Part I: CoC Organizational Structure

HUD-Defined CoC Name:	CoC Number
St. Cloud/Central Minnesota CoC	**MN-505**

A: CoC Lead Organization Chart

CoC Lead Organization: Central MN Housing Partnership, Inc.
CoC Contact Person: Brenda Engelking
Contact Person's Organization Name: Central MN Housing Partnership, Inc.
Street Address: 810 West Saint Germain Street, Suite 303

City: St. Cloud	State: MN	Zip: 56301
Phone Number: (320) 259-0393	**Fax Number: (320) 259-9590**	
Email Address: Brenda@cmhp.net		

B: CoC Geography Chart

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Benton County	279009	Sherburne County	279141
Cass County	279021	Stearns County	279145
Chisago County	279025	Todd County	279153
Crow Wing County	279035	Wadena County	279159
Isanti County	279059	Wright County	279171
Kanabec County	279065	St. Cloud	274104
Mille Lacs County	279095		
Morrison County	279097		
Pine County	279115		

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC-Related 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.
	Monthly or More	Quarterly	Biannually	Annually	
COC Primary Decision-Making Group (list only one group)					
Name: **Central Continuum of Care Advisory Committee**	x				**25**
Role: **Meets monthly to address issues and gaps, discuss Annual Performance Reports and attends training on different topics.**					
Other CoC Committees, Sub-Committees, Workgroups, etc.					
Name: **State of Minnesota, Interagency Task Force on Homelessness**	x				**4**
Role: **Works to use state resources to prevent and end homelessness by improving coordination of resources, investigating and improving current service systems.**					
Name: **Regional Housing Advisory Group**		x			**2**
Role: **RHAG brings affordable housing advocates together to discuss housing topics, projects and programs in the region. Meetings are useful for networking with others who offer affordable housing services.**					
Name: **Housing Opportunities for Everyone Committee**	x				**2**
Role: **Advisory Board and networking group for homeless prevention program in Crow Wing, Morrison and Todd Counties. Addresses 10 year plan to end homelessness in the 3-county area, advises on program design to LSS HOPE Housing, advises on Local MURL applicant screening and addresses the homeless response system.**					
Name: **St. Cloud Area Family Homeless Prevention Committee**	x				**5**
Role: **Convenes to discuss issues surrounding homelessness, homeless youth and people who are severe and persistently mentally ill. Funding and potential funding sources, local gaps and new programs are also discussed.**					
Name: **Crow Wing County Housing Coalition**	x				**2**
Role: **Community based group addressing affordable housing issues and community education around housing issues in Crow Wing County.**					
Name: **Saint Cloud Homeless Concerns Committee**	x				**6**
Role: **Exists to support the Continuum of Care process by providing a forum for homeless service providers, clients, policy makers and citizens to accurately identify existing resources or services, local gaps in services and obstacles to housing.**					

CoC-Related Planning Groups	Monthly or More	Quarterly	Biannually	Annually	Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
Other CoC Committees, Sub-Committees, Workgroups, etc.					
Name: Morrison County Housing Coalition	x				**3**
Role: Discuss housing issues and services needed to address gaps in the Morrison County area.					
Name: Central Corrections Subcommittee	x				**4**
Role: Central Corrections Subcommittee focuses on assessing community gaps and resources, organizing and mobilizing housing providers and county staff to increase successful discharge planning from correctional facilities.					
Name: Education Committee		x			**1**
Role: Seeks to develop strategies for educating the community about issues of homelessness and ways to partner with community resources to provide educational resources.					
Name: Medical Issues of the Homeless Committee		x			**1**
Role: Organize and disseminate proper and accurate information to organizations while identifying local medical gaps for the homeless or those at imminent of becoming homeless.					
Name: Homeless Youth Committee		x			**1**
Role: Assist homeless and at risk youth in obtaining secure, safe housing and self –sufficiency through identifying needs, raising awareness and networking and developing resources.					
Name: Immediate Needs of the Homeless Committee		x			**1**
Role: To identify current needs, such as emergency shelter, food, hygiene, bathing and transportation and access to health and mental health care, education and transitional or permanent housing. Identifying ongoing needs and gaps in services in the St. Cloud area.					
Name: Legislative Task Force		x			**1**
Role: Identify legislative issues affecting our local area and to assist in the means to communicate with local, state and federal officials.					
Name: Ending Long-Term Homelessness Advisory Council		x			**7**
Role: Directs and coordinates implementation of state plan to end long-term homelessness. Provides community support, regional needs and analysis, best practices for housing construction and rehabilitation and funding information.					

CoC-Related 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.
	Monthly or More	Quarterly	Biannually	Annually	
Other CoC Committees, Sub-Committees, Workgroups, etc.					
Name: **Mental Health Issues Committee**		x			**1**
Role: **Identify local needs of the mentally ill population, gather data and then set objectives.**					
Name: **Immigrants and Refugee Homeless Committee**	x				**1**
Role: **Address and educate the community about cultural issues surrounding homelessness.**					
Name: **Corrections Homeless Committee**	x				**2**
Role: **Address the need of re-entry service and housing for people being released from County Jails or State Prisons each year to the area. Continue to conduct research for re-entry data resources and search out funding sources for projects. To develop a housing project to provide housing for those who are re-entering back into the community from jail or prison.**					
Name: **Salvation Army/Cass County Committee Meeting**	x				**2**
Role: **Discuss current funding for gas and motel vouchers. Develop new sources of funding for these resources.**					
Name: **United Way Human Services**	x				**1**
Role: **Identify service providers and provide a place for them to network. Service Providers give presentations of projects and agencies and discussions of future plans also take place.**					
Name: **HMIS Governing Group Committee**		x			**3**
Role: **This committee plays a board of director's role for Minnesota's HMIS and oversees the project budget, sets policy for HMIS and provides a communication link between the COC regions and the statewide project.**					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	**STATE GOVERNMENT AGENCIES**			
	Minnesota Department of Human Services	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171, 274104	HIV	SMI
	Minnesota Housing Finance Agency	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171, 274104	HIV	SA
	USDA Rural Development	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145		
	Greater Minnesota Housing Fund	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171, 274104		
	Central Minnesota Jobs and Training	279025, 279059, 279065, 279095, 279115, 279141, 279171		
	Rural Minnesota CEP	279035, 279097, 279153		

