to provide housing and services to unsheltered youth primarily through the Coordinated Entry process. Youth providers and youth advisory committees are heavily involved in the planning and prioritization discussions for CE. The CoC prioritizes the CE list based on length of time homeless. This prioritization strategy along with case consultation, allows the CoC to target resources to the most vulnerable youth, thus increasing the effectiveness of the resources already available. A new youth drop in center opened in Washington County in September 2018. This drop-in center will provide critical resources for youth both sheltered and unsheltered. Other drop in centers across the region continue to provide valuable resources to youth experiencing homelessness including access to CE assessments, connections to housing resources, light touch case management, and support in accessing vital documents.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

1) The CoC uses multiple data sources to measure strategies and increased availability of housing and services for youth experiencing homelessness: Coordinated Entry Priority List data is the primary data source, Housing Inventory Chart data, and Point in Time Count data. 2) The Coordinated Entry Committee reviews Coordinated Entry Priority List data monthly. The data points reviewed include how many youth were added to the priority list in the last month and how many youth were exited from the list in the last month. This informs the CoC if the resources available are adequate to meet the need of youth within the CoC. Annually the CoC reviews Housing Inventory Chart data and cross references it with Coordinated Entry Priority List data to identify the existing gap between need and resource available. This cross analysis is then used to set funding priorities across the region. Finally, PIT data is analyzed annually to see what the trend line is for youth homelessness throughout the year. 3) The CoC believes the measures described are appropriate to determine effectiveness because they describe the inputs and outputs from the system as a whole giving the CoC a clear picture of the system demand. The demand is then compared to the available resources and the gap between demand and what is available can be explicitly seen.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
a. youth education providers;
b. McKinney-Vento LEA or SEA; and
c. school districts; and

2. how the CoC collaborates with:
a. youth education providers;
b. McKinney-Vento Local LEA or SEA; and
c. school districts.
(limit 2,000 characters)

1)Formal partnerships exist between the CoC and Education Services: a) The CoC has agreements with youth education providers primarily through in-reach into the schools across the region. Youth outreach workers provide targeted in-reach into schools that includes talking with administrative staff to identify youth and families that may be experiencing homelessness. The outreach workers provide access to services within the school and/or can meet with the youth or family outside of the school if that is what the youth or family prefers. b) The CoC has a strong history of collaborating with the McKinney-Vento State Education Agency. Through the Heading Home Alliance Charter a formal partnership has been created between the CoC and The Minnesota Department of Education (MDE) for system wide planning and collaboration. This agreement is attached and detailed on pages 1-4 of the document. Through this partnership the CoC worked closely with MDE and school district staff to develop a formal partnership document between the CoC and the school districts within the region. Meetings took place in June and August of 2019. The CoC will be working with local school districts to sign these partnership agreements throughout the next year. 2) The CoC collaborates with Education Services through with youth education providers, McKinney Vento LEA/SEA and school districts throughout the year in a number of ways. LEAs and school district staff attend monthly CoC committee meetings throughout the CoC and provide data on households experiencing homelessness within the district throughout the year. The CoC also collaborated with MDE to provide training to LEA staff across the state on CoC programs and process.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The CoC's Education Policy has been in place since 2014: All homeless assistance projects within the CoC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) are expected to comply with the following policies: A. Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their

children are able to maintain enrollment in school. B. Advocate for families with their school district to ensure that transportation is arranged (as needed). C. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed). D. Assist families in developing education related goals for all family members when completing Housing Goal Plans. E. Ensure that all family members are connected to relevant educational resources in the community. F. Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start. All CoC funded projects serving families must sign this policy each year during the local NOFA renewal process.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	No	Yes
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3 years	No	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.	No

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	☐
2. People of different races or ethnicities are less likely to receive homeless assistance.	☐
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	☐
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	☐
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	☐
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	☐
7. The CoC did not conduct a racial disparity assessment.	☐

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	X
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	☐
3. The CoC has identified strategies to reduce disparities in their homeless system.	☐
4. The CoC has implemented strategies to reduce disparities in their homeless system.	☐
5. The CoC has identified resources available to reduce disparities in their homeless system.	☐
6: The CoC did not conduct a racial disparity assessment.	☐

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits.

Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

1) The CoC provides monthly updates on mainstream benefit programs through CoC committee meetings and email distribution. The CoC partnered with the State of Minnesota to offer a half day training on all mainstream benefit programs including but not limited to Food Stamps, SSI, and General Assistance This training was offered free of charge to providers in the CoC on 4/9/19. This training will be offered annually at a minimum. 2) The CoC disseminates calendars that are updated monthly on the availability of mainstream resources in the community. In addition, vacancies for the state's Housing Supports program (a PSH housing benefit) are filled through the CoC's CES. Projects are made aware of availability through a weekly phone call. 3) The CoC collaborates closely with counties, health insurance providers, and the State of MN to facilitate enrollment and improve health outcomes for program participants. The CoC has collaborated with the state to simplify access to benefits for households experiencing homelessness by through rule simplification and creating consistency across mainstream programs. In addition, counties that administer mainstream benefits now ask about housing status and actively do outreach to individuals experiencing homelessness. Households are referred to mainstream benefit programs they may be eligible for (SNAP, MA, General Assistance, etc.) through the CE process. 5) The CoC Executive Committee is responsible to ensure collaboration takes place regarding access to mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	0%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons

experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1) The CoC has increased capacity to provide outreach services during the past year through multiple funding sources. Forms of outreach provided include street outreach, institutional in-reach, and drop in centers. The CoC has youth specific outreach that is street based and school based. In the larger city centers, street outreach and drop-in centers are largely utilized as the primary outreach model. In areas of the CoC where the population is more spread out, outreach includes tabling at local events and posting outreach availability at a local community centers or libraries on set days and times. Outreach staff will meet households where they are physically located whenever possible however, outreach is also done via phone in areas where transportation is particularly challenging. 2) 100% of the CoC geography is covered by outreach in some form. 3) Street outreach is conducted for all populations weekly at a minimum. Youth street outreach is conducted across the CoC daily. 4) The CoC ensures outreach efforts target those least likely to request assistance through requiring outreach workers to connect in person whenever possible meeting and offering services where the household is comfortable as opposed to requiring the household to come to a specific location. In addition, the CoC works with programs on implementing hiring practices that ensure experience with targeted populations, targeting strategic locations for outreach and using communication tools that are accessible to various sub-populations.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	249	298	49

4A-5. Rehabilitation/Construction Costs–New Projects.

