

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Duluth / St. Louis County	MN-509
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: St. Louis County Public Health & Human Services		
CoC Contact Person: Vicki Maher		
Contact Person's Organization Name: St. Louis County		
Street Address: 320 West Second Street, Room 605		
City: Duluth	State:MN	Zip: 55802
Phone Number: 218-726-2210	Fax Number:218-733-2979	
Email Address: maherv@co.st-louis.mn.us		

B: CoC Geography Chart

Geographic Area Name	6-digit Code
Duluth, Minnesota	271266
St. Louis County, Minnesota	279137

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations / entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CoC Primary Decision-Making Group (list only one group)						
Name:	<i>St. Louis County Committee to End Homelessness (CEH)</i>	X				17
Role:	Provide leadership on county-wide homeless issues; address current issues, set priorities, review best practices, develop strategies and identify opportunities to maximize resources.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	<i>Affordable Housing Coalition</i>	X				40
Role:	Assess housing and service needs of homeless persons, inventory existing resources and identify gaps in housing and local service delivery within city of Duluth.					
Name:	<i>Churches United in Ministry</i>	X				38
Role:	Plan, organize, and administer stabilization services					
Name:	<i>City of Duluth</i>	X				1
Role:	Provide staff support to convene Committee to End Homelessness meetings and coordinate communication to all partners.					
Name:	<i>Duluth Community Development Committee</i>	X				11
Role:	Review CDBG and ESG applications for homeless funding and make funding recommendations to the City Council.					
Name:	<i>Duluth Human Rights Commission</i>	X				15
Role:	Oversee fair housing issues for the City of Duluth.					
Name:	<i>End Homelessness in Ten Committee (EHIT)</i>	X				17
Role:	Set up Implementation Team to oversee execution of Heading Home Plan.					
Name:	<i>Family Homeless Prevention and Assistance Program (FHPAP) Advisory Committee</i>		X			30
Role:	Review progress of the FHPAP and its impact on families and youth; assess service gaps and plan a coordinated service delivery system to prevent homelessness in St. Louis County.					
Name:	<i>Heading Home St. Louis County Discharge Planning Task Force</i>	X				17
Role:	Development county-wide discharge planning protocols established to prevent the discharge of persons into homelessness from foster care, corrections, medical and mental health facilities.					

Name:	<i>Maverick Group</i>	X				10
Role:	Discuss local housing and homeless issues; coordinate resources and ensure communication between direct service providers to prevent duplication of services.					
Name:	<i>Ministerial Association - Hibbing</i>	X				8
Role:	Discuss how to best address local community needs and homeless issues in the City of Hibbing area.					
Name:	<i>Ministerial Association - Quad Cities</i>	X				28
Role:	Discuss how to best address local community needs and homeless issues interrelated to the cities of Eveleth, Gilbert, Mountain Iron, and Virginia.					
Name:	<i>NE MN Project to End Long-Term Homelessness Steering Committee</i>	X				31
Role:	Partnership of 7 counties and 3 Bands of the MN Chippewa Tribe to develop a new strategic supportive housing response to end long-term homelessness in northeastern Minnesota.					
Name:	<i>Northeast Minnesota HOME Consortium Advisory Board</i>			X		12
Role:	Identify housing issues across a five-county region; set housing priorities so that HOME funds are distributed to high priority to housing projects which meet local needs.					
Name:	<i>Northeast Minnesota Regional Housing Alliance Group</i>		X			35
Role:	Provide a forum for housing resource coordination and information sharing.					
Name:	<i>Northeast Regional Development Authorities</i>		X			15
Role:	Discuss housing issues and how they can be addressed regionally through the HRAs.					
Name:	<i>Rural Housing Coalition and Fair Housing Committee</i>	X				42
Role:	Assess housing and service needs of homeless persons, inventory existing resources and identify gaps in rural St. Louis County; oversee planning and implementation of county's fair housing plan.					
Name:	<i>St. Louis County CDBG Advisory Committee</i>	X				19
Role:	Review CDBG applications for HUD funding and make funding recommendations to the St. Louis County Board.					
Name:	<i>St. Louis County Public Health and Human Services</i>	X				1
Role:	Provide staff support to convene Heading Home Implementation Team: coordinate communication to all agency partners; draft Exhibit 1 & coordinate submission to HUD: coordinate county services with Continuum of Care.					
Name:	<i>St. Louis County Veterans Service</i>		X			1
Role:	Coordinate county veteran services with Continuum of Care; provide information and referrals to veterans.					
Name:	<i>Soroptimists – Hibbing</i>		X			24
Role:	Assess need for support and raise funds for a Teen Safe Haven in Hibbing.					

State-wide Planning						
Name:	<i>Corporation for Supportive Housing Work Group</i>		X			20
Role:	Provide information and technical assistance to organizations related to alternative funding sources for support services and housing development.					
Name:	<i>Ending Long-Term Homelessness Advisory Council (ELTH)</i>		X			54
Role:	Provide ongoing advice and support to the state as implementation of the state plan to end long-term homelessness.					
ELTH Subcommittees						
	<ul style="list-style-type: none"> <i>Best Practices: Housing Construction and Rehab Committee</i> 		X			11
	Advise MHFA on construction decisions as plan is implemented and projects are selected.					
	<ul style="list-style-type: none"> <i>Community Support Task Force</i> 		X			9
	Develop private sector resources to support plan to end LTH.					
	<ul style="list-style-type: none"> <i>Evaluation Committee</i> 	X				13
	Oversee comprehensive evaluation of the business plan.					
	<ul style="list-style-type: none"> <i>Landlord Relationships Committee</i> 		X			15
	Analyze barriers for landlords reluctant to rent to LTH, develops ways to address barriers.					
	<ul style="list-style-type: none"> <i>Regional Needs and Analysis Committee</i> 		X			11
	Oversee alignment of regional plans with state plan and determines needs by region.					
	<ul style="list-style-type: none"> <i>Service Funding Committee</i> 	X				21
	Advise DHS on flexible service fund and develops expertise in mainstream funding for supportive housing in Minnesota.					
Name:	<i>Statewide Exhibit 1 Work Group</i>				X	13
Role:	Meet to share best practices in effectively preparing an effective Exhibit 1.					
Name:	<i>Minnesota CoC Coordinator Work Group</i>		X			14
Role:	Meet to share best practices and explore alternative methods in development of an effective Exhibit 1.					
Name:	<i>Minnesota Coalition for the Homeless</i>	X				1
Role:	Provide information on homeless issues; provide technical assistance and advocacy services.					
Name:	<i>Minnesota Comprehensive Offender Re-entry Plan</i>	X				8
Role:	Envision a state in which offenders live purposeful, productive, law-abiding, healthy lives; and there are safe communities.					
Name:	<i>Minnesota HMIS Statewide Governing Group</i>		X			1
Role:	This group oversees Minnesota's Statewide HMIS. It helps shape HMIS policy, identifies needs for technical assistance and training, oversees the budget for HMIS, and helps to set goals and priorities for the project.					
Name:	<i>Minnesota HMIS User Groups</i>		X			16
Role:	Gain technical assistance to implement and operate HMIS at agency level.					