		279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171, 274104	VETS	
St. Cloud Veterans Administration Medical Center				
LOCAL GOVERNMENT AGENCIES				
Chisago County Human Services	279025	SMI	
Morrison County Social Services	279097	SMI	
St. Cloud Community Services Office	274104		
Stearns County Commissioner	279145		
Crow Wing County Social Services	279035		
Kanabec County Human Services	279065	SMI	
Pine County Human Services	279115	SMI	
Mille Lacs County Family Services	279095	SMI	
Cass County Human Services	279021	SMI	
Wright County Extension	279171	SMI	
Wright County Human Services	279171	SMI	
St. Cloud City Council	274104		
Benton County Human Services	279009	SMI	
Stearns County Human Services	279145	SMI	
Isanti County Human Services	279059	SMI	
PUBLIC HOUSING AGENCIES			
St. Cloud HRA	274104, 279009, 279171,	SMI	SA
Brainerd HRA	279035	SMI	
Morrison County HRA	279097		
Mora HRA	279065		
Cambridge EDA	279059	SMI	
Todd County HRA	279153		
SCHOOL SYSTEMS / UNIVERSITIES			
Tri-County Community Action Headstart	279153, 279097, 279035	Y	
Family Service Collaborative	279035	Y	
St. Cloud Technical College	279145	Y	
LAW ENFORCEMENT / CORRECTIONS			
St. Cloud Police Department	274104, 279145, 279141, 279009		
Brainerd Police Department	279035		

	NON-PROFIT ORGANIZATIONS			
NEW PRIVATE SECTOR	The Refuge – Battered Women's Program	279065, 279059, 279025	DV	
	Communities Investing in Families	279025, 279059, 279065, 279095, 279115	DV	
	META 5 Displaces Homemaker Program	279159, 279021, 279097, 279153, 279095, 279035	DV	
	Central Minnesota Housing Partnership	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171, 274104		
	Housing Coalition of St. Cloud Area	279145	SMI	SA
	Lutheran Social Services	279035, 279153, 279097, 279159, 279021	SMI	DV
	Catholic Charities	279171, 279145	SMI	SA
	Tri-County Community Action	279153, 279097, 279035		
	Hope CSP	279145	SMI	
	Bridges of Hope	279153, 279097, 279035	Y	
	Rural AIDS Action Noteworthy	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171	HIV/AIDS	
	Wright County Community Action Council	279171	SMI	
	Tri-CAP	279009, 279141, 279145	SMI	
	Ottertail Wadena CAC	279159	VETS	DV
	Lakes and Pines Community Action	279115, 279095, 279059, 279065, 279025	SMI	
	Bi-County CAP	279021	DV	SA
	Volunteers of America	279095	SMI	SA
	Regional 5 Development Commission	279153, 279097, 279035		
	New Beginnings	279009, 279141, 279145	Y	

	Rum River Health Services	279095, 279115, 279059, 279025, 279065	SA	
	Lakes Area Habitat for Humanity	279035	SMI	
	Salvation Army-St. Cloud	279035	SMI	
	HOPE Community Support Program	279009, 279141, 279145, 279171	SMI	
	Northern Pines Mental Health Center – Housing Specialist	279035	SMI	
	Lutheran Social Service Youth Program	279035, 279021, 279159, 279153, 279097	Y	
	Legal Aid	279035	DV	
	New Pathways	279097	Y	
FAITH-BASED ORGANIZATIONS				
	Dream Center of St. Cloud	279145	SA	
	New Pathways	279059, 279115, 279095, 279065, 279021	DV	Y
	Place of Hope	279009, 279141, 279145	SMI	DV
FUNDERS / ADVOCACY GROUPS				
	Advocates Against Domestic Abuse	279035	DV	
	Minnesota Coalition on Homelessness	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171		
	Place of Hope	279009, 279141, 279145	SMI	SA
	Initiative Foundation	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171		

	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Wells Fargo Bank	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171, 274104		
	Bremer Bank	279009, 279021, 279025, 279035, 279059, 279065, 279095, 279097, 279141, 279145, 279115, 279153, 279159, 279171, 274104		
	Landlord	279065		
	East Central Property Management Services	279025, 279059, 279095, 279115, 279065		
	HOSPITALS / MEDICAL REPRESENTATIVES			
	ST. CLOUD HOSPITAL AND SUPPORT FOR STABILITY AND SOBRIETY	279095, 279115, 279025, 279059, 279065	SA	
	VETERANS ADMINISTRATION MEDICAL CENTER	279009, 279141, 279145	VETS	
	HOMELESS PERSONS			
	Margaret Domeier	274104		
	Kathy Roberts	279035		

E: CoC Governing Structure Chart

1. Is the CoC's primary decision-making body a legally recognized organization (check one)?

☐ Yes, a 501(c)(3)
☐ Yes, a 501(c)(4)
☐ Yes, other – specify: _____
☒ No, not legally recognized

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.