No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes.

No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under

other federal statutes.

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes		
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No		
1C-7. Centralized or Coordinated Assessment System.	Yes	Coordinated Asses...	09/26/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Public Posting-15...	09/26/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Public Postin-15 ...	09/26/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Public Posting-30...	09/26/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Public Posting-Lo...	09/26/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No		
3A. Written Agreement with State or Local Workforce Development Board.	No		
3B-3. Summary of Racial Disparity Assessment.	Yes		
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment Tool

Attachment Details

Document Description: Public Posting-15 Day Notification Oustide esnaps- Projects Accepted

Attachment Details

Document Description: Public Postin-15 Day Notification Outside esnaps-Projects Rejected or Reduced

Attachment Details

Document Description: Public Posting-30 Day Local Competition Deadline

Attachment Details

Document Description: Public Posting-Local Competition Announcement

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description:

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Submission Summary

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

Page	Last Updated
1A. Identification	09/24/2019
1B. Engagement	09/22/2019
1C. Coordination	09/22/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/22/2019
1F. DV Bonus	No Input Required
2A. HMIS Implementation	09/22/2019
2B. PIT Count	09/22/2019
3A. System Performance	09/22/2019
3B. Performance and Strategic Planning	09/22/2019
4A. Mainstream Benefits and Additional Policies	09/22/2019
4B. Attachments	Please Complete

Submission Summary	No Input Required

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. **SCORE:**

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):**

_____

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

8. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

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D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**. **SCORE:** ____

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**. **SCORE:** ____

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**. **SCORE:** ____

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:** ____

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25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	8+: an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

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Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

PARENT 2

☐ No second parent currently part of the household

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

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Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE.**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE.**

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):** _____
   - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

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B. Risks

8. In the past six months, how many times have you or anyone in your family...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

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C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY.** **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

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E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

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Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/2
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
E. FAMILY UNIT	/4
GRAND TOTAL:	/22

RESULTS

Score:	Recommendation:
0-3	no housing intervention
4-8	an assessment for Rapid Re-Housing
9+	an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

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COMMUNITY SOLUTIONS

CSH

Eric Rice, PhD

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Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1. **SCORE:**

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters ☐ **Couch surfing** ☐ **Other (specify):**
☐ Transitional Housing ☐ **Outdoors**
☐ Safe Haven ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

8. Were you ever incarcerated when younger than age 18? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:** ____

9. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:** ____

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:** ____

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:** ____

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:** ____

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15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ **Y**	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ **Y**	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ **Y**	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:** ____

e) Because of violence at home between family members?	☐ **Y**	☐ N	☐ Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.** **SCORE:** ____

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ **Y**	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:** ____

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22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:** ____

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:** ____

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY.** **SCORE:** ____

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:** ____

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/5
D. WELLNESS	/5
GRAND TOTAL:	/17

RESULTS

Score:	Recommendation:
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

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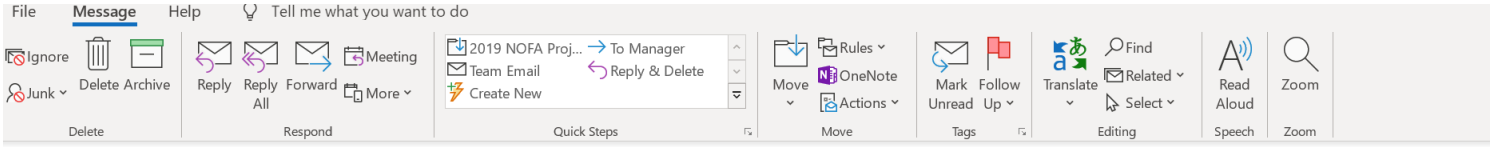
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com



SMAC Initial Ranking

AG

Abby Guilford <abby@mesh-mn.org>

Reply | Reply All | Forward

To Tamara Stark; 'Mary Durand'; Julie Grothe; Allison Streich; Allison Uthke; Amy Highness; Angie Beissel; Ann Hoechst; Ann Lindquist (annl@washingtoncountycda.org); Annie McCabe; Anthony Coleman; Beth Holger-Ambrose; Brenda Lano; Dan Lauer-Schumacher; Demetri Vincze; Denise Smieja; Eric Gentry; Gary Lloyd; Heather Duchscherer; Jaime Stampley; **+16 others**

Tue 8/27/2019 1:50 AM

SMAC Initial Ranking 8.26.19.pdf
130 KB

Hello CoC Grantees,

Attached you will find the initial ranking for the 2019 SMAC NOFA. All appeals must be made in writing and submitted via email to me by 4:00 PM on Wednesday, August 28. The Ranking Committee will review appeals and release final ranking by the end of the day Thursday, August 29.

A reminder of the appeal policy:

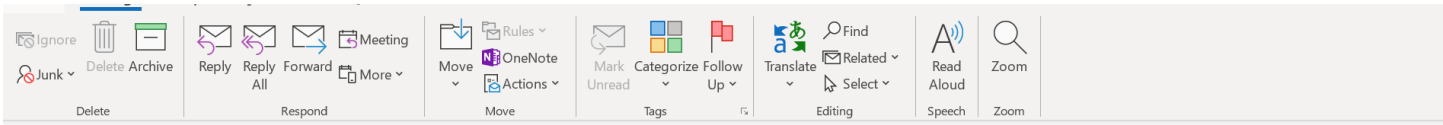
Applicants may appeal if:

1) The project is not funded or receives less funding than the amount in the application;
2) The project is ranked in Tier 2 of the CoC application (in which the applicants funding may be at risk);
3) If the project falls into the bottom portion of Tier 1, as described below.

All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered, unless the project is facing reallocation. Omissions to the application cannot be appealed. The decision of the SMAC Ranking Committee will be final.

The SMAC Ranking Committee will be made up of 9 SMAC community members approved by the SMAC Governing Board to serve on said committee. The SMAC Ranking Committee will not have a conflict of interest with any of the agencies applying for McKinney Vento funding. The role of the SMAC Ranking Committee is to read and review only those areas of the application being appealed.

