1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-503 - Dakota County CoC

CoC Lead Organization Name: Dakota County Community Services

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Dakota Anoka Coon Rapids Minnesota Continuum of Care

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

NA

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 70%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

NA

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The process was established to assemble a group representing the continuum components. County staff working in the housing area were assigned to the CoC Committee. Staff contacted community organizations, service providers, and those who had experienced homelessness to take part in this committee. Those interested volunteered to participate. Some community members, such as developers and landlords, self-initiated requests to participate.

The CoC meets regularly to assess needs and gaps, and to plan and coordinate services to address the identified issues. Members monitor performance and share information on current events, resources and best practices. Communication has strengthened partnerships and improved services in the region.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. Dakota County would consider serving as the grantee if appropriate funding is made available and if contractual authority is given at the local level to do monitoring and oversight.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care (CoC) Committee	Provide oversight and guidance for homeless planning, development of projects, and resource allocation. This includes CoC strategy review and performance assessment, project review and selection, discharge review, disaster planning, Exhibit 1 completion, point-in-time count, and 10 year plan review.	Monthly or more
Heading Home Anoka	Ten year plan coordination, point-in-time count, service evaluation, gap analysis and disaster planning. The Heading Home Education Committee focuses on building awareness of homelessness in the community by partnering with local businessess, public library system, corrections, meal programs, churches, and YMCAs.	Monthly or more
Family Homeless Prevention and Assistance Program (FHPAP)	Plan and implement a prevention program that keeps families, singles and youth in their housing and assist those who are homeless find and get into housing. The Advisory Committee sets guidelines, establishes outcome goals, monitors performance, and participates in disaster planning. Members participate in CoC and Heading Home committees.	Monthly or more
Homeless Prevention and Rapid Re-Housing Program (HPRP)	Plan and develop guidelines and requirements for families, youth and singles who are homeless or at-risk of homelessness, coordinate resolution of barriers, monitor outcomes, and participate in disaster planning. Members participate in CoC and Heading Home committees.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Minnesota Department of Human Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Housing Finance Agency	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Metropolitan Council	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Anoka County Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Anoka County Mental Health	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	Youth, Serio...
Anoka County Juvenile Center	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Anoka County Veterans Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
City of Coon Rapids	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Regional CoC Coordinators	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Anoka Hennepin School District 11	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Anoka County Public Assistance	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Anoka County Child Protection	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Youth
City of Fridley	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Anoka	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Anoka County Housing and Redevelopment Authority	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Anoka County Job Training Center	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Alexandra House for Battered Women	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...

Anoka County Community Action Program	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Elim Transitional Housing	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Serio...
Community Emergency Assistance Program (CEAP)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Housing Link	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Hearth Connection	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Stepping Stone Emergency Housing	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Se...
Minnesota Assistance Council for Veterans (Mac-V)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans
People Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Rise Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Serio...
Task Unlimited	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Mental Health Resources	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Dakota Woodlands	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes...
Dakota-Scott-Carver CAP Agency	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Guild Incorporated	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Corporation for Supportive Housing	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Neighbors, INC	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Veterans Home	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Se...
The Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Substance Ab...

YMCA	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth
Gemstone Community Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Meadow Creek Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Safe Haven	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
Coalition for Affordable Transitional Housing C...	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Anoka County Affordable Housing Coalition	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Dakota County Affordable Housing Coalition	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Dakota County Alliance for the Mentally Ill	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Southern Minnesota Regional Legal Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Housing Minnesota	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Judicare	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Eva J	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
John B	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Dave McC	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Jeanette. W.	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Joan Y	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Mercy Hospital	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Unity Hospital	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...

Fairview Ridges	Private Sector	Hospita...	Committee/Sub-committee/Work Group	HIV/AIDS
Regina Medical Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
C.K.	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	Youth, Serio...
S.W.	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...
J.N.	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...
Wilder Services - Project Quest Long Term Homeless	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Youthlink	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, HIV/AIDS
Minnesota Interfaith Coalition for Affordable H...	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Tim F.	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Storefront Group	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
Dakota County Community Development Agency (CDA)	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
South Saint Paul Housing and Redevelopment Auth...	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Dakota County Corrections	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Dakota County Economic Assistance/Supportive Ho...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply) f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply) b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

There was no actual change in the number of emergency shelter beds. The change in the number of year-round beds is strictly due to correcting errors from the previous inventory. We believe one was a typographical error and the other is based on indicating number available based on fire code regulation rather than the configuration of the units at the time. The CoC believes it has a more accurate inventory this year and will use this baseline for future planning and reports.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