Name:	<i>Minnesota Interagency Task Force on Homelessness</i>	X				12
Role:	Work to effectively use state resources to prevent and end homelessness.					
	<i>Subcommittees</i>					
	• <i>Continuum of Care Subcommittee</i>	X				9
	Investigate, review and improve the current system of service delivery to people who are homeless or at risk of becoming homeless.					
	• <i>Coordination of Resources Subcommittee</i>		X			10
	Improve coordination of resources and activities of all state agencies relating to homelessness.					
	• <i>Family Homeless Prevention and Assistance Program Subcommittee</i>	X				4
	Advise the Minnesota Housing Finance Agency in managing the Family Homeless Prevention and Assistance Program.					
	• <i>Information Systems Subcommittee</i>	X				3
	Homeless Management Information System; Quarterly Shelter Survey; Housing Link; Wilder Survey					
Name:	<i>Policy Academy to Prevent and End Homelessness for Children and their Families in Minnesota</i>		X			8
Role:	Improve access to mainstream services for families with children experiencing homelessness.					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
	FEDERAL GOVERNMENT AGENCIES			
	U.S. Department of Housing and Urban Development – Minneapolis Field Office	279137, 271266		
	U.S. Social Security Administration	279137, 271266	SMI	SA
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	HMIS Governing Groups	279137, 271266		
	HMIS User Groups	279137, 271266		
	Minnesota Comprehensive Offender Re-entry Plan	279137, 271266		
	Minnesota Department of Corrections	279137, 271266	SMI	SA
	Minnesota Department of Education	279137, 271266		
	Minnesota Department of Employment and Economic Security	279137, 271266		
	Minnesota Department of Health	279137, 271266		
	Minnesota Department of Human Services	279137, 271266	SMI	SA
	Minnesota Department of Public Safety	279137, 271266		
	Minnesota Department of Veteran’s Affairs	279137, 271266	VET	
	Minnesota Department of Veteran’s - Veteran’s Home	279137, 271266	VET	
	Minnesota Housing	279137, 271266	HIV	
	Minnesota Interagency Task Force on Homelessness	279137, 271266	HIV	SMI
	Policy Academy to Prevent and End Homelessness for Children and their Families in Minnesota	279137, 271266		
	State Courts Administration	279137, 271266		

LOCAL GOVERNMENT AGENCIES			
St. Louis County CDBG Advisory Committee	279137		
St. Louis County Commissioner Steve O'Neil	279137, 271266		
St. Louis County Commissioner Peg Sweeney	279137		
St. Louis County Planning Department	279137, 271266		
St. Louis County Public Health and Human Services Department	279137, 271266	SMI	Y
St. Louis County Veterans Service	279137, 271266	VET	
City of Duluth Mayor Herb Bergson	271266		
City of Duluth American Indian Commission	271266		
City of Duluth Commission on Disabilities	271266	SMI	SA
City of Duluth Community Development	271266		
City of Duluth Community Development Committee	271266		
City of Duluth Housing Commission	271266		
City of Duluth Human Rights Commission	271266		
City of Duluth Workforce Development	279137, 271266		
City of Hibbing	279137		
City of Virginia	279137		
PUBLIC HOUSING AGENCIES			
Chisholm HRA	279137		
Cook HRA	279137		
Duluth HRA	271266	SMI	SA
Ely HRA	279137		
Eveleth HRA	279137		
Gilbert HRA	279137		
Hibbing HRA	279137		
St. Louis County HRA	279137		
Virginia HRA	279137	SMI	SA
SCHOOL SYSTEMS / UNIVERSITIES			
College of St. Scholastica (CSS)	271266		
ISD #709 Head Start	271266	Y	
ISD #709 Homeless Liaison	271266	Y	
ISD #2142 Homeless Liaison	279137	SMI	Y
Lake Superior College	271266		
U of MN, Duluth - Labovitz School of Business	271266		
University of MN, Duluth - School of Medicine	271266		
University of MN, Duluth - School of Pharmacy	271266		
University of MN Social Work Department	271266, 279137		
LAW ENFORCEMENT / CORRECTIONS			
Arrowhead Regional Corrections (including Probation & Correctional Facilities)	279137, 271266	SMI	SA
Duluth Police Department	271266		
St. Louis County Sheriff Dept. (Including Jails)	279137, 271266		
LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			

	Minnesota Workforce Centers	279137, 271266		
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS INCLUDING HOUSING SERVICE PROVIDERS			
	<i>Veterans:</i>			
	Minnesota Assistance Council for Veterans	279137, 271266	VET	
	<i>Disabilities:</i>			
	Ariel View	271266	SMI	SA
	Arrowhead Center	279137	SA	
	Arrowhead House	271266	SMI	SA
	Center for Alcohol/Drug Treatment	271266	SMI	SA
	Center for Independent Living	279137, 271266		
	Duluth Bethel	271266	SMI	SA
	Human Development Center	271266	SMI	SA
	Range Mental Health Center	279137, 271266	SMI	Y
	Rural Aids Action Network	279137, 271266	HIV	
	<i>Homeless/Low Income:</i>			
	American Indian Community Housing Organization	271266	SMI	SA
	Arrowhead Economic Opportunity Agency	279137		
	Damiano Center	271266		
	Duluth Community Action	279137, 271266		
	Duluth Housing Access Center	271266		
	Habitat for Humanity	279137		
	Jefferson Haven Tenant Organization	279137		
	Life House, Inc.	279137, 271266	Y	
	Loaves & Fishes	271266		
	Lutheran Social Services	279137, 271266	Y	
	Range Transitional Housing	279137		
	Safe Haven Shelter for Battered Women	271266	DV	
	<i>Other:</i>			
	Duluth Boys and Girls Club	271266	Y	
	Hibbing Food Shelf	279137		
	SOAR Career Solutions	271266		
	Wilder Research Center	279137, 271266		
	YWCA	271266	Y	
	FAITH-BASED ORGANIZATIONS			
	Churches United in Ministry	271266		
	First Presbyterian Church - Hibbing	279137		
	Gethsemane Lutheran Church	279137		
	Hibbing Ministerial Association	279137		
	Hope Community Presbyterian Church	279137		
	McCabe Renewal Center	271266		
	Quad Cities Ministerial Association	279137		
St. Mark's Church	271266			
The Salvation Army	279137, 271266			
FUNDERS / ADVOCACY GROUPS				