Communication to all grantees regarding initial ranking and appeal process.



SMAC Final Ranking

AG

Abby Guilford <abby@mesh-mn.org>

Reply | Reply All | Forward

To Tamara Stark; 'Mary Durand'; Julie Grothe; 'Barb Schubring'; 'hjtaipale@comcast.net'; Amy Highness; Ann Lindquist (annl@washingtoncountycda.org); Barb Sopp; Beth Holger-Ambrose; Betty Notto; Bradley Legrid; Christina McCormick; Courtney Knoll; Dan Lauer-Schumacher; Dana Dumbacher; Dana Scarlett; Danielle Fox; Daryl Routzohn; David Siegel; **+65 others**

Thu 8/29/2019 3:29 PM

Hi SMAC stakeholders,

The Final Ranking for SMAC for the 2019 NOFA has been posted on the SMAC website. You can find it at this link:

http://smacmn.org/documents/

Full minutes from the Ranking Committee discussion will be posted to the website next week.

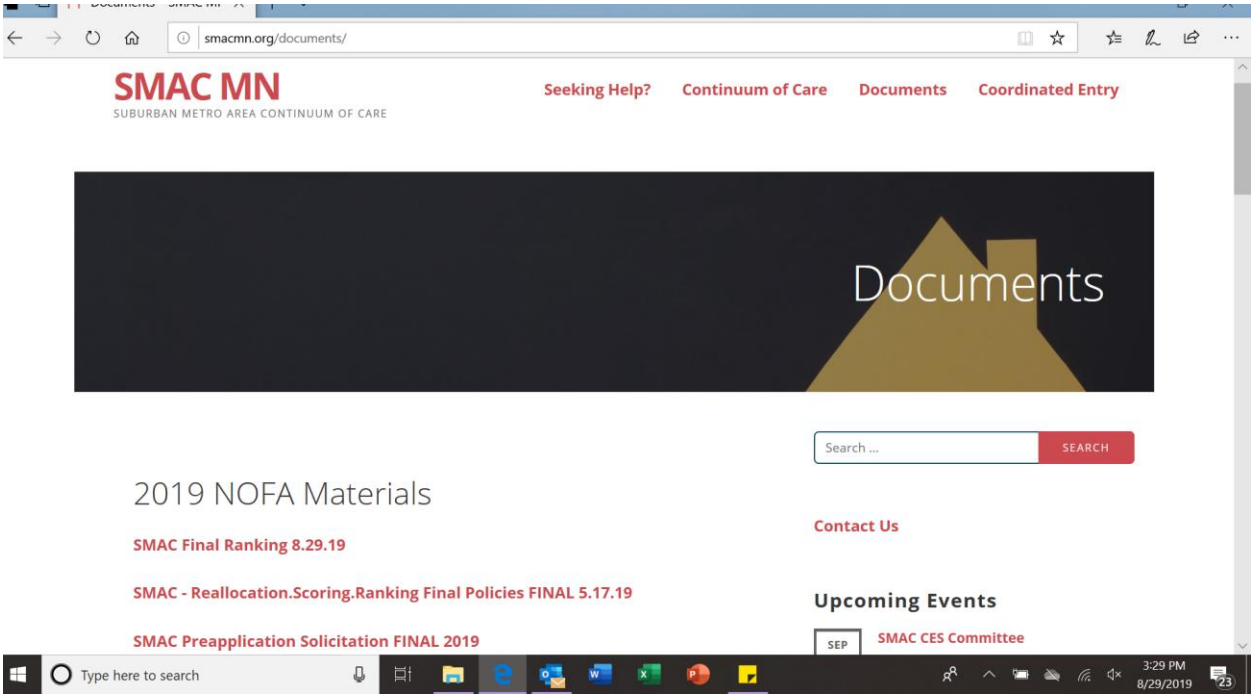
Please reach out with any questions. Thank you,

Abby Guilford, LGSW
Suburban Metro Area Continuum of Care Coordinator

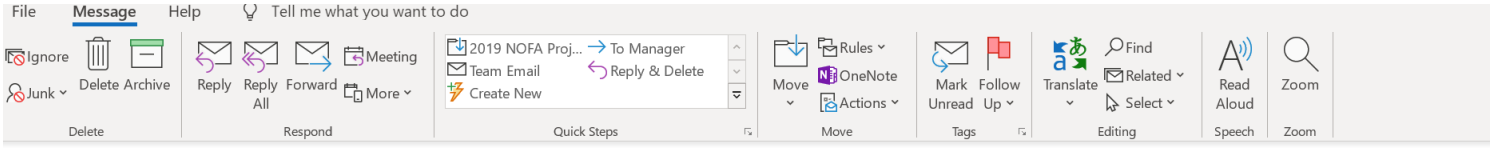
MESH

740 East 17th Street | Minneapolis, MN | 55404
Cell—763-458-9790 | www.mesh-mn.org

Communication to all CoC stakeholders including projects regarding final ranking posting.



Public Posting on website



SMAC Initial Ranking

Abby Guilford <abby@mesh-mn.org>

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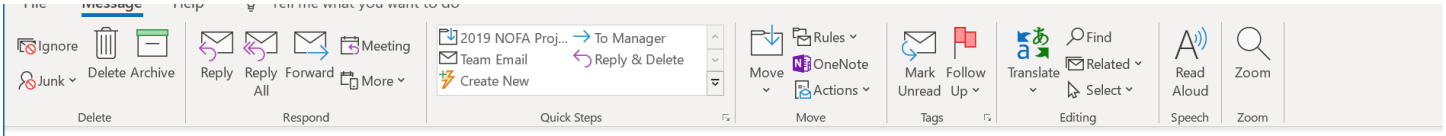


Ranking

Abby Guilford <abby@mesh-mn.org>

To 'Gary Lloyd'; 'Rosie Kolman-Stich'; 'Roxanne Condon'

Cc Dan Lauer-Schumacher

Tue 8/27/2019 1:56 AM

Reply | Reply All | Forward

Hi MHR Team,

You will receive the initial ranking at the same time as this email. I know you were not able to connect with Dan prior to this ranking happening. I understand you are talking with him Tuesday morning. Please still share your concerns and disputes on the score. Also put together an appeal that can be reviewed by the committee later this week.