No Change

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

There was no actual change in the number of transitional housing beds. Dakota County's transitional housing subsidies of 2008 are not dedicated beds for homeless and therefore should not have been listed last year, and are not counted this year. The CoC will continue in future years to ensure only dedicated beds are counted. The CoC believes it has a more accurate inventory this year and will use this baseline for future planning and reports.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

There was an increase in the number of permanent housing beds this year. The increase is due primarily to the creation of additional housing subsidies, and chronic beds that were under development last year becoming available this year. The CoC also received updated information from providers and there is a new project under development (Chancellor Manor) that are included in this year's inventory.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	MN-503 Housing In...	11/24/2009

Attachment Details

Document Description: MN-503 Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/28/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

N/A

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HUD unmet need formula, Housing inventory, Stakeholder discussion

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Data from the MN Department of Human Services shelter survey and the CoC point-in-time count were used for the sheltered and unsheltered populations. Providers were contacted to confirm results and bed inventory. We totaled the sheltered and unsheltered counts for households and individuals and subtracted the number of beds currently available for each group. Based on discussion with CoC providers we applied a formula of 10% emergency shelter, 25% transitional housing, and 65% permanent housing to determine the unmet need for each type of inventory. The CoC believes we need more beds than the results indicate as the homeless population in suburban areas is hard to count due to unreported cohabitation and a transient nature.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman System
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	02/01/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Other, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC will continue to examine ways to obtain additional funding to more fully utilize HMIS for case management, performance monitoring, and meeting various funding source reporting requirements.

The CoC will work with small providers that are not currently mandated by funding sources to participate in HMIS to begin entering data in HMIS.

The CoC will work with Wilder (HMIS lead agency) to develop the means to transfer data with other client-based systems to maximize service provider efficiencies.

The CoC will continue to encourage providers to require their staff to maintain data quality and regularly check for accuracy and completeness.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Amherst H. Wilder Foundation
Street Address 1	451 Lexington Parkway North
Street Address 2	
City	Saint Paul
State	Minnesota
Zip Code Format: xxxxx or xxxxx-xxxx	55104
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Craig
Middle Name/Initial	D
Last Name	Helmstetter
Suffix	Ph.D.
Telephone Number: (Format: 123-456-7890)	651-280-2670
Extension	
Fax Number: (Format: 123-456-7890)	651-280-3700
E-mail Address:	cdh@wilder.org
Confirm E-mail Address:	cdh@wilder.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	7%
* Date of Birth	0%	1%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	2%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	1%	13%
* Name	0%	5%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system is reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders and CoC Coordinators have been following up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs the HMIS help desk during business hours, and has begun using a "bed utilization tool" designed by Abt Associates to help find inaccurate data entry. Wilder then works with agencies to clean up data that appears to be of low quality. Recent reports show significant improvement in data quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

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. Funding sources require that participating agencies have proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) to meet reporting requirements. Over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with agencies statewide to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	**Annually**
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/28/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	46	99	10	155
Number of Persons (adults and children)	143	313	30	486

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	44	45	56	145
Number of Persons (adults and unaccompanied youth)	44	45	56	145

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	90	144	66	300
Total Persons	187	358	86	631

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	27	20	47
* Severely Mentally Ill	52	20	72
* Chronic Substance Abuse	42	29	71
* Veterans	0	4	4
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	64	3	67
* Unaccompanied Youth (under 18)	18	4	22

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

Survey Providers:	X
HMIS:	
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Data from the MN Department of Human Services, Office of Economic Opportunity (OEO) shelter survey was used for the sheltered population. OEO has been conducting a statewide survey for over 15 years. Shelter and transitional housing providers report to OEO the number of persons in their facility on the given survey date. OEO then tabulates the results and publishes a report. OEO provided the shelter survey results for January 28, 2009 for each CoC region in Minnesota. Providers were contacted to clarify the numbers reported for their agency. Those clarifications are included in the total in 2I.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The number of households sheltered increased slightly from last year. The CoC believes that changes in the economy (foreclosures, job losses, increased rents, changes in medical costs and insurance coverage, etc.) have resulted in more homeless persons and consistently full capacities at shelter facilities this year. This has also resulted in almost four times as many overflow beds in use this year.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The subpopulation data was collected from the CoC point-in-time count for both the sheltered and unsheltered populations. We relied on the expertise of case managers and shelter management to provide the subpopulation information for the categories listed in 2J.