Yes. If the additional administrative funds were made available without a reduction of pro rata need and the funds were adequate to meet the required duties, our CoC would be capable of and interested in such a structure. Our CoC is currently coordinated by a local non-profit with experience in subcontracting and monitoring performance for a wide variety of state and federal grants in sixteen counties. Laying out specific requirements and providing better funding for that coordination effort could enhance local planning, technical assistance and performance measures of the CoC.

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.?	63%

4a. Indicate how the **members** of the primary decision-making body are selected (check all that apply):

☐ Elected   ☒ Assigned/Volunteer
☐ Appointed   ☐ Other – specify: _____

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.)

Committee members are invited to attend meetings and required to volunteer for one or more committees.

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

☒ Elected   ☐ Assigned/Volunteer
☐ Appointed   ☐ Other – specify: _____

F: CoC Project Review and Selection Chart

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

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	☐ **Yes** ☒ **No**

If Yes, briefly describe the complaints and how they were resolved.
Not applicable.

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 Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Meta 5 Displaced Homemaker Program									x	x						x	x	
LSS Journey Transitional Living Program		x							x	x								
LSS Red Path Independent Living Skills Program		x							x	x					x	x		
Dial a Ride-Crow Wing County Transit																		x
Northern Pines Mental Health Clinic												x						
Brainerd HRA Section 8 Homeownership	x																	
Morrison County Chaplaincy		x																
Legal Aid Services of Central MN				x														
HOME Line				x														
Hands of Hope				x	x				x						x			
Central MN Jobs & Training SVC	x	x	x						x						x	x	x	x
Childcare Choices, Inc. Referral Network																	x	
Wright County Public Health													x					
Displaced Homemaker Program – Tri-CAP									x	x						x		
Central MN Mental Health Center				x					x	x	x	x						
Crisis Nursery									x								x	
Annandale Heartland Express																		x
Delano Senior Citizen Transportation																		x
Monticello Heartland Express																		x
River Rider Heartland Express																		x
Wright County Senior Transportation																		x
Foreclosure Prevention Assistance Program	x								x									
Ottertail-Wadena CAC	x	x	x	x	x	x	x		x	x			x		x	x	x	x
Wadena Social Services	x	x	x															
Rural MN CEP		x		x					x	x								

Provider Organizations (1)	Prevention (2)					Outreach (3)			Supportive Services (4)									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Wadena Public Health				x			x						x	x	x		x	
Habitat For Humanity	x																	
Legal Services of Northwest					x													
Bell Hill Recovery Center											x							
Neighborhood Counseling									x	x	x	x						
Tri-County Hospital													x	x				
Wadena County Sheriff								x										
Isanti County Social Services		x							x								x	
Chisago County Social Services		x							x								x	
Kanabec County Social Services		x							x								x	
Pine County Social Services		x							x								x	
Mille Lacs County Social Services		x							x								x	
Lakes & Pines, CAC	x	x	x						x									
Legal Aid - Cambridge				x														
Five County Mental Health				x								x						
Minnesota Workforce Center																x		
Dellwood Recover Center											x							
Rise Inc.		x		x					x	x					x	x		
Heartland Express																		x
Cambridge Police Department								x										
Isanti County Sheriff								x										
New Pathways Inc.				x					x	x					x	x		x
Supports for Stability & Sobriety				x					x		x	x						
Rural Aids Action Network														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
U of M Extension															x			
Cambridge Medical Center													x					
Adult Basic Education															x			
MN Aids Project														x				
Our Home		x		x					x									
Communities Investing in Families																	x	x
Pregnancy Resource Center										x								
Public Health													x					
Rum River Recovery				x					x		x						x	x
Cambridge Chiropractic													x					
Kanabec Public Health													x					
Health Source Dental													x					
Mille Lacs Public Health													x					
Head Start															x		x	
In Touch Massage & Wellness													x					
Legal Services Cambridge					x													
The Refuge				x														
District 911 Schools															x			
District 2144 Schools															x			
District 480 Schools															x			
Workforce Center									x	x					x	x		x
ProStaff																x		
Family Medical Center													x					
St. Gabriel's Hospital													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 Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Long Prairie Hospital													x					
Family School Connections									x	x					x			
Salem West									x									
Nystrom and Associates									x	x								
MorrTrans																		x
Little Falls Taxi																		x
Morrison County Public Health										x			x					
TCC – Head Start																	x	x
Oasis Share-A-Meal										x								
Recovery in the Pines											x							
Lincoln Elementary															x			
Lindbergh Elementary															x			
HRA		x																
Morrison County Chaplaincy		x	x			x												
Salvation Army			x			x												
Lutheran Social Services		x	x						x	x								
Central MN Legal Services				x														
Lakes Area Dental Mobile							x						x					
Smile Center													x					
Northern Pines Mental Health Clinic				x								x						
Mid MN Women's Center				x	x										x			
Region 5 Housing	x								x			x						x
Little Falls Police Department								x										
ARMHS									x	x		x						x
Morrison County Social Services		x							x			x			x	x	x	x
Bridging										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 Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Alex and Brandon Center					x										x		x	
Adult Basic Education / GED Preparation															x			
Little Falls Junior High															x			
AARP Tax Preparation										x								
Deb's Day Care																	x	
Imagination Library															x			
Kid's Korner																	x	
Commonbond		x																
MCIHN									x	x					x	x		x
Marcy Carper										x								
Kim Simon																	x	
Lutheran Social Services (all programs)	x	x	x	x					x	x					x	x		
Legal Aid of Northeastern MN					x													
The Counseling Center												x						
HIV Support Group – St. Joseph's Hospital														x				
Dial A Ride & Crow Wing County Transit																		x
Brainerd HRA Section 8 Homeownership	x																	
West Central Area Learning Center																x		
Works In Progress																x		
Adult Basic Education/GED Preparation, Morrison County															x			
Tri-Cap Community Action Council	x	x	x	x					x						x			x
Morrison County Interfaith Hospitality Network									x	x								
Mille Lacs County Family Services		x		x					x	x		x						x
Mille Lacs Public Health									x	x			x	x	x			
Mille Lacs Health System									x	x	x	x	x	x	x			