Funders:			
Minnesota Housing Partnership	279137, 271266		
Northland Foundation	279137, 271266		
United Way of Duluth	271266		
United Way of Hibbing	279137		
United Way of Northeast Minnesota	279137		
Advocacy Groups:			
Legal Aid Services of NE MN - Duluth	279137, 271266		
Legal Aid Services of NE MN - Virginia	279137		
Minnesota Coalition for the Homeless	279137, 271266		
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Housing Developers:			
American Indian Community Housing Organization	271266	SMI	SA
Arrowhead Economic Opportunity Agency	279137		
Center City Housing	271266	SMI	SA
Churches United in Ministry	271266	SMI	SA
Corporation for Supportive Housing	279137, 271266	SMI	SA
Habitat for Humanity	279137, 271266		
Local Investment Support Corporation	271266		
Minnesota Assistance Council for Veterans	279137, 271266	VET	
Neighborhood Housing Services	271266		
Range Mental Health Center	279137	SMI	SA
The Salvation Army	279137, 271266	SA	
Women in Construction	271266	SMI	SA
Women's Community Development Organization	271266	DV	Y
Businesses and Associations:			
Duluth Chamber of Commerce	271266		
Iron Range Chambers of Commerce	279137		
Minnesota Power	279137, 271266		
Seaway Hotel of Duluth	271266		
HOSPITALS / MEDICAL REPRESENTATIVES			
Miller-Dwan Medical Center	279137, 271266		
St. Luke's Hospital	279137, 271266		
St. Mary's Hospital	279137, 271266		
Virginia Regional Medical Center	279137		
HOMELESS / FORMERLY HOMELESS PERSONS			
Formerly Homeless Female – Age 41	271266	SA	
Formerly Homeless Male - Age 39	279266	SMI	
Formerly Homeless Male - Age 46	279137	SMI	
Formerly Homeless Male - Age 55	279137		
Formerly Homeless Male – Age 59	279137	VET	
Homeless Female – Age 39	279137	SMI	
OTHER			

Bois Forte Band of Minnesota Chippewa Tribe	279137		
Citizen: Helen Carlson	271266		
Citizen: Ann Frey	271266		
Citizen: Sharon Kemp	271266		
Citizen: Joyce Kramer	271266		
Citizen: Peter Opack	271266		
Citizen: Roberta Pascuzzi	271266		
Citizen: Julianne Salazar	271266		
Citizen: Liz Stich	271266		
Citizen: James Uhuna-Wilds	271266		
Citizen: Colleen Williams	271266		
Community Activist Portia Johnson	271266		
Community Activist Richard Lee	271266		
Fond du Lac Band of Minnesota Chippewa Tribe	279137		
Housing 1000	271266		

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Structure Chart

<p>1. Is the CoC's primary decision-making body a legally recognized organization (check one)?</p> <p> <input type="checkbox"/> Yes, a 501(c)(3) <input type="checkbox"/> Yes, a 501(c)(4) <input checked="" type="checkbox"/> Yes, other – specify: <u>St. Louis County</u> <input type="checkbox"/> No, not legally recognized </p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p>Since 1996, St. Louis County has compiled an associated application for CoC Homeless Assistance Program funding. In one of those years, 1996, the county had responsibility for serving as the grantee. St. Louis County would not have capacity to expand to full administration unless there were sufficient administrative funds that would allow us to hire 3-4 additional full-time staff. We would not be in favor of this approach if it would result in decreased availability of funding for services. We do believe that local oversight would allow for a more cost effective, efficient process giving the CoC expanded ability to monitor and control the overall process.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p><u>69</u> %</p>
<p>4a. Indicate how the members of the primary decision-making body are selected (check all that apply):</p> <p> <input type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer <input type="checkbox"/> Appointed <input checked="" type="checkbox"/> Other – specify: <u>open and democratic process</u> </p>	
<p>4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)</p> <p>Members are recruited through public notice. All members complete a written application form based on established criteria for membership. There is an established mix of representatives of various constituencies; i.e., faith-based, communities of color, etc. and geography. Committee to End Homelessness (CEH) reviews and votes to approve application. New member is notified of committee decision. Invited to attend meetings.</p>	
<p>5. Indicate how the leaders of the primary decision-making body are selected (check all that apply):</p> <p> <input checked="" type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer <input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____ </p>	

F: CoC Project Review and Selection Chart

1. Open Solicitation			
a. Newspapers	<input checked="" type="checkbox"/>	d. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership	<input checked="" type="checkbox"/>	e. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	f. Announcements at Other Meetings	<input checked="" type="checkbox"/>
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input checked="" type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	N/A <input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	d. One Vote per Organization	<input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	e. Consensus (general agreement)	<input type="checkbox"/>
c. All CoC Members Present Can Vote	<input type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest	<input checked="" type="checkbox"/>

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
American Indian Community Housing Organization		X		X	X				X	X					X	X	X	X
Arrowhead Center				X						X	X				X			
Arrowhead Child Care Resource & Referral Program																	X	
Arrowhead Economic Opportunity Agency	X	X	X	X					X	X					X	X	X	X
Bois Forte Band of Chippewa		X				X			X	X			X		X	X		X
Center for Alcohol and Drug Treatment				X							X							
Center for American Indian Resource												X	X		X			
Churches United in Ministry		X		X		X			X	X			X		X	X		
City of Duluth	X							X										
City of Duluth Workforce Development				X					X	X					X	X	X	X
Community Action Duluth	X			X					X	X					X	X		X
Damiano Center				X		X			X	X					X	X		X
Duluth Community Health Care Center													X	X				
Duluth Family Practice Center													X	X				
Fairview Medical Center							X						X					
Fond du Lac Band of Chippewa				X	X				X	X	X	X	X		X	X	X	X
Habitat for Humanity	X			X											X			
Hibbing Housing and Redevelopment Authority	X	X	X	X					X	X		X			X	X		X
Housing Access Center				X					X	X					X			
Housing and Redevelopment Authority of Duluth Minnesota	X	X	X	X											X			X
Human Development Center				X		X	X		X	X	X	X			X	X		