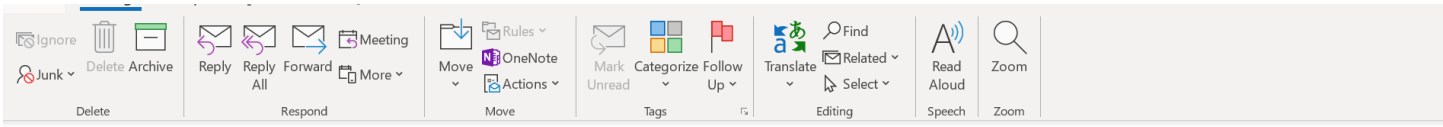
The Ranking committee did vote to reallocate $22,109 of your grant so the project will not straddle the Tier 1 line.

My apologies that the timing was off for the initial check in. Please talk with Dan tomorrow and we will go from there.

Abby Guilford, LGSW
Suburban Metro Area Continuum of Care Coordinator

740 East 17th Street | Minneapolis, MN | 55404

Communication to the Tier 2 project regarding reduction in funds.



SMAC Final Ranking

AG

Abby Guilford <abby@mesh-mn.org>

To Tamara Stark; 'Mary Durand'; Julie Grothe; 'Barb Schubring'; 'hjtaipale@comcast.net'; Amy Highness; Ann Lindquist (annl@washingtoncountycda.org); Barb Sopp; Beth Holger-Ambrose; Betty Notto; Bradley Legrid; Christina McCormick; Courtney Knoll; Dan Lauer-Schumacher; Dana Dumbacher; Dana Scarlett; Danielle Fox; Daryl Routzohn; David Siegel; **+65 others**

Reply | Reply All | Forward

Thu 8/29/2019 3:29 PM

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Please reach out with any questions. Thank you,

Abby Guilford, LGSW
Suburban Metro Area Continuum of Care Coordinator

MESH

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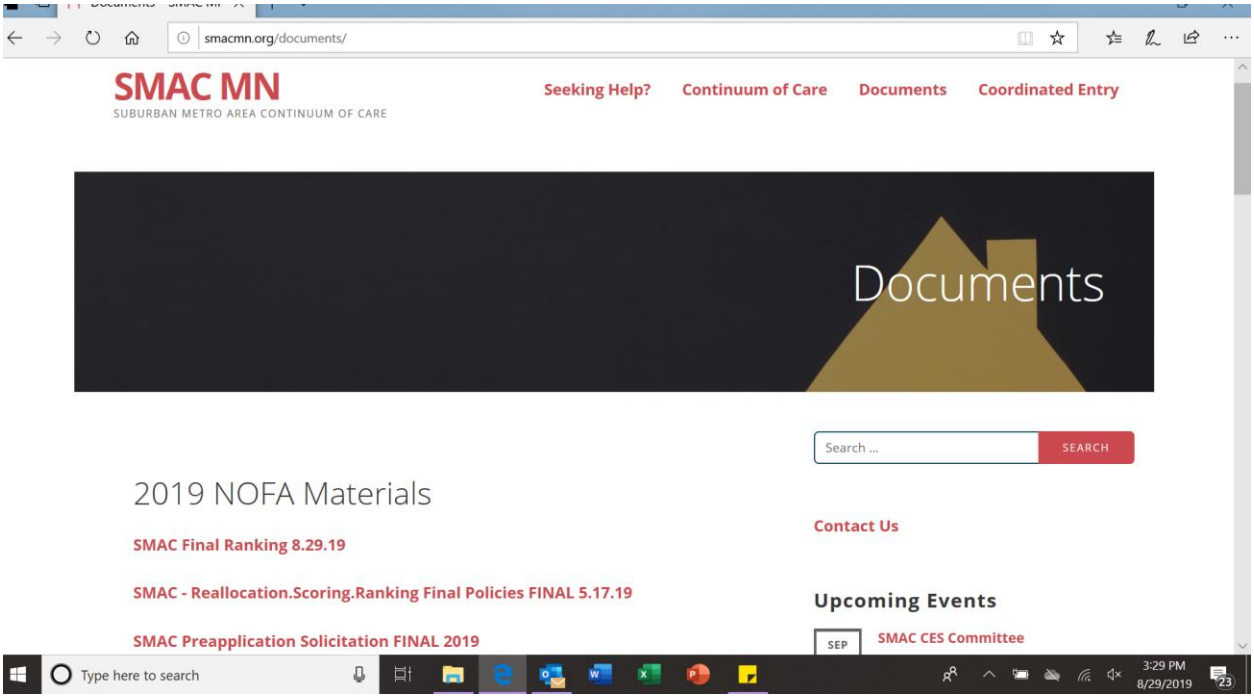
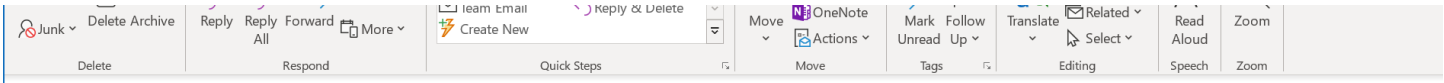


Public Posting on website



RE: MHR PHCH Tier 2 ranking appeal

AG

Abby Guilford <abby@mesh-mn.org>
To 'Rosie Kolman-Stich'
Cc 'Roxanne Condon'; 'Ann Henderson'; 'Gary Lloyd'; 'Kelina Morgan'

Reply | Reply All | Forward

Thu 8/29/2019 3:44 PM

Hi Rosie and MHR team,

I am very sorry to inform you that the appeal you submitted was not upheld by the Ranking Committee. It was not felt there was enough new evidence to support a move to Tier 1.

Full minutes from all Ranking meetings will be available next week so you can get a sense of the full discussion.