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
	(1)			**(2)** Prevention			**(3)** Outreach		**(4)** Supportive Services									
Mille Lacs Band of Ojibwe				x						x	x	x	x	x	x	x	x	x
Riverwood Healthcare Center											x	x	x		x	x		
Lakes and Pines Community Action Council		x							x	x							x	x
Five County Mental Health Center									x	x		x					x	x
Supports for Stability and Sobriety				x					x	x	x						x	x
Mille Lacs County Sheriff								x										
Onamia Police								x										
Pathways, Inc.																		x
Bethesda Lutheran Church		x								x	x				x		x	x
Holden Lutheran Church											x				x		x	
Isle Evangelical Free Church											x				x		x	x
Bi-Cap, Inc.	x	x	x			x												
Family Safety Network									x									
Leech Lake HRA		x																
Cass County Public Health													x	x				
Rural MN CEP																x		
Cass County Human Services																	x	
Anishanabe Legal Services				x	x													
Cass County HRA		x																
Brotts Housing with Specialized Services		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	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Bi-Cap	Hotel/Motel Vouchers	PA	0	0	279021	M	0	0	0	0	0	0	1
Catholic Charities - NW Outreach (Tri-CAP)	Hotel/Motel Vouchers*	PA	0	0	279171	M	0	0	0	0	0	0	1
Annamarie's Alliance	Anna Marie's	DV	0	0	279104	FC	DV	15	36	0	36	0	1
Hands of Hope	Hands of Hope	DV	0	0	279097	FC	DV	6	12	0	12	0	0
Housing Coalition of St. Cloud Area	Landon Place*	PA	0	14	274104	FC	0	6	14	0	14	0	5
Lakes and Pines	Hotel/Motel Vouchers	PA	0	0	279065	M	0	0	0	0	0	0	2
Mid-MN Women's Center	Women's Center	DV	0	0	279035	FC	DV	4	16	0	16	0	0
New Pathways	Isanti County Interfaith Hospitality Network*	PA	0	24	279059	FC	0	6	24	0	24	0	0
New Pathways	Morrison County Interfaith Hospitality Network*	DV	0	18	279097	FC	DV	6	18	0	18	0	0
New Pathways	Isanti County Interfaith Hospitality Network*	DV	0	0	279059	FC	DV	6	24	0	24	0	0
Ottertail Wadena Community Action	Hotel/Motel Vouchers	PA	0	0	279159	M	0	0	0	0	0	0	5
Place of Hope	Church of the Week	D	0	0	279145	SMF	0	0	0	25	25	0	0
Salvation Army	Emergency Shelter	PA	25	5	274101	M	0	1	5	25	30	0	0
Salvation Army (Brainerd)	Hotel/Motel Vouchers	PA	0	0	279035	M	0	0	0	0	0	0	2
		Subtotals:	25	61	Subtotal Current			51	149	50	199	0	17
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006–Jan. 31, 2007)			Ind.	Fam.									
		Subtotals:	0	0	Subtotal New			0	0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
Salvation Army			Jun-07										
								4	16	54			
		Subtotal Inventory Under Development:						4	16	54	0	0	0
Unmet Need					Unmet Need Totals:			23	57	39	62	0	0

Total Year-Round Beds—Individuals		Total Year-Round Beds—Families	
1. Total Year-Round Individual Emergency Shelter (ES) Beds:	50	6. Total Year-Round Family Emergency Shelter (ES) Beds:	149
2. Number of DV Year-Round Individual ES Beds:	0	7. Number of DV Year-Round Family ES Beds:	106
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	50	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):	43
4. Total Year-Round Individual ES Beds in HMIS:	25	9. Total Year-Round Family ES Beds in HMIS	43
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	50%	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100%