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Indian Legal Assistance Program				X	X													
Legal Aid of Northeastern Minnesota				X	X				X	X					X			
Life House		X		X			X		X	X	X	X			X	X	X	X
Lutheran Social Service		X	X	X		X			X	X			X	X	X			
Miller Dwan Medical Center				X					X		X	X	X		X			
Minnesota Aids Project														X	X			
Minnesota Assistance Council for Veterans	X	X	X	X	X	X			X	X					X	X		X
Minnesota Chippewa Tribe									X	X					X	X	X	X
Minnesota Teen Challenge										X	X				X			
Mishkawisen									X		X							
Neighborhood Housing Services	X														X			
Northeast Minnesota Office of Job Training				X					X	X					X	X	X	X
Northeast Project to End LT Homelessness				X		X			X	X								
Northern Communities Land Trust	X			X											X			
Occupational Development Center										X					X	X		X
Range Mental Health Center	X	X	X	X		X	X		X	X	X	X	X		X	X		X
Range Transitional Housing		X	X	X		X			X	X	X				X	X	X	X
Range Women's Advocates				X		X			X	X					X		X	X
Rural Aids Action Network														X	X			
Safe Haven Shelter				X	X				X	X					X		X	X
St. Louis County Public Health and Human Services	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X
St. Louis County Sheriff								X										
St. Luke's Hospital											X	X	X	X	X			
St. Mary's/Duluth Clinic													X	X	X			
Scenic River Health Care													X					
State of MN Department of Human Services				X			X				X	X	X					
The Salvation Army	X	X	X	X			X		X	X					X		X	X
Twin Ports Veterans Clinic													X					
211 – United Way				X											X			

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Union Gospel Mission						X												
University of Minnesota, Duluth School of Medicine													X					
Veterans Clinic - Hibbing													X	X				
Virginia Housing and Redevelopment Authority	X	X	X	X					X	X					X	X		X
Virginia Regional Medical Center											X		X		X			
Volunteer Attorney Program					X													
Women in Construction																X		
Women's Transitional Housing Coalition	X	X	X	X					X	X					X	X	X	X
YWCA of Duluth		X		X					X	X					X	X	X	X

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory			Ind.	Fam.									
(Available for Occupancy on or before Jan. 31, 2006)													
American Indian Community Housing Organization	Daabinoo' Igan Domestic Violence Shelter*	DV	0	0	271266	M	DV	2	5	5	10	0	0
Arrowhead Economic Opportunity Agency	Bill's House*	PA	4	0	279137	M		0	0	4	4	0	58
Arrowhead Economic Opportunity Agency	Tomassoni Apartments*	PA	3	4	279137	M		1	4	3	7	0	13
Churches United in Ministry	CHUM Shelter*	PA	44	21	271266	SMF		7	21	44	65	0	0
Loaves and Fishes	Dorothy Day House	D	0	0	271266	SMF		0	0	7	7	0	0
Loaves and Fishes	Olive Branch House	D	0	0	271266	FC		3	7	0	7	0	0
Lutheran Social Services	Bethany Crisis Shelter Runaway Program	PA	4	0	271266	YMF		0	0	4	4	0	0
Range Mental Health Center	Voucher Program	PA	0	0	279137	M		0	0	0	0	0	30
Range Transitional Housing	Voucher Program	PA	0	0	279137	M		0	0	0	0	0	20
Range Women's Advocates	Voucher Program	D	0	0	279137	FC	DV	0	0	0	0	0	22
Range Women's Advocates	Safe Houses	DV	0	0	279137	FC	DV	0	0	0	0	0	1

Safe Haven Shelter for Battered Women	Safe Haven Shelter for Battered Women	DV	0	0	271266	M	DV	7	21	18	39	0	0						
Salvation Army (Hibbing)	Voucher Program	N	0	0	271266	M		0	0	0	0	0	12						
Salvation Army (Virginia)	Voucher Program	N	0	0	279137	M		0	0	0	0	0	30						
Soroptimist Club – Hibbing	Safe Haven*	D	0	0	279137	FC		1	4	0	4		0						
Union Gospel Mission	Shelter	PA	2	0	271266	SMF		0	0	2	2		0						
SUBTOTALS:			57	25	SUBTOTAL CURRENT INVENTORY:			21	62	87	149	0	186						
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.															
None																			
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0	0	0						
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date																
None																			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:																			
Unmet Need								UNMET NEED TOTALS:						0	0	0	0	0	0
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families													
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			87			6. Total Year-Round Family Emergency Shelter (ES) Beds:			62										
2. Number of DV Year-Round Individual ES Beds:			23			7. Number of DV Year-Round Family ES Beds:			26										
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			64			8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):			36										
4. Total Year-Round Individual ES Beds in HMIS:			57			9. Total Year-Round Family ES Beds in HMIS			25										
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			89%			10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			69%										

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory			Ind.	Fam.							
(Available for Occupancy on or before January 31, 2006)											
American Indian Community Housing Organization	Oshki *	PA	0	17	271266	FC		5	17	0	17
Arrowhead Economic Opportunity Agency	Bill's House*	PA	6	2	279137	SMF		1	2	6	8
Life House	Harbor House*	PA	5	3	271266	SF		1	3	5	8
Life House	Proctor House*	PA	5	0	279137	SM		0	0	5	5
Lutheran Social Services	Renaissance Program*	PA	6	0	271266	YMF		0	0	6	6
Loaves and Fishes	Vine House	D	0	0	271266	SM		0	0	3	3
Range Mental Health Center	Rental Assistance* Youth Outreach Program	PA	3	0	279137	SMF		0	0	3	3
Range Transitional Housing	Virginia HRA Transitional Housing*	PA	11	44	279137	M		13	44	11	55
Range Transitional Housing	Scattered site – Hibbing*	PA	1	15	279137	M		6	15	1	16
The Salvation Army	Catherine Booth Residence*	PA	0	14	271266	FC		4	14	0	14
The Salvation Army	Lake Place*	PA	0	6	271266	FC		2	6	0	6
The Salvation Army	Lincoln Park Apartments*	PA	0	16	271266	FC		5	16	0	16