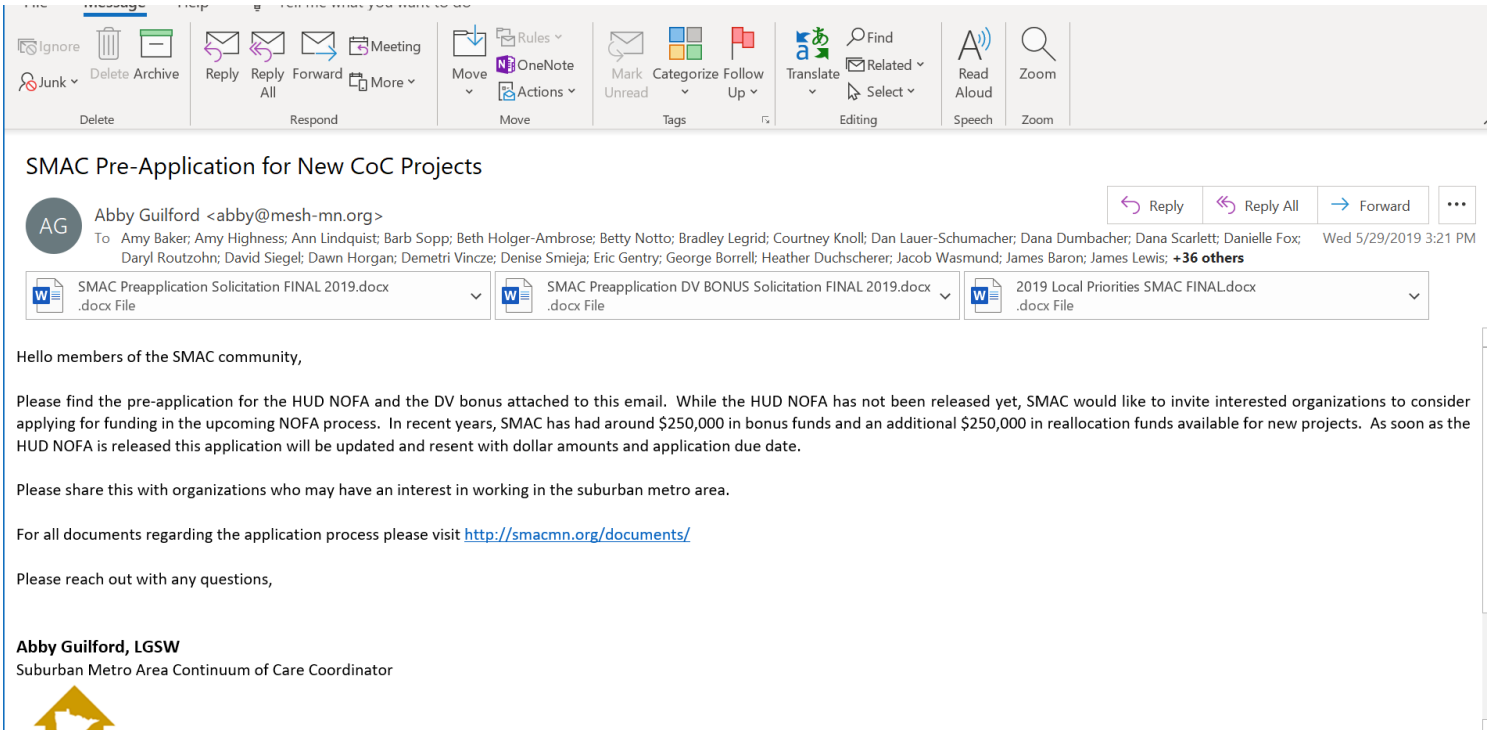
The biggest concern for the committee was the unspent funds. While it was recognized that CES has caused delays in getting quality referrals it was also recognized that other projects deal with the same challenges and are not having the same difficulty spending their funds. This is something that we will need to work on together in the coming year.

The other issue addressed in your appeal was the returns. I apologize for not understanding I needed to combine the two rows to get the full picture of the project. However, in taking into account HMIS project #270, the return rate was still 50% which did not increase your overall score.

Further questions please reach out. More discussion will be had at the September Governing Board meeting and at a CoC Grantee meeting that will happen at the end of October or early November.

Abby Guilford
SMAC Coordinator
763-458-9790

Communication to reduced project on final decision



SMAC Pre-Application for New CoC Projects

Abby Guilford <abby@mesh-mn.org>
To Amy Baker; Amy Highness; Ann Lindquist; Barb Sopp; Beth Holger-Ambrose; Betty Notto; Bradley Legrid; Courtney Knoll; Dan Lauer-Schumacher; Dana Dumbacher; Dana Scarlett; Danielle Fox; Daryl Routzohn; David Siegel; Dawn Horgan; Demetri Vincze; Denise Smieja; Eric Gentry; George Borrell; Heather Duchscherer; Jacob Wasmund; James Baron; James Lewis; **+36 others**

Wed 5/29/2019 3:21 PM

SMAC Preapplication Solicitation FINAL 2019.docx .docx File | SMAC Preapplication DV BONUS Solicitation FINAL 2019.docx .docx File | 2019 Local Priorities SMAC FINAL.docx .docx File

Hello members of the SMAC community,

Please find the pre-application for the HUD NOFA and the DV bonus attached to this email. While the HUD NOFA has not been released yet, SMAC would like to invite interested organizations to consider applying for funding in the upcoming NOFA process. In recent years, SMAC has had around $250,000 in bonus funds and an additional $250,000 in reallocation funds available for new projects. As soon as the HUD NOFA is released this application will be updated and resent with dollar amounts and application due date.