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

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	Target Pop		Year-Round				Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv.	Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.								
Annamarie's Alliance	Annamarie's Transitional*	DV	0	8	274104	FC	DV	4	8	0		8
Bi-Cap	Transitional Housing*	PA	0	30	279021	FC		6	30	0		30
Cass County HRA	Transitional Housing	D	0	0	279021	FC		2	6	0		6
Catholic Charities	Domus Transitional Housing*	PA	0	16	274104	FC		8	16	0		16
Catholic Charities (Tri-CAP)	Supported Housing for Youth (SHY)*	PA	10	0	274104	YMF		0	0	10		10
Central MN Housing Partnership	Sherburne County Transitional Program*	PA	0	3	279141	FC		1	3	0		3
Central MN Housing Partnership	Mille Lacs County Transitional Program*	PA	0	6	279095	FC		2	6	0		6
Central MN Housing Partnership	Morrison County Transitional Program*	PA	0	4	279097	FC		2	4	0		4
Housing Coalition of St. Cloud Area	Casa Mia*	PA	0	38	274104	FC		13	38	0		38
Housing Coalition of St. Cloud Area	Home Again*	PA	10	0	274104	SMF		0	0	10		10
Housing Coalition of St. Cloud Area	Home Again-Wright County*	PA	0	18	279171	FC		6	18	0		18
Lutheran Social Services	Transitional Housing*	PA	0	16	279035	FC		8	16	0		16
Place of Hope	St. Raphael's	D	0	0	274104	SMF		0	0	23		23
Veterans Administration	VA Transitional Housing	D	0	0	274104	SM	VET	0	0	8		8
		Subtotals:	20	139		**Subtotal Current**		52	145	51		196
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.								
None												
		Subtotals:	0	0		**Subtotal New**		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:**		30	32	32		62

Total Year-Round Beds—Individuals

1. Total Year-Round Individual Transitional Housing Beds:	51	6. Total Year-Round Family Transitional Housing Beds:	145
2. Number of DV Year-Round Individual TH Beds:	0	7. Number of DV Year-Round Family TH Beds:	8
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):	51	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):	137
4. Total Year-Round Individual TH Beds in HMIS:	20	9. Total Year-Round Family TH Beds in HMIS	131
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	39%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	96%

Permanent Supportive 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	Target Pop A	B	Year-Round Fam. Units	Fam. Beds	Indiv. / CH Beds		Total Year-Round Beds
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.								
Catholic Charities	Veterans Community Housing Initiative	D	0	0	274104	SMF		0	0	60	0	60
Housing Coalition of St. Cloud Area	Sarah's Place*	PA	28	0	274104	SMF		0	0	28	5	28
Housing Coalition of St. Cloud Area	Vento Place*	PA	0	5	274104	FC		2	5	0	0	5
Rum River Health Services	Belle Haven Townhomes*	D	0	48	279141	FC		16	48	0	0	48
Volunteers of America	Our HOME*	PA	0	20	279095	FC		8	20	0	0	20
St. Cloud HRA	Shelter Plus Care Projects One-Three	PA	28	4		SMF		4	4	28	28	32
	Subtotals:		56	77	Subtotal Current			30	77	116	33	193
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.								
Shelter Plus Care			4	0								
								0	0	4	4	
	Subtotals:		4	0	Subtotal New			30	77	120	37	197
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date									
Hope on Ninth			Dec-07					21	63	10	10	31
			Subtotal Inventory Under Development:									31
Unmet Need					Unmet Need Totals:			33	177	89	10	122

Total Year-Round Beds—Individuals

1. Total Year-Round Individual Permanent Housing Beds:	120	6. Total Year-Round Family Permanent Housing Beds:	77
2. Number of DV Year-Round Individual PH Beds:		7. Number of DV Year-Round Family PH Beds:	
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):	120	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):	77
4. Total Year-Round Individual PH Beds in HMIS:	56	9. Total Year-Round Family PH Beds in HMIS	77
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	47%	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: 01/25/2007	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
☐	**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.
☐	**HMIS** – Used HMIS data to complete the Housing Inventory Chart
☒	**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):	
☒	**Instructions** – Provided written instructions for completing the housing inventory survey.
☒	**Training** – Trained providers on completing the housing inventory survey.
☒	**Updated prior housing inventory information** – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
☒	**Follow-up** – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
☒	**Confirmation** – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
☒	**HMIS** – Compared HMIS and housing inventory survey data to check for consistency.
☐	**Other** – specify:

Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
☒	**Sheltered count** (point-in-time)
☒	**Unsheltered count** (point-in-time)
☒	**Housing inventory** (number of beds available)
☒	**Local studies or data sources** – specify: 2006 Triennial Wilder Homeless Survey and 2005 Office of Employment and Economic Opportunity Shelter Survey
☐	**National studies or data sources** – specify:
☐	**Provider opinion through discussions or survey forms**
☐	**Other –** specify:

(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
☒	**Stakeholder discussion** – CoC stakeholders met and reviewed data to determine CoC's unmet need
☐	**Locally-determined formula** – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
☐	**Applied statistics** – Used local PIT enumeration data and applied national or other local statistics
☐	**HUD unmet need formula** – Used HUD's unmet need formula*
☐	**Other** – specify:

(6b) If more than one method was used in 6a, please describe how these methods were used.

CoC Homeless Population and Subpopulations

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

1. Number of Households **with** Dependent Children:	34	26	11	71
1a. Total Number of Persons in these Households (adults and children)	97	72	33	202
2. Number of Households **without** Dependent Children**	104	40	43	187
2a. Total Number of Persons in these Households	104	40	43	187
Total Persons (Add Lines 1a and 2a):	201	112	76	389

Part 2: Homeless Subpopulations below)	Sheltered	Unsheltered	Total
a. Chronically Homeless	33	36	69
b. Severely Mentally Ill	91	40	131
c. Chronic Substance Abuse	64	21	85
d. Veterans	58	19	77
e. Persons with HIV/AIDS	3	2	5
f. Victims of Domestic Violence	27	27	54
g. Unaccompanied Youth (Under 18)	15	1	16