The Salvation Army	Minnesota House*	PA	0	7	271266	FC		3	7	0	7
The Salvation Army	Scattered site*	PA	0	9	271266	FC		3	9	0	9
Women's Transitional Housing Coalition	Women's Transitional Housing*	PA	5	55	271266	M		18	55	5	60
SUBTOTALS:			42	188	SUBTOTAL CURRENT INVENTORY:			61	188	45	233
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
None											
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
None											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	0	0	
Unmet Need							UNMET NEED TOTALS:				
							0	0	0	0	
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families						
1. Total Year-Round Individual Transitional Housing Beds:			45		6. Total Year-Round Family Transitional Housing Beds:			188			
2. Number of DV Year-Round Individual TH Beds:			0		7. Number of DV Year-Round Family TH Beds:			0			
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):			45		8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):			188			
4. Total Year-Round Individual TH Beds in HMIS:			42		9. Total Year-Round Family TH Beds in HMIS			188			
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			93%		10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			100%			

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Duluth HRA	Shelter Plus Care*	PA	22	3	271266	SMF		3	3	22/3	25
Duluth HRA SRO vouchers	Center City – Gardner Building*	D	0	0	271266	SMF		0	0	41/4	41
Duluth HRA SRO vouchers	Center City – Memorial Park*	D	0	0	271266	SMF		0	0	15/2	15
Duluth HRA SRO vouchers	Union Gospel Mission*	PA	0	0	271266	SMF		0	0	12/2	12
Duluth HRA SRO vouchers	Women’s Transitional Housing*	PA	0	8	271266	FC		3	8	0/0	8
Life House	House of Phoenix*	PA	5	0	271266	SF		0	0	5/1	5
MN Assistance Council for Veterans – Duluth	Permanent Housing*	PA	10	0	271266	SMF	VE T	0	0	10/0	10
Range Transitional Housing	Permanent Housing*	PA	10	30	279137	M		12	30	10/10	40
Range Transitional Housing	Permanent Supportive Housing*	PA	13	0	271137	SMF		0	0	13/13	13
Virginia HRA	Shelter Plus Care*	PA	26	6	279137	M		6	6	26/10	32
Women’s Transitional Housing Coalition	Sheila’s Place*	PA	0	23	271266	FC		7	23	0/0	23
Women’s Transitional Housing Coalition	Alicia’s Place*	PA	10	0	271266	SF		0	0	10/5	10
YWCA of Duluth	West Duluth Center*	PA	0	6	271266	FC		2	6	0/0	6

SUBTOTALS:			96	76	SUBTOTAL CURRENT INVENTORY:		33	76	164/50	240		
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.								
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:		0	0	0	0		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date									
Center City Housing	San Marco		June 2007	271266	SMF		0	0	70/30	70		
Virginia HRA	Perpich Apartments		April 2007	271137	SMF		0	2	11/6	13		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	2	81/36	83		
Unmet Need							UNMET NEED TOTALS:		101	303	67/46	370
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families								
1. Total Year-Round Individual Permanent Housing Beds:		164		6. Total Year-Round Family Permanent Housing Beds:						76		
2. Number of DV Year-Round Individual PH Beds:		0		7. Number of DV Year-Round Family PH Beds:						0		
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):		164		8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):						76		
4. Total Year-Round Individual PH Beds in HMIS:		96		9. Total Year-Round Family PH Beds in HMIS						76		
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		59%		10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):						100%		

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: <u>01/25/2007</u> (mm/dd/yyyy)	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input checked="" type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
100 %	Emergency shelter providers
100 %	Transitional housing providers
100 %	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: Minnesota Department of Human Services – Office of Economic Opportunity; Triennial Wilder Homeless Survey, October 2006
<input checked="" type="checkbox"/>	National studies or data sources – specify: US Department of Housing & Urban Development
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	
Duluth/St. Louis County CoC began by calculating base line unmet need using HUD's default formula. During the ten year plan to end homelessness process we adjusted the base line figure based on an in-depth review of data including the most recent Wilder homeless survey, input from a variety of providers, and the adoption of a Housing First Philosophy focusing future development on Permanent Supportive Housing.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:

<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 1/25/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	9	54	12	75
1a. Total Number of Persons in these Households (adults and children)	26	163	42	231
2. Number of Households without Dependent Children**	56	49	160	265
2a. Total Number of Persons in these Households	56	49	165	270
Total Persons (Add Lines 1a and 2a):	82	212	207	501
Part 2: Homeless Subpopulations below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	35		70	105
b. Severely Mentally Ill	108		*	108
c. Chronic Substance Abuse	34		*	34
d. Veterans	22		*	22
e. Persons with HIV/AIDS	0		*	0
f. Victims of Domestic Violence	41		*	41
g. Unaccompanied Youth (Under 18)	11		*	11

*Optional for unsheltered homeless subpopulations

** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

***For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input checked="" type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input checked="" type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input checked="" type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: November, 2007.	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers

*Please refer to ‘A Guide to Counting Sheltered Homeless People’ for more information on unsheltered enumeration techniques.

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input checked="" type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input checked="" type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input checked="" type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Homeless and/or formerly homeless persons
<input checked="" type="checkbox"/>	Other – specify: Hospitals, Public Health and Human Services
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input type="checkbox"/>	Other – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: <u>01/2009</u>	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: Amherst H. Wilder Foundation		Contact Person: Craig Helmstetter
Phone: 651-647-4616	Email: cdh@wilder.org	
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

M-2: List HUD-defined CoC Name(s) and Number(s) for *every* CoC in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Minneapolis/Hennepin County CoC	MN-500	Saint Paul/Ramsey County CoC	MN-501
Rochester/Southeast Minnesota CoC	MN-502	Dakota County CoC	MN-503
Northeast Minnesota CoC	MN-504	St. Cloud/Central Minnesota CoC	MN-505
Northwest Minnesota CoC	MN-506	Coon Rapids/Anoka County CoC	MN-507
Moorehead/West Central Minnesota CoC	MN-508	Duluth/Saint Louis County CoC	MN-509
Scott, Carver Counties CoC	MN-510	Southwest Minnesota CoC	MN-511
Washington County CoC	MN-512		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy) 02/2004	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
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Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

The single biggest challenge facing our HMIS implementation continues to be a lack of resources. HMIS staff provides group trainings and user groups, but further provider training is needed to increase consistency and accuracy of data entered into the state HMIS system. Such assistance could include help incorporating HMIS requirements into other data entry forms, help incorporating HMIS into the daily business practices of organizations, and more focused attention on the programs that have data quality problems. HMIS challenges also include implementing a more efficient reporting; some of the state sources that require HMIS participation currently require pulling as many as 7 different reports per quarter. Also, even though several state programs use HMIS as the required reporting tool, many agencies operate parallel data collection tools for reporting to other funding streams. Furthermore, we have not had the resources to reach out to many service providers that are not mandated to use HMIS.