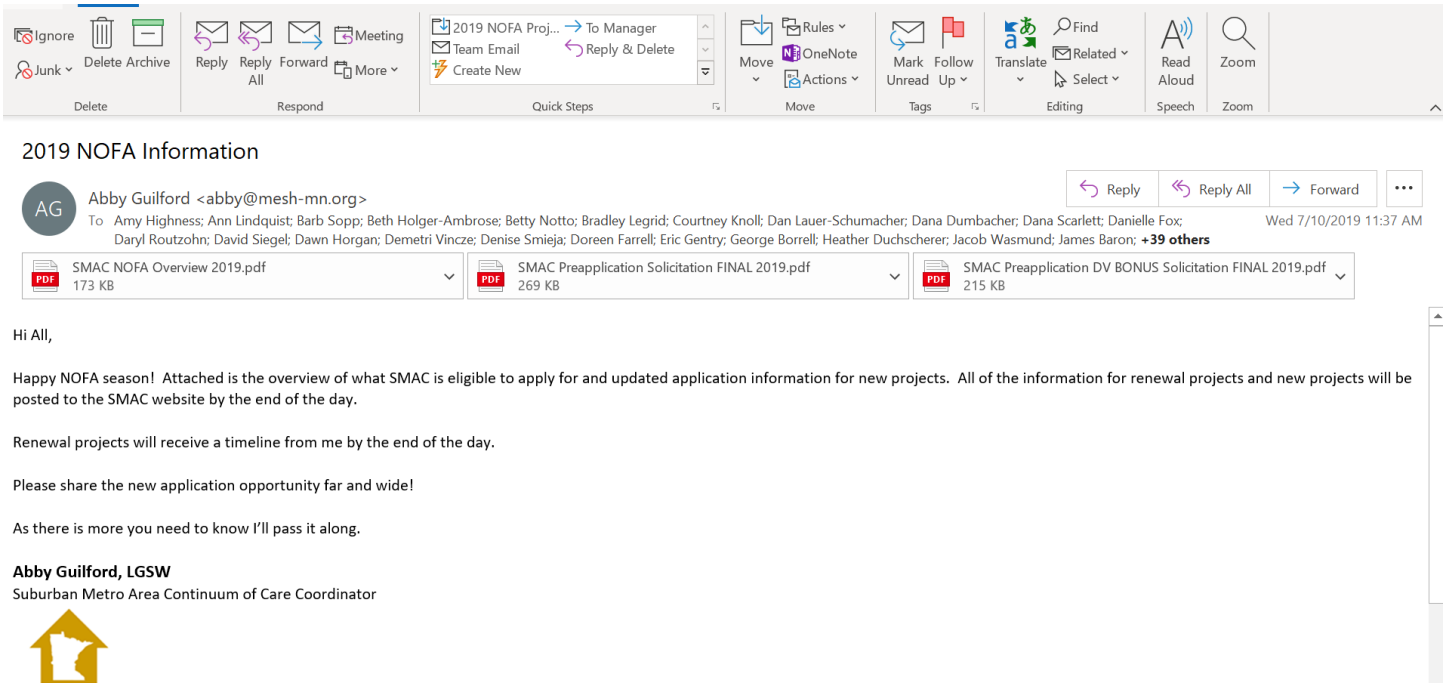
Please share this with organizations who may have an interest in working in the suburban metro area.

For all documents regarding the application process please visit http://smacmn.org/documents/

Please reach out with any questions,

Abby Guilford, LGSW
Suburban Metro Area Continuum of Care Coordinator

Communication to new projects prior to NOFA release.



2019 NOFA Information

Abby Guilford <abby@mesh-mn.org>
To Amy Highness; Ann Lindquist; Barb Sopp; Beth Holger-Ambrose; Betty Notto; Bradley Legrid; Courtney Knoll; Dan Lauer-Schumacher; Dana Dumbacher; Dana Scarlett; Danielle Fox; Daryl Routzohn; David Siegel; Dawn Horgan; Demetri Vincze; Denise Smieja; Doreen Farrell; Eric Gentry; George Borrell; Heather Duchscherer; Jacob Wasmund; James Baron; **+39 others**

Wed 7/10/2019 11:37 AM

SMAC NOFA Overview 2019.pdf 173 KB | SMAC Preapplication Solicitation FINAL 2019.pdf 269 KB | SMAC Preapplication DV BONUS Solicitation FINAL 2019.pdf 215 KB

Hi All,

Happy NOFA season! Attached is the overview of what SMAC is eligible to apply for and updated application information for new projects. All of the information for renewal projects and new projects will be posted to the SMAC website by the end of the day.

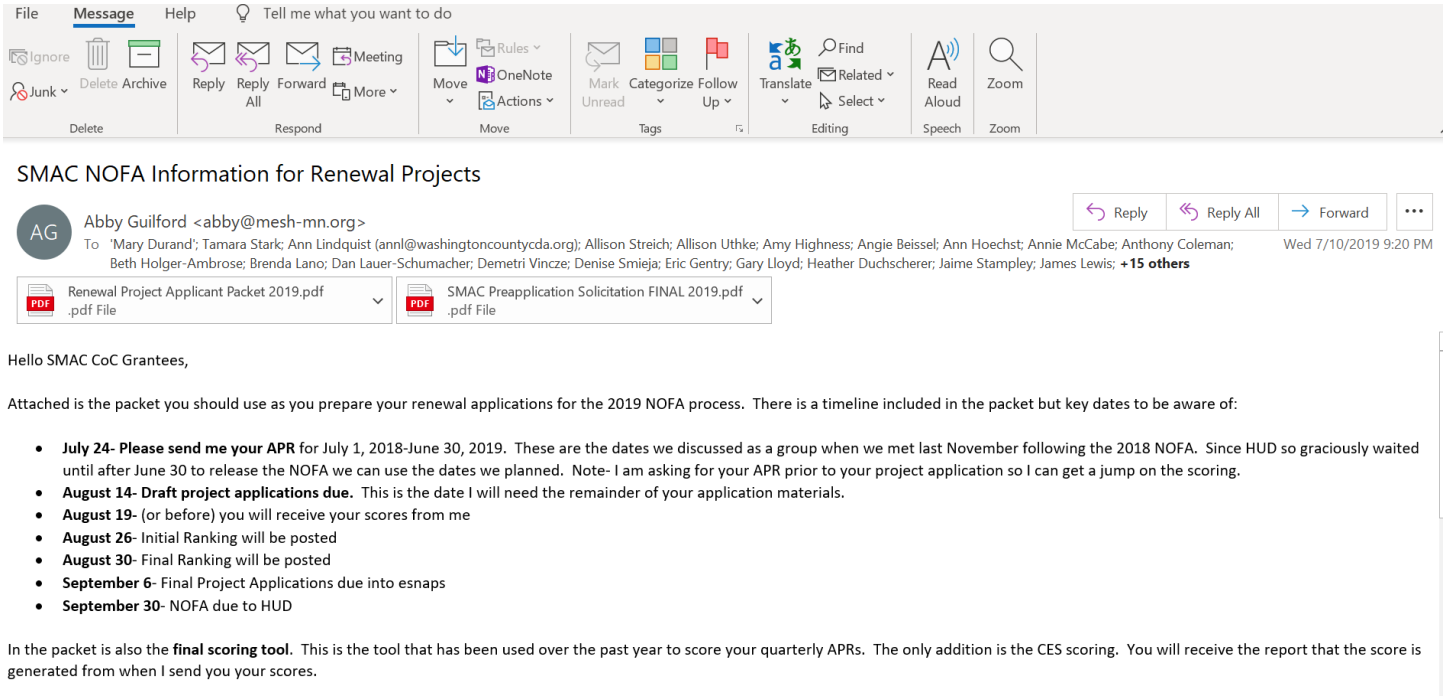
Renewal projects will receive a timeline from me by the end of the day.