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart
L-1: <u>Sheltered</u> Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):
☒ **Survey** – Providers count the total number of clients residing in their programs during the PIT count.
☐ **HMIS** – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
☐ **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):
☐ **Point-in-time (PIT) interviews with each adult and unaccompanied youth** – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
☒ **Sample of PIT interviews <u>plus</u> 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.
☐ **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.
☐ **Provider expertise** – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
☐ **HMIS** – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
☒ **Other** –specify: Extrapolation from detailed point-in-time survey conducted in October 2006. Proportions in each sub-population were taken from October 2006 and applied to the counts gathered in the January 25, 2007 point-in-time survey.
(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):
☒ **Instructions** – Provided written instructions to providers for completing the sheltered PIT count.
☒ **Training** – Trained providers on completing the sheltered PIT count.
☒ **Remind and Follow-up** – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
☐ **HMIS** – Used HMIS to verify data collected from providers for the sheltered PIT count.
☐ **Other** –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?
☐ **Biennial (every two years)**
☐ **Annual**
☒ **Semi-annual**
☐ **Other** – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: 11/2007
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:
100%   Emergency shelter providers
100%   Transitional housing providers

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
☒	**Public places count** – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
☐	**Public places count with interviews** – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: ☐ ALL persons were interviewed **OR** ☐ Sample of persons were interviewed
☐	**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.
☒	**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.
☐	**HMIS** – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
☐	**Other** – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
☐	**Complete coverage** – The CoC counted every block of the jurisdiction.
☒	**Known locations** – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
☐	**Combination** – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
☒	**Used service-based or probability sampling** (coverage is not applicable)
☐	**Other** –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
☒	**Outreach teams**
☒	**Law Enforcement**
☒	**Service Providers**
☒	**Community volunteers**
☒	**Homeless and/or formerly homeless persons**
☐	**Other** – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
☒	**Training** – Conducted training(s) for PIT enumerators.
☐	**HMIS** – Used HMIS to check for duplicate information.
☐	**Other** – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
☒	**Biennial (every two years)**
☐	**Annual**
☐	**Semi-annual**
☐	**Quarterly**
☐	**Other – specify:**
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: 01/2009	

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts
CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

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 ☐ Non-profit/homeless provider ☒ Other ☐	

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

*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)	If no data entry date, indicate reason:
	☐ New CoC in 2007
	☐ Still in planning/software selection process
2/1/2004	☐ Initial implementation

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 provide group trainings and user groups, but with additional resources, additional project staff time could be devoted to providing assistance on the agency and program level. 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 programs. 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. Finally, we have not had the resources to reach out to many service providers that are not mandated to use HMIS.

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	567	552
2005	3,829	3,589
2006	5,064	4,740
Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.		

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	**2.2%**	Gender	**0.4%**
Social Security Number	**21.7%**	Veteran Status	**26.3%**
Date of Birth	**0.6%**	Disabling Condition	**28.7%**
Ethnicity	**18.7%**	Residence Prior to Program Entry	**22.6%**
Race	**1.8%**	Zip Code of Last Permanent Address	**45.2%**
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	NO	YES	July 2008
Transitional Housing	NO	YES	July 2008
Permanent Supportive Housing	NO	YES	July 2009
(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.			
Emergency shelter bed coverage is currently at 50 percent (not including DV beds) for individuals and 100 percent for families. The single biggest gap is the 25 beds of shelter that a group of churches provides. It may be difficult to get this shelter to participate in HMIS, since they are not required by any of their funding sources to participate, and the operation is largely run by volunteers. Similarly, transitional housing bed coverage is at 39 percent for individuals and 96 percent for families with the non-participating programs not required to participate by their funders. Finally, one large permanent supportive housing program, Catholic Charities' Veteran's initiative is not currently participating and are not currently required to do so.			

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? ☐ 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 _and_ 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.	Morrison County will provide 5 new Tenant-based rental (TRA) Shelter Plus Care beds for chronically homeless individuals and will provide 4 new Sponsor-based rental (SRA) Shelter Plus Care beds for homeless families.	Diane Johnson, Executive Director, Morrison County Housing and Redevelopment Authority	14 Beds	15 Beds	16 Beds	18 Beds
	National Association of Housing and Redevelopment Authority will be conducting a one-day session on how to create permanent housing units through the shelter plus care system. All Housing and Redevelopment Authorities in Central will be invited and expected to attend.	Louise Reis, Housing Director, St. Cloud Housing and Redevelopment Authority				
	St. Cloud Housing and Redevelopment Authority will provide 5 new Sponsor-based rental (SRA) for homeless families.	Louise Reis, Housing Director, St. Cloud Housing and Redevelopment Authority				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	Conduct outreach and education to counties concerning the need for increased funding for permanent housing units and reallocation of county funds to support this need.	Brenda Engelking, Coordinator, Central Continuum of Care	91%	92%	94%	96%
	Conduct a landlord seminar to create partnerships and increase available multi-units to homeless individuals and families.	Ruth Hagfors, Manager, Lakes and Pines Community Action Council, Inc.				