Finally, although providers are entering data into the state HMIS system, we have been unable to access summary information from it. The lack of resolution to HMIS's technical problems prevents the Continuum from obtaining longitudinal and summative data that is key to accurately planning for additional housing units.

2. HMIS Data and Technical Standards Final Notice requirements:

As shown in Table M-5 below, the completeness of certain universal variables, especially zip code of last permanent address, continues to be a challenge. Our state-wide HMIS supplements the zip code question with city and state of last permanent address, which helps for local purposes.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	773	753
2005	6,330	5,933
2006	4,824	4,516

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

The numbers of client records created by providers in the CoC went down even as HMIS coverage improved because a number of the clients served in 2006 had already been entered into the system in 2004 and 2005.

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0.5%	Gender	0.2%
Social Security Number	25.6%	Veteran Status	8.1%
Date of Birth	1.7%	Disabling Condition	11.5%
Ethnicity	4.1%	Residence Prior to Program Entry	10.8%
Race	0.8%	Zip Code of Last Permanent Address	29.7%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

To date nearly all participation in Minnesota’s HMIS is due to funding requirements; Minnesota’s HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	YES	NA	NA
Transitional Housing	YES	NA	NA
Permanent Supportive Housing	NO	YES	1/1/2008

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.

We are in the process of implementing a data upload project that will increase bed coverage once complete. Many DV providers are not participating due to the Violence Against Women Act (VAWA). To date we have not had the resources to work with many agencies that are not required by their funding sources to participate in HMIS, nor has there been great incentive for them to participate.

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

For each item listed below, place an “X” in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check *only one column* per item.

	Y	N	P
1. Training Provided:			
Basic computer training		X	
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training		X	
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?			X
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?		X	
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?			X
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?			X
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?		X	
Program level data quality (i.e. data not entered by agency in over 14 days)?		X	
CoC bed coverage (i.e. percent of beds)?	X		
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count?		X	
Uses data integration or data warehouse to generate unduplicated count?		X	
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count		X	
Project/Program performance monitoring		X	
Program purposes (e.g. case management, bed management, program eligibility screening)		X	
Statewide data aggregation (e.g. data warehouse)			X

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	Coordinate the NE MN Project to End Long-Term Homelessness funding with 25 new tenant-based Shelter Plus Care Vouchers all targeted for chronically homeless persons.	Eric Grundahl, Director of Information and Evaluation, Hearth Connection	50 Beds	75 Beds	134 Beds	212 Beds
	In 2007, CoC application requesting 12 Shelter Plus Care sponsor based vouchers to service chronically homeless single individuals through a collaboration between Duluth HRA, Center City Housing, Soar Career Solutions, The American Indian Community Housing Organization and The Salvation Army.	Rick Klun, Executive Director, Center City Housing				
	Increase Shelter Plus Care Vouchers by 10 each year for Chronically Homeless Persons	Vicki Maher, St. Louis County				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	Evaluate current staffing levels, client/staff ratio, and geography to develop a plan to increase capacity for homeless case management in existing programs (site-based and scattered-site) with a Target Ratio of 1:12 (case manager to client)	Vicki Maher, St. Louis County	90%	90%	90%	95%
	Evaluate potential to add site-based case management at private SRO-type housing units.	Rick Klun, Center City Housing				
	Determine current gap/unmet need of flexible funds available for emergency/housing assistance as a tool for case managers assigned to provide support to assist homeless persons to obtain and maintain PH.	Vicki Maher, St. Louis County				

	Utilize APR's to work with agencies not achieving benchmark to improve performance.	Vicki Maher, St. Louis County				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	Educate providers on how to correctly complete APR's Work with providers to prepare Individual Service Plans and Discharge plans for each TH resident transitioning to PH according to established protocols Evaluate what is working in our and other continuums to move people from TH to PH – best practices.	Vicki Maher, St. Louis County	90%	90%	90%	90%
4. Increase percentage of homeless persons employed at exit to at least 18%.	Committee to End Homelessness will continue oversight to develop strategies to maintain and meet future HUD employment performance goal.	Vicki Maher, St. Louis County	23.2%	24%	28%	33%
	Build relationships with a network of employers willing to hire homeless persons.	Pat Hamon, Goodwill Industries				
	Expand Project Hope to serve more families county-wide.	Val Strukel, AEOA				
5. Ensure that the CoC has a functional HMIS system.	Improve reports available to providers using the system.	Craig Helmstetter, Amherst Wilder Research	84% Bed Cover- age	87% Bed Cover- age	90% Bed Cover- age	90% Bed Cover- age
	Implement data upload plan.	Craig Helmstetter, Amherst Wilder Research				
	Provide additional user training to improve accuracy of HMIS	Laura McLain, Amherst Wilder Research				
Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).						
Other CoC Objectives in 2007						
1. Build capacity for implementation of	Adequate staffing to support Continuum of Care and implementation of ten year plan to end homelessness.	Vicki Maher, St Louis County				

Heading Home St. Louis County A Ten Year Plan to End Homelessness	Organize, develop, coordinate Implementation Team and committee structure	Vicki Maher, St. Louis County			
2.Discharge Planning Task Force.	Develop local protocol for adults.	Vicki Maher, St. Louis County			
	Develop local protocol for children.	Vicki Maher, St. Louis County			

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Foster Care: The Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. Discharge plans must include housing and employment options and the assigned county case manager is to work closely with the youth and foster provider to implement all discharge plans. Foster care youth may petition to stay in foster care until age 21. State wards stay in foster care until age 21. Disabled youth may continue to receive social services including housing after age 18 through adult disability services in each county. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources.

Reliance on the existing state regulations for discharge planning has not been adequate locally for discharge planning for youth exiting foster care. Youth frequently refuse continued involvement with the system. For this reason, a local discharge planning task force is being developed to improve local outcomes with youth.