Shelter and housing providers and community members were asked to report using a common form the number of individuals, families, children and youth who were homeless on January 28, 2009 and any applicable subpopulation information. The common form included instructions and descriptions to obtain consistent information from the various responders. The form included a comments section where they could provide additional information.

The forms were returned to County staff who then painstakingly reviewed the reports, unduplicated the data, and contacted reporting agencies for any clarifications needed. Staff used the first name and last initial, location, and the comments to unduplicate the reports. Staff entered all reports in a spreadsheet and totaled the various subpopulation factors.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Greater awareness and increased outreach efforts identified more unsheltered persons, especially domestic violence and unaccompanied youth, this year.

The number of chronically homeless increased due to new beds becoming available and improved counting methods this year.

The improved counting process included more training, and a common survey form and definitions to gather more reliable subpopulation data from the various providers. Expanded data collection through more programs also identified more homeless persons and any applicable characteristics.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

Shelter and housing providers and community members were asked to report using a common form the number of persons who were homeless on January 28, 2009 and any applicable subpopulation information. The common form included instructions and descriptions to obtain consistent information from the various responders, and a comments section so they could provide clarifying information.

Partially identifying client information was collected to identify duplication. The information included: first name and last initial, the location the person was at on the day of the survey, and any comments listed by the person completing the common form. The forms were returned to County staff who then painstakingly reviewed the reports, unduplicated the data using the partially identifying client information, and contacted reporting agencies for any clarifications needed. Staff entered all reports in a spreadsheet and did numerous sorts and searches to find and remove potentially duplicate records.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Shelter and housing providers and community members were asked to report using a common form the number of persons who were homeless on January 28, 2009. The common form included instructions and descriptions to obtain consistent information from the various responders, and a comments section so they could provide any relevant information about the person who was homeless.

Partially identifying client information was collected to check for duplication. The information collected included: first name and last initial, the location the person was at on the day of the survey, and any comments listed by the person completing the common form.

The forms were returned to County staff who then painstakingly reviewed the reports, unduplicated the data using the partially identifying client information, and contacted reporting agencies for any clarifications needed. Staff entered all reports in a spreadsheet and did numerous sorts and searches to find and remove potentially duplicate records.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC efforts to reduce the number unsheltered homeless households with dependent children are outlined in the ten year plan, Heading Home, for our communities. The Heading Home plan stresses the need to educate our community so they can be a resource to those in need. Education efforts include raising awareness of homelessness in suburban areas and information on resources that can be accessed by community members. The Anoka County faith community is organizing and creating a family shelter system so families and children have a safe place to sleep, food to eat, and support to access services and permanent housing. Dakota County has permanent supportive housing sites under development and scheduled to open in the next year. The CoC continues to seek funding to rapidly re-house families who become homeless and to prevent homelessness. The CoC region received $1.478 million in HPRP funding to help accomplish these objectives over the next two years.

The CoC members outreach efforts have also increased. CoC members have been doing presentations at public forums and garnered media attention resulting in several stories in local and metro newspapers. Members encourage participants to get involved in ending homelessness.

Resource information is readily available to the community via brochures in public places, a county resource guide available on the Internet and in publication, provider websites, and Housing Referral phone lines that are widely publicized.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The CoC maintains communication with schools, businesses, police departments, city offices, public libraries, and the faith community to make sure they are aware of resources and how to refer homeless persons for assistance.

Outreach workers reach out to homeless persons and offer to help them access resources and services. The adult emergency shelter in Anoka County encourages residents to assist others who are homeless and offer referral information.

The YMCA was granted state funds this year to do outreach for youth 16-21. They are working with schools to identify youth who are homeless and help them address family issues and access services. The YMCA receives referrals from other agencies and the community at large as to locations homeless youth are believed to be at and then attempts to find those youth and provide assistance.

PATH workers conduct outreach to persons on the street and accept referrals from emergency shelters and mental health counseling providers. The workers meet with the homeless person as many times as needed to gain their trust and help them access services.