	Partner with for profit and non-profit developers to increase and ensure that supportive housing units are included in new developments.	Brenda Engelking, Coordinator, Central Continuum of Care				
	Central COC members will attend the Minnesota Coalition for the Homeless Annual Conference and the Corporation for Supportive Housing Annual Conference to receive training and education on types of resources and best practices.	Brenda Engelking, Coordinator, Central Continuum of Care				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	Conduct outreach and education to counties concerning the need for increased funding for transitional housing units and reallocation of county funds to support this need.	Brenda Engelking, Coordinator, Central Continuum of Care	78%	79%	80%	81%
	Conduct a landlord seminar to create partnerships and increase available multi-family units to homeless individuals and families.	Ruth Hagfors, Manager, Lakes and Pines Community Action Council, Inc.				
	Central COC members will attend the Minnesota Coalition for the Homeless Annual Conference and the Corporation for Supportive Housing Annual Conference to receive training and education on types of resources, services and best practices.	Brenda Engelking, Coordinator, Central Continuum of Care				
4. Increase percentage of homeless persons employed at exit to at least 18%.	Workforce center will conduct a training on people with disabilities, singles, families and people with criminal records.	Tammy Dahl, Employment Specialist, Central MN Jobs and Training Services	43%	44%	45%	46%
	The St. Cloud Veteran's Administration will be expanding their vocational programs to improve reintegration and discharge planning.	Steven Eisenreich, Outreach Worker, St. Cloud Veterans Administration				

	St. Cloud Salvation Army will be opening a resource center that will provide computers and classes on job training and resume writing.	Karla Rolfzen, Program Manager, St. Cloud Salvation Army				
	Expand Project Connect to all fourteen counties.	Roseann Wiltsey, Social Worker, Mille Lacs County				
	Central MN Reentry project will expand to partner with all 14 counties in creating jobs and housing for persons being released from state prisons and local jails.	Joe Gibbons, Executive Director, Central Minnesota Re-entry Project				
5. Ensure that the CoC has a functional HMIS system.	Improve reports available to providers using the system.	Craig Helmstetter, Wilder Research				
	Implement data upload plan with Community Action Agencies.	Steve Long, Minnesota Community Action Partnership	58% Bed Coverage	65% Bed Coverage	70 % Bed Coverage	75% Bed Coverage
	Provide information on HMIS updates and trainings to all Continuum of Care members and other homeless concerns groups and subcommittees.	Brenda Engelking, Central COC Coordinator				

Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).
Not applicable

Other CoC Objectives in 2007

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	☐	☐	☐	☐	☒
Health Care	☐	☐	☐	☐	☒
Mental Health	☐	☐	☐	☐	☒
Corrections	☐	☐	☐	☐	☒

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 Central Region also utilizes the Healthy Transitions model to help individuals with becoming an adult. 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.

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. The Central Region is also implementing Community Behavioral Health Hospitals, which are 16 beds for persons with mental illness. The local hospitals work together to create similar discharge materials, resources and policies.

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 pursed 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. In Stearns County, a RAP (Release Action Planning) team has been established to work directly with offenders and discharge planning. The RAP team consists of social workers, chemical dependency counselors, psychologists, psychiatrists and correctional staff. 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. Also, the Central Minnesota Re-Entry Program has been established and provides housing, employment and other resources to people being discharged from state and local correctional facilities.

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?	☒	☐
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	☒	☐
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	☒	☐
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.)	☒	☐
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	☒	☐
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	☒	☐
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	☒	☐
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	0	
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	☒	☐

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name: St. Cloud/Central CoC						CoC #: MN-505			
(1) SF-424 Applicant Name	**(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
☒ ** Housing and Redevelopment Authority of Morrison County	Housing and Redevelopment Authority of Morrison County	Morrison County Shelter Plus Care Project	**1**	**$123,600**	5			x	
Housing and Redevelopment Authority of Morrison County	New Pathways, Inc.	River Rock Townhomes	**2**	**$134,160**	5			x	
Housing and Redevelopment Authority of St. Cloud, MN	Salvation Army Twin Cities Social Services	Shelter Plus Care Five	**3**	**$248,340**	5			x	
Volunteers of America of Minnesota	Volunteers of America of Minnesota	Volunteers of America Our HOME Permanent Supportive Housing for Persons with Disabilities	**4**	**$103,237**	1		x		
New Pathways, Inc.	New Pathways, Inc.	Interfaith Hospitality Network-Cambridge Site	**5**	**$105,265**	1		x		
New Pathways, Inc	New Pathways, Inc	Interfaith Hospitality Network-Brainerd Site	**6**	**$89,292**	1		x		
Amherst H. Wilder Foundation	Amherst H. Wilder Foundation	Minnesota's HMIS	**7**	**$18,000**	1		x		
The Salvation Army	Lutheran Social Services of Minnesota and The Salvation Army-St. Cloud	Central Minnesota Transitional Housing	**8**	**$141,536**	1		x		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				**$963,430**					
(9) Shelter Plus Care Renewals:						**S+C Component Type**			
Housing and Redevelopment Authority of St. Cloud, MN	Housing and Redevelopment Authority of St. Cloud, MN	Shelter Plus Care One	**9**	$86,844	1	**TRA**			

(10) Subtotal: Requested Amount for S+C Renewal Projects:	$86,844
(11) Total CoC Requested Amount (line 8 + line 10):	$1,050,274

R: CoC Pro Rata Need (PRN) Reallocation Chart

2. Enter the total 1-year amount of *all* SHP projects that are eligible for renewal in 2007, which amount you have **verified with your field office**:	**$853,343**
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:	**$470,843**

(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount
MN46B505002	SHP	PH	$59,985
MN46B605004	SHP	TH	$81,203
MN46B605005	SHP	TH	$234,159
MN46B405002	SHP	SSO	$20,666
	(7) TOTAL:		$396,013

(8) 2007 Project Priority Number	(9) Program Code	(10) Component
#2	S+C	SRA
#3	S+C	SRA
(12) TOTAL: $382,500		