Health Care: Local hospitals work with county social services to provide housing and support services to people who are homeless and who may use the emergency room or be hospitalized. St. Louis County has an agreement with the medical facilities to help ensure medical coverage for uninsured low-income patients. When a patient enters the hospital without medical care coverage, the facility faxes a Health Care Request for Coverage form to the County Public Health and Human Services Department. This begins the process for a homeless individual to request on-going financial assistance which can be used to meet basic needs, such as housing, if the person is determined eligible. Hospital social workers contact St. Louis County Public Health and Human Services when supportive services that cannot be directly arranged by the hospital staff appear to be needed.

Mental Health: No person committed to a state regional treatment center is discharged homeless. All persons committed to any of the state regional treatment facilities are assigned a mental health case manager through the county that pursued the commitment. Discharge planning begins while the commitment process is still occurring. Housing after discharge is part of the treatment plan. Housing financed by HUD McKinney/Vento dollars is not used for people leaving state regional treatment facilities. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources.

Corrections:* In order to prevent offenders from being released homeless, the State begins the process of discharge planning shortly after the offender begins serving his sentence in the institution. It is done with enough time to adequately prepare for the coordination of all risk and need areas critical to that offender's successful community reentry. This ensures that all services needed and all available entitlements are secured prior to release and that all stakeholders are included in the discharge planning process. At each correctional facility, a release plan is created for every offender released to supervision. The plan includes case management services, assistance in finding housing, employment, adequate medical and psychiatric treatment and aid in his/her readjustment to the community. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources.

Locally, however, persons released from jails have no discharge planning. In 2003, the state shifted responsibility for offenders sentenced for less than one year to local jails. The ten-year plan process determined that a large percentage of homeless persons in St. Louis County were recently engaged with "the system." A primary implementation activity for the first year of the Heading Home Plan is to convene a Discharge Planning Task Force to develop local protocols for youths and adults.

*Please note that "corrections" category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

1. Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name:* Duluth / St. Louis County						CoC #: MN-509			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> ** Housing and Redevelopment Authority of Duluth Minnesota	Center City Housing Corp.	Duluth Sponsor Based Housing	1	316,800	5			SRA	
Virginia Housing and Redevelopment Authority	Arrowhead Economic Opportunity Agency (AEOA)	AEOA Youth Foyer Project	2	151,620	5			SRA	
Women's Community Development Organization	Women's Community Development Organization	Sheila's Place	3	42,022	1		PH		
Range Transitional Housing	Range Transitional Housing	Permanent Housing	4	231,950	1		PH		
YWCA of Duluth	YWCA of Duluth	Young Mother's Supportive Housing Project	5	16,800	1		PH		
Human Development Center	Human Development Center	Homeless Project S+C Support	6	77,280	1		SSO		
Range Transitional Housing, Inc.	Range Transitional Housing, Inc.	Permanent Housing Chronic Homeless Project	7	130,616	1		PH		
American Indian Community Housing Organization	American Indian Community Housing Organization	Oshki Transitional Housing	8	40,954	1		TH		

Women's Community Development Organization	Women's Community Development Organization	Operation and Support	9	87,761	1		TH		
Arrowhead Economic Opportunity Agency	Arrowhead Economic Opportunity Agency	Bill's House	10	51,143	1		TH		
The Salvation Army	The Salvation Army	Lake Place Family Transitional Housing Program	11	50,429	1		TH		
The Salvation Army	The Salvation Army	Catherine Booth	12	75,644	1		TH		
Lutheran Social Services	Lutheran Social Services	Renaissance Program	13	49,668	1		TH		
Range Mental Health Center	Range Mental Health Center	Homeless Youth Outreach	14	37,842	1		TH		
Life House	Life House	Weekend Program	15	20,011	1		TH		
Range Transitional Housing	Range Transitional Housing	Hibbing Transitional Housing	16	89,844	1		TH		
Women's Community Development Organization	Women's Community Development Organization	SAFAH Follow-up Program	17	59,903	1		SSO		
American Indian Community Housing Organization	American Indian Community Housing Organization	Oshki Follow-up Program for Women and Children	18	21,560	1		SSO		
The Salvation Army	The Salvation Army	Guarantee Loan Fund	19	158,545	1		SSO		
Human Development Center	Human Development Center	Homeless Project S+C Support	20	43,260	1		SSO		
Minnesota Assistance Council for Veterans-Duluth	Minnesota Assistance Council for Veterans- Duluth	Veteran's Outreach North	21	28,003	1		SSO		
The Salvation Army	The Salvation Army	Housing Services of Northeastern Minnesota	22	192,588	1		SSO		
Range Mental Health Center	Range Mental Health Center	Homeless Mentally Ill Adult Outreach	23	41,312	1		SSO		

Human Development Center	Human Development Center	Homeless Project S+C Support	24	34,912	1		SSO		
Amherst H. Wilder Foundation	Amherst H. Wilder Foundation	Minnesota HMIS	25	16,220	1	HMIS			
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$2,066,687					
(9) Shelter Plus Care Renewals:							S+C Component Type		
Housing and Redevelopment Authority of Duluth, MN	Housing and Redevelopment Authority of Duluth, MN	Shelter Plus Care	26	87,240	1		TRA		
Virginia Housing and Redevelopment Authority	Virginia Housing and Redevelopment Authority	Shelter Plus Care 1	27	68,640	1		TRA		
Virginia Housing and Redevelopment Authority	Virginia Housing and Redevelopment Authority	Shelter Plus Care 2	28	139,068	1		TRA		
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$294,948					
(11) Total CoC Requested Amount (line 8 + line 10):				\$2,361,635					

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>.