Through the education efforts to build awareness of homelessness, more residents are aware of resources and are able to refer homeless persons. The CoC maintains Housing Lines for information and referral that are widely publicized as are the various service agency phone numbers and websites. The CoC also has after-hours crisis phone lines for emergency response and intervention.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The unsheltered homeless population increased 50 percent from the previous year. The CoC believes this increase is largely due to economic hardships forcing more persons into homelessness and more persons seeking assistance. The economic factors include: job layoffs, foreclosures of affordable rental property, increased scrutiny of mortgage and rental applications, deteriorating housing stock, overcrowding, credit tightening, etc.

Additionally, increased outreach efforts (especially to homeless youth) and greater community awareness have increased referrals to providers. Providers report consistently full capacities, more turnaways, and increased numbers on waiting lists.

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

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The CoC has several planning initiatives to create new permanent housing beds for the chronically homeless in the next 12-months. The CoC will coordinate new funding through McKinney-Vento awarded last year to provide 4 permanent beds currently under development through a CoC member. Another CoC member recently applied to Minnesota Housing for 75 rental assistance vouchers to be directed for the chronically homeless in the CoC.

The CoC will coordinate stakeholders to accomplish these 12-month goals. CoC providers will work rigorously to seek new resources and opportunities for renewal/expansion. CoC Coordinators will actively distribute information on funding opportunities to obtain new chronic homeless beds. The CoC contingency plan is to proactively research new funding resources, seek ways to share available resources, and to re-evaluate this plan and its goals to best meet the needs of persons experiencing chronic homelessness in our community.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The CoC has several planning initiatives to coordinate stakeholders and continue to identify opportunities to create new permanent housing beds for the chronically homeless over the next 10 years. The CoC will coordinate new funding through McKinney-Vento, Minnesota Housing, and other public and private sources. For example, pending legislative approval, the CoC is working with the Minnesota Veteran¿s Home in Hastings to develop a new 60-person permanent housing site and anticipates its opening by 2012. Of these 60 beds, 5 beds will be for the chronic homeless. The CoC also will work with the Metropolitan Council to create 2-4 new beds for the chronically homeless each year, providing there is not a major change in priorities or needs.

How many permanent housing beds do you currently have in place for chronically homeless persons? 27

How many permanent housing beds do you plan to create in the next 12-months? 31

How many permanent housing beds do you plan to create in the next 5-years?	39
How many permanent housing beds do you plan to create in the next 10-years?	49

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has several planning initiatives to build on past success of exceeding national goals in permanent housing stability. The CoC will continue to exceed the 77 percent threshold of persons staying in permanent housing over 6 months by utilizing state (ex. FHPAP) and federal (ex. HPRP) funds for rental assistance and support services. CoC members will continue to work with individuals to address their barriers and access additional public and private resources to maintain stable housing, such as Homeownership Assistance, Social Security disability, mental health services, etc. The contingency plan is to re-evaluate this plan to best meet the needs of persons experiencing homelessness in our community.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC plans to coordinate stakeholders and identify opportunities to exceed the 77 percent threshold and increase the percentage of homeless persons remaining in permanent housing in many ways. CoC members will assist individuals in accessing Independent Living Services through waivered funds and private grants to stabilize housing. CoC members will provide case management, financial assistance, and educational opportunities such as Keys to Successful Living, Dollars Into Sense, Home Stretch pre-purchase workshops, and Mortgage Foreclosure Prevention classes to assist individuals to remain self-sufficient.

What percentage of homeless persons in permanent housing have remained for at least six months? 84

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 82

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	85
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	87

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has several planning initiatives to build on past success of exceeding national goals for moving homeless persons from transitional housing to permanent housing. The CoC will continue to exceed the 65 percent threshold by continuing to utilize state (ex. FHPAP) and federal (ex. HPRP) resources to provide rental assistance and support services. The CoC will coordinate with stakeholders to accomplish goals including, identifying individuals to fully occupy 10 new units of permanent supportive housing for families and individuals through project-based Section 8 units (Chancellor Manor). CoC members will apply for rental assistance vouchers to help homeless persons maintain affordable permanent housing. The CoC contingency plan is to proactively research new funding resources, seek ways to share available resources, and to re-evaluate this plan and its goals to best meet the needs of persons experiencing homelessness in our community.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC plans to coordinate stakeholders and identify opportunities to exceed the 65 percent threshold and even increase the percentage of homeless persons moving from transitional housing to permanent housing in many ways. CoC members will work to increase availability of HOME and other rental subsidies, work with landlords to provide affordable housing, and work to provide home ownership opportunities. CoC members will continue to assist individuals to access mainstream economic resources and educational opportunities to obtain stable housing. A CoC member is considering piloting a matchmaker program for individuals to share housing and costs. CoC members will be encouraged to attend best practice trainings in homeless service provision and on relevant housing to ensure that transitional housing providers meet and exceed the permanent housing goal for all residents.