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
St. Cloud/Central CoC	1,838,693

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)	$141,536	$269,804	$269,804	$269,804	$269,804	$269,804
Safe Havens-TH	$0	$0	$0	$0	$0	$0
Permanent Housing (PH)	$103,236	$200,250	$200,250	$200,250	$200,250	$200,250
Safe Havens-PH	$0	$0	$0	$0	$0	$0
SSO	$194,557	$194,557	$194,557	$194,557	$194,557.	$194,557
HMIS	$18,000	$18,000	$18,000	$18,000	$18,000	$18,000
Totals	$457,329	$682,611	$682,611	$682,611	$682,611	$682,611

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					1	$25,140	1	$25,140	1	$25,140	1	$25,140
1	18	$236,004	24	$135,216	27	$218,376	31	$321,096	37	$487,116	37	$487,116
2	8	$308,844	2	$13,404	2	$13,404	2	$13,404	9	$315,264	9	$315,264
3	2	$48,096	2	$17,964	2	$17,964	2	$17,964	3	$38,220	3	$38,220
4												
5												
Totals	28	$592,944	28	$166,584	32	$274,884	36	$377,604	50	$865,740	50	$865,740

Part IV: CoC Performance

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.	1.Create new permanent supportive housing that serves chronically homeless individuals. The Hope on Ninth project will designate 10 units for permanent housing that will serve chronically homeless. 2. Partner with MHFA and GMHF to seek out private and non-profit developers to ensure that a percentage of the units are designated from chronically homeless individuals. 3. Partner with Corporation for Supportive Housing to seek out new developments. 4. Encourage local HRA's in the 14 counties to implement shelter plus care projects.	Hope on Ninth will begin construction in June 2007, 10 units will be designated as permanent housing that will serve chronic homeless individuals. St. Cloud HRA created and implemented 4 units of permanent housing units. Morrison County has applied for the first time for Shelter Plus Care units.
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Survey 80% of participants leaving Permanent Housing and 80% of program staff. 2. Sub-committee of the COC will review survey findings and make recommendations to the COC.	91% of homeless persons stayed in PH over 6 months. Conducted an Annual Progress report training for COC members.
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	1. Survey 80% of participants leaving Transitional Housing programs and 80% of program staff. 2. Sub-committee of the COC will review survey findings and make recommendations to the COC.	66% of homeless persons stayed in PH over 6 months. Conducted an Annual Progress report training for COC members.
4. Increase percentage of homeless persons becoming employed by 11%.	1. Encourage service providers to partner with area Workforce Centers to address barriers and promote employment.	Central CoC is currently at 43.7% of homeless becoming employed.
5. Ensure that the CoC has a functional HMIS system.	1. Research alternative funding sources to reduce user fees. 2. Participate and increase participation in USER Group Trainings. 3. Increase the participation of Non-	Central conducted 22 User Group meetings this past year. Central increased its bed coverage for emergency, transitional and permanent

Mandated Service Providers to utilize HMIS in our continuum.	housing. <u>Emergency shelter coverage,:</u> individual beds went from 13% to 50% family beds went from 34% to 100% <u>Transitional Housing coverage</u> individual beds went from 13% to 39% family beds went from 39% to 96% <u>Permanent Housing coverage</u> individual beds went from 32% to 47% mily beds went from 76% to 100%

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	36	5
2006	79	5
2007	69	37

Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007: Non applicable

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:	4

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	$0	$0	$0	$0	$0
Operations	$102,720	$0	$0	$102,720	$0
TOTAL	$0	$0	$	$0	$0

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
☐ No applicable PH renewals are on the CoC Project Priorities Chart	APR Data	
☒ All 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)	10	
b. Number of participants who did **not leave** the project(s)—APR Question 12(b)	13	
c. Number who **exited** after staying 7 months or longer in PH—APR Question 12(a)	9	
d. Number who did **not leave** after staying 7 months or longer in PH—APR question 12(b)	12	
e. Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	91%	

2. Participants in Transitional Housing (TH)		
☒ No applicable TH renewals are on the CoC Project Priorities Chart	APR Data	
☐ All 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	0	
b. Number of participants who moved to PH	0	
c. Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	0%	

X: Mainstream Programs and Employment Project Performance Chart

☐	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
☒	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	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit
199	a. SSI	12	6
199	b. SSDI	8	4
199	c. Social Security	2	1
199	d. General Public Assistance	10	5
199	e. TANF	38	19
199	f. SCHIP	3	1.5
199	g. Veterans Benefits	0	0
199	**h. Employment Income**	87	43.7
199	i. Unemployment Benefits	2	1
199	j. Veterans Health Care	0	0
199	k. Medicaid	9	4.5
199	l. Food Stamps	63	31.6
199	m. Other: WIC, Child Support	28	14
199	n. No Financial Resources	42	21.1

Y: Enrollment and Participation in Mainstream Programs Chart

☒	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
☒	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
☐	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
☒	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
☒	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
☐	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.
☐	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
☐	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
☒	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

Project Number	Applicant Name	Project Name	Grant Amount
Not Applicable	Not Applicable	**Total:**	0

AA: CoC Participation in Energy Star Chart

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?	☐	☒
2. **If you answered yes to Question 1:** Is the project requesting $200,000 or more? Not applicable	☐	☐
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:**		

☐ 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.

☐ 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.

☐ The project will notify any area Youthbuild programs of job opportunities.

☐ 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.

☐ The project has hired low- or very low-income persons.