Please share the new application opportunity far and wide!

As there is more you need to know I'll pass it along.

Abby Guilford, LGSW
Suburban Metro Area Continuum of Care Coordinator

Follow up communication on solicitation for new projects after NOFA release clarifying timeline for submission and process.



Communication to renewal projects regarding timeline for submission

SMAC Scoring Tool 2019						
EVALUATION AND RANKING STANDARDS						
OPERATIONS						
Possible Points	**8**	**6**	**4**	**0**		**Data**
Effective Use of Funds	Spent 90-100% of grant	Spent 80-89% of grant	Spent 75-79% of grant	Spent less than 75% of grant		100%
Possible Points	**8**		**0**			**Data**
eLOCCS Drawdowns	At least 1 time per quarter		Less than 1 time per quarter			At least once/Q
Housing First	YES		NO			YES
Possible Points	**8**	**6**	**4**	**2**	**0**	**Data**
Unit Utilization	96-100%	90-95%	80-89%	70 - 79%	69% or less	
Data Completeness (a), (b), and (c)	All 3 are below 2.0%	2 of the 3 are below 2.0%	1 of the 3 are below 2.0%	0 are below 2.0% but none are above 5.0%	0 of the 3 are below 1.0% and one or more are above 5.0%	3/3 <2%
PROJECT PERFORMANCE						
Possible Points	**5**	**4**	**3**	**2**	**1**	**Data**
Dedicated Chronic Homeless Beds (PSH ONLY)	90% or higher	85-89%	80-84%	75-79%	74% or less	
Housing Stability (exits to permanent housing)	90% or higher (PSH) 75% or higher (RRH)	85-89% (PSH) 70-74% (RRH)	80-84% (PSH) 65-69% (RRH)	75-79% (PSH) 60-64% (RRH)	74% or less (PSH) 59% or less (RRH)	97%
Earned Income--Increase (RRH Only)	30% or higher	25 - 29%	20 - 24%	15 - 19%	14% or less	16%
Non-Employment Income--Maintain/ Increase (PSH Only)	60% or higher	55 - 59%	50 - 54%	45 - 49%	44% or less	
Total Income PSH - Maintain or Increase RRH - Increase Only	75% or higher (PSH) 60% or higher (RRH)	70 - 74% (PSH) 55-59% (RRH)	65 - 69% (PSH) 50-54% (RRH)	60 - 64% (PSH) 45-49% (RRH)	59% or less (PSH) 44% or less (RRH)	45%
Non-Cash Benefits	90% or higher	80-89%	70-70%	60-69%	59% or less	94%
Health Insurance	90% or higher	80-89%	70-70%	60-69%	59% or less	96%
Reocurrance (SPM)	0-5%	5.1%-10%	10.1%-15%	15.1%-20%	over 20%	0%

Reocurrance (Returns Report)	0-5%	5.1%-10%	10.1%-15%	15.1%-20%	Over 20%	0%
Coordinated Entry Denials	10% or less	11-15%	16-20%	21-25%	Over 25%	0%
NEW MEASURES						
Possible Points	**0**		**0**		**0**	**Data**
Cost Effectiveness (cost/bed)	PSH - less than $9,000/bed RRH - Less than $6,500/bed TH - less than $8,000/bed		PSH - $9,001-$11,000/bed RRH - $6,501-$9,000/bed TH - $8,001-$10,000/bed	PSH - more than $11,000/bed RRH - more than $9,000/bed TH - more than $10,000/bed		
Cost Effectiveness (successful exit/HH)	PSH - less than $12,000/HH for singles and $16,000/HH for families (successful exit AND retention) RRH - Less than $8,000/HH for singles and $10,000 for families TH - less than $11,000/HH for singles and $15,000 for families		PSH - $12,001-$14,000/HH for singles and $16,001-$17,500/HH for families (successful exit AND retention) RRH - Less than $8,001-$11,000/HH for singles and $10,001-$12,000 for families TH - less than $11,001-$13,000/HH for singles and $15,001-$17,000 for families	PSH - more than $14,000/HH for singles and $17,500/HH for families (successful exit AND retention) RRH - Less than $11,000/HH for singles and $12,000 for families TH - less than $13,000/HH for singles and $17,000 for families		
Domestic Violence (experience)	Project has at least 5 years experience specifically serving DV/SA survivors		Project has 1-4 years experience specifically serving DV/SA survivors	Project has less than 1 year experience specifically serving DV/SA survivors		
Domestic Violence (specialized services)	Project utilizes specialized services model specifically tailored to DV/SA survivors			Project does not utilize specialized services model specifically tailored to DV/SA survivors		
TOTAL POINTS RECEIVED						

Suburban Metro Area CoC 2019 NOFA Reallocation and Ranking Policies

Reallocation:

1) Voluntary reallocation will always be fully explored first from all renewal projects.

2) If voluntary reallocation does not establish enough funding to create a sustainable project, SMAC will consider all projects scoring in the bottom 1/3 eligible to be considered for Reallocation. (It is anticipated that SMAC will have 22 renewal projects in 2018.)

Additional Considerations:

a. Historical scoring data- The Ranking Committee will review if the project has scored in the bottom 1/3 past 3 NOFA competitions.
b. Cost Effectiveness of project- The total HUD grant award amount will be divided by the number of successful outcomes. Successful outcome for all projects (other than PSH) is exiting to permanent housing. Successful outcome for PSH includes exits to permanent housing and remaining in permanent housing.
c. Coordinated Entry data- The Ranking Committee will review Coordinated Entry data and other priority setting data used by the Governing Board to ensure needs and gaps are being met across the geography of the CoC.

Example

A non-PSH project gets $100,000 grant. 25 households successfully went to permanent housing. The cost per successful outcome is: $4,000.

A PSH project gets $100,000 grant. 5 households successfully went to permanent housing. 4 households remain in permanent housing. The cost per successful outcome is: $11,111.