**Check this box if this is a #1 priority Samaritan bonus project.

CoC-Q

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page). N/A					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:					\$ N/A
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>					\$ N/A
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
N/A					
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8) 2007 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
N/A					
(12) TOTAL:					N/A

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
St. Louis County CoC	\$2,029,800

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		\$503,296		\$604,696		\$604,696		\$604,696		\$604,696		\$604,696	
Safe Havens-TH													
Permanent Housing (PH)		\$421,388		\$421,388		\$421,388		\$579,123		\$579,123		\$579,123	
Safe Havens-PH													
SSO		\$657,363		\$657,363		\$657,363		\$657,363		\$657,363		\$657,363	
HMIS		\$16,220		\$16,220		\$16,220		\$16,220		\$16,220		\$16,220	
Totals		\$1,598,267		\$1,699,667		\$1,699,667		\$1,857,402		\$1,857,402		\$1,857,402	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO													
0	7	\$151,620								5	\$21,660	12	\$51,984
1	51	\$522,720	39	\$205,920	39	\$205,920	51	\$269,280	72	\$380,160	84	\$443,520	
2	8	\$53,280	8	\$53,280	8	\$53,280	9	\$59,940	9	\$59,940	9	\$59,940	
3	3	\$25,092	3	\$25,092	3	\$25,092	3	\$25,092	3	\$25,092	3	\$25,092	
4	1	\$10,656	1	\$10,656	1	\$10,656	1	\$10,656	1	\$10,656	1	\$10,656	
5													
Totals		70	\$763,368	51	\$294,948	51	\$294,948	64	\$364,968	90	\$497,508	109	\$591,192

Part IV: CoC Performance

U: CoC Achievements Chart

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	<ol style="list-style-type: none"> 1. Coordinate the NE MN Project to End Long-Term Homelessness funding with 25 new tenant-based Shelter Plus Care vouchers all targeted for chronically homeless persons. 2. Expand Range Transitional Housing units for chronically homeless persons by 13 through Supportive Housing Assistance leasing. 3. Open 13 new units at the Perpich Apartments in Hibbing using project-based Shelter Plus Care vouchers with 6 units targeted for chronically homeless persons. 4. Open 70 new units at the San Marco project in Duluth through Supportive Housing Assistance leasing with 30 units targeted for chronically homeless persons. 5. Increase Shelter Plus Care vouchers by 10 each year for chronically homeless persons. 	<p>Created 49 new PH beds for CH persons</p> <p>25 new tenant-based Shelter Plus Care voucher for CH in process</p>
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	<ol style="list-style-type: none"> 1. Utilize the APR to create awareness among agencies of projects' current status. 2. Research best practices to see what is working in other continua. 3. CEH will provide oversight to develop strategies to close the gap between current performance and HUD goals with a target increase of 1% per year. <ul style="list-style-type: none"> • Housing service providers will align with intensive service teams funded through the NE Project to End Long-Term Homelessness to help them assess other housing options and create individualized service plans. 	<p>90% homeless persons staying in permanent housing over 6 months.</p>

<p>3. Increase percentage of homeless persons moving from TH to PH to 61%.</p>	<ol style="list-style-type: none"> 1. Utilize the APR to create awareness among agencies of projects' current status. 2. Research best practices to see what is working in other continua. 3. CEH will provide oversight to develop strategies to close the gap between current performance and HUD goals with a target increase of 1% per year. <ul style="list-style-type: none"> • Housing service providers will align with intensive service teams funded through the NE Project to End Long-Term Homelessness to help them assess other housing options and create individualized service plans. 	<p>90% of homeless persons moved from TH to PH.</p>
<p>4. Increase percentage of homeless persons becoming employed by 11%.</p>	<ol style="list-style-type: none"> 1. Utilize the APR to create awareness among agencies of projects' current status. 2. Research the best practices to see what is working in other continua. 3. CEH will provide oversight to develop strategies to close the gap between current performance and HUD goals. <ul style="list-style-type: none"> • Housing service and employment providers will work with vocational and supported work programs to reach the performance target. 	<p>23.2% of persons were employed at exit.</p>
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<ol style="list-style-type: none"> 1. Agencies receiving HUD McKinney-Vento funds (mandated agencies) must be implemented on HMIS. 2. Develop a method (e.g., paper intake forms) for non-mandated agencies to submit HMIS data to maintain an accurate count of the chronically homeless. 3. Non-mandated agencies will submit paper copies of counts which will be entered into HMIS by a third party. 4. The Committee to End Homelessness will work towards meeting Wilder Research Center's goal to bring non-mandated beds onto the system by 1% per year. Progress towards meeting the County's goal will be reviewed twice per year. 	<p>100% mandated agencies implemented on HMIS. 84% overall HMIS Bed Coverage</p>

Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.

OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.

CoC developed and finalized a ten year plan to end homelessness. The plan has been approved by both Duluth City Council and St. Louis County Board of Commissioners. A discharge planning task force and an implementation team are in the process of being established. The current application and funding priorities are completely driven by the Heading Home St. Louis County: A Ten Year Plan to End Homelessness http://www.co.st-louis.mn.us/slcportal/Portals/0/Departments/Planning/Reports%20&%20Publications/Community%20Development/Heading_Home_2007.pdf

V: CoC Chronic Homeless (CH) Progress Chart

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.					
Year	Number of CH Persons		Number of PH beds for the CH		
2005	81		12		
2006	81		31		
2007	105		50		
<p>Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:</p> <p>During an in depth review and analysis of data this past year, while developing the ten year plan to end homelessness, a data error was discovered. In 2005 and 2006, the actual number of CH persons in this continuum was 122. Therefore, there has been a decrease in the number of CH persons in St. Louis County in the past year.</p>					
2. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:					19
3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.					
Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$50,000	\$175,000	\$327,487	\$191,006	\$532,352
Operations	\$174,928	\$5,128	\$38,849	\$0	\$11,757
TOTAL	\$224,928	\$180,128	\$366,336	\$191,006	\$544,109.

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	37
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	74
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	33
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	67
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	90%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	180
b.	Number of participants who moved to PH	162
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	90%

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
907	a. SSI	197	21.7
907	b. SSDI	80	8.8
907	c. Social Security	60	6.6
907	d. General Public Assistance	138	15.2
907	e. TANF	164	18.1
907	f. SCHIP	12	1.3
907	g. Veterans Benefits	50	5.5
907	h. Employment Income	210	23.2
907	i. Unemployment Benefits	9	1.0
907	j. Veterans Health Care	7	0.8
907	k. Medicaid	321	35.4
907	l. Food Stamps	343	37.8
907	m. Other (please specify)*	105	11.6
907	n. No Financial Resources	79	8.7

*m. Other: WIC, commodities, Minnesota Supplemental Aid (MSA), child support, retirement, plasma donation, tribal benefits, pension, foster care assistance.

Y: Enrollment and Participation in Mainstream Programs Chart

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 100 %

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates. <input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc. <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities. <input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts. <input type="checkbox"/> The project has hired low- or very low-income persons. 		