The Ranking Committee will make the final decision regarding which projects will be recommended to the Governing Board for Reallocation. For the 2018 competition the Ranking Committee should consider offering Technical Assistance to the bottom 1/3 of projects as an alternative to Reallocation due to recent implementation of the current scoring tool and reallocation approach.

Ranking:

1) HMIS grant will automatically be placed just above the SSO-CE grant(s) at the bottom of Tier 1. SMAC highly values having a functional HMIS. SMAC feels that it is essential to fund HMIS adequately and feels strongly that HMIS funds need to be protected in Tier 1.

2) SSO-CE grants will be placed just above any New project(s) created through reallocation at the bottom of Tier 1. To have a high quality, effective CES funding needs to be allocated to support infrastructure for CES activities. HUD has not provided guidance for how to score and evaluate these projects but encourages CoCs to maintain funding for these grants. Therefore, SMAC feels SSO-CE grants should be protected in Tier 1.

3) New projects created through reallocation will be ranked just above the new BONUS project(s) at the bottom of Tier 1. New projects will all be scored through the RFP process and evaluated on the New Project Application score tool. If a new project is selected through the RFP process it demonstrates the project will fill a gap in the CoC and will be prioritized as such through Tier 1 ranking.

4) New projects created through BONUS funding will be ranked at the bottom of Tier 1, this include other additional Bonus funding that may be available. New projects will all be scored through the RFP process and evaluated on the New Project Application score tool. If a new project is selected through the RFP process it demonstrates the project will fill a gap in the CoC and will be prioritized as such through Tier 1 ranking. Prioritizing projects funded through the BONUS opportunity is the best way to bring new funds into the CoC and increase the CoCs ARD.

The bottom of Tier 1 will look as follows:

- HMIS Project
- Coordinated Entry Project
- New project(s)/Expansion project(s) created through reallocation
- New project(s) created through Bonus funds (DV Bonus or regular Bonus)

5) The Ranking Committee will make a decision on Tier 1 Ranking for any BONUS project based on need and strength of the BONUS application.

Scoring:

6) Once the total number of points are calculated, the number of points earned will be divided by the total possible points for that project type. The resulting percentage will be placed in descending order, highest at top and lowest at bottom. If there is a tie between projects, a tiebreaker score will be used.

7) The tiebreaker score will be based on cost effectiveness. The total HUD grant award amount will be divided by the number of successful outcomes. Successful outcome for all projects (other than PSH) is exiting to permanent housing. Successful outcome for PSH includes exits to permanent housing and remaining in permanent housing.

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8) Rounding for all scoring will be standard rounding to the second decimal point.

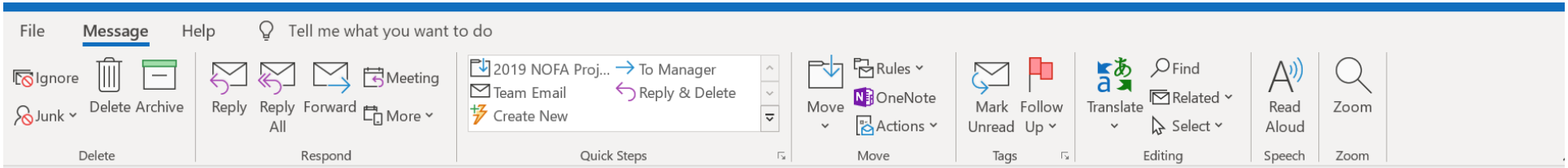
9) Renewal Projects will be penalized for late application submission to the CoC. **Projects will lose 8 points for submitting a late application.** Timelines are critical during the NOFA process and it is essential that projects get all documents to the CoC on time.

10) New projects awarded in the last competition that have not yet begun and those projects that have not finished their first year or have not submitted their first APR but must submit a renewal application will be placed at the bottom of Tier 1 and exempt from the scoring process.

11) Projects that have completed only their first APR will be exempt from the following scoring categories: 1) Use of Federal Funds, 2) Unit Utilization, 3) Exits to Permanent Housing, 4) All income measures, 5) Reoccurance, 6) Mainstream Benefits, 7) Health Insurance . SMAC does not want to penalize projects that are new to CoC funding and have not had the opportunity to score well in these areas.

12) If an agency was not able to access eLOCCS during the course of the year through no fault of their own, the agency is responsible for notifying the CoC and providing confirmation from the HUD Field Office. If so, the agency would be exempt from the scoring criteria.

Suburban Metro Area Continuum of Care Rating and Raking Process 2019



SMAC NOFA Information for Renewal Projects

AG

Abby Guilford <abby@mesh-mn.org>

Reply | Reply All | Forward

To 'Mary Durand'; Tamara Stark; Ann Lindquist (annl@washingtoncountycda.org); Allison Streich; Allison Uthke; Amy Highness; Angie Beissel; Ann Hoechst; Annie McCabe; Anthony Coleman; Beth Holger-Ambrose; Brenda Lano; Dan Lauer-Schumacher; Demetri Vincze; Denise Smieja; Eric Gentry; Gary Lloyd; Heather Duchscherer; Jaime Stampley; James Lewis; **+15 others**

Wed 7/10/2019 9:20 PM

Renewal Project Applicant Packet 2019.pdf
1 MB

SMAC Preapplication Solicitation FINAL 2019.pdf
269 KB

Hello SMAC CoC Grantees,

Attached is the packet you should use as you prepare your renewal applications for the 2019 NOFA process. There is a timeline included in the packet but key dates to be aware of:

- **July 24- Please send me your APR** for July 1, 2018-June 30, 2019. These are the dates we discussed as a group when we met last November following the 2018 NOFA. Since HUD so graciously waited until after June 30 to release the NOFA we can use the dates we planned. Note- I am asking for your APR prior to your project application so I can get a jump on the scoring.
- **August 14- Draft project applications due.** This is the date I will need the remainder of your application materials.
- **August 19-** (or before) you will receive your scores from me
- **August 26**- Initial Ranking will be posted
- **August 30**- Final Ranking will be posted
- **September 6**- Final Project Applications due into esnaps
- **September 30**- NOFA due to HUD

In the packet is also the **final scoring tool**. This is the tool that has been used over the past year to score your quarterly APRs. The only addition is the CES scoring. You will receive the report that the score is generated from when I send you your scores.