What percentage of homeless persons in transitional housing have moved to permanent housing?	83
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	70
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	72
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	75

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC has several planning initiatives to build on past success of exceeding national goals for persons employed at exit. In the next 12-months, the CoC will continue to exceed the 20 percent threshold by coordinating stakeholders to work with mainstream employment and rehabilitation services for job seeking, interviewing, and skill building so individuals can obtain employment. The CoC will continue to work to overcome barriers such as lack of adequate child care and transportation by communicating needs to local providers and funders and working to develop resources to meet the needs. The CoC contingency plan is to proactively research new funding resources, seek ways to share available resources, and to re-evaluate this plan and its goals to best meet the needs in our community.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC plans to coordinate stakeholders and identify opportunities to exceed the 20 percent threshold and even increase the percentage of persons employed at program exit. CoC members will work to create employment partnerships, mentorship programs, and volunteer opportunities with employers to assist people in obtaining jobs. CoC members will continue to help individuals obtain their GED, if needed, and to work with local technical and community colleges for easier access to education programs that will lead to employment.

What percentage of persons are employed at program exit?	37
In 12-months, what percentage of persons will be employed at program exit?	21
In 5-years, what percentage of persons will be employed at program exit?	25
In 10-years, what percentage of persons will be employed at program exit?	30

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC's initiatives to decrease the number of homeless households with children include: a new permanent supportive housing site, Chancellor Manor, that will house up to 10 families; state (FHPAP) and federal (HPRP) funded programs that will assist 500 households by preventing or shortening the period of homelessness; and the Family Promise of Anoka County, which is developing an inter-faith hospitality network to shelter 5 homeless families with children. The contingency plan is to proactively research new funding and seek ways to share available resources to best meet the needs of homeless households in our community.

While the CoC plans to decrease the number of homeless households with children, the fact is that more families are becoming homeless due to recent economic hardships (work hour reductions, job losses, business closings, homeowner and landlord mortgage foreclosures), and the reality may be a net increase in the number of homeless households with children.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC 10-year plan to decrease the number of homeless households with children includes several initiatives. The CoC will: work to increase the availability of HOME and FUP vouchers, rental subsidies, and resources like FHPAP and HPRP to assist homeless households with children and prevent at-risk households from becoming homeless; provide renter workshops, financial literacy classes, job training, and other educational opportunities to help persons achieve self-sufficiency; provide resources like long-term case management, mental health services, and medication management to stabilize households and prevent future homelessness. The CoC will also continue to work with landlords to provide affordable housing, and will reach out to faith groups and school homeless liaisons for referrals to appropriate providers. NSP funds will be used to acquire, rehabilitate, rent or sell foreclosed and abandoned properties to households with incomes at or below 50 percent of area median income.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 155

In 12-months, what will be the total number of homeless households with children?	152
In 5-years, what will be the total number of homeless households with children?	132
In 10-years, what will be the total number of homeless households with children?	110

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Child/youth foster care: All foster care placements require per county policy as well as state statute, comprehensive discharge planning involving the child/family, social services, school, and other involved parties (e.g. therapist). Each plan includes needs, goals, resources and a support system. The plans include housing, employment, and post secondary education. Social workers work with the youth to address these needs and plan for housing. Youth typically go into permanent housing with or without support services, or may enlist in the armed services.

Adult foster care: Persons in adult foster care are by definition vulnerable adults, and (as with youth) must have appropriate post-placement services offered to them, with "shelter" never being the discharge plan. Social workers assist persons in accessing transitional housing, supportive housing, or housing subsidies, and other community resources to help ensure their success in remaining in stable housing.

The Continuum of Care will continue discussions with foster care representatives to assess success in making sure persons leaving foster care are not discharged to a homeless situation, and will survey homeless service providers as to the number of individuals or households who report coming directly from a foster care placement. If exits to homelessness are identified, a CoC representative or service provider will contact the discharge planner to strategize on successful ways to prevent such an occurrence.

Health Care:

Releasing medically fragile people who do not have housing is a growing problem. There are medical respite beds available in the metro area and the CoC is collaborating with other metro providers, including MESH, to establish a program that will house persons being released from hospitals without housing to go to. They will be able to stay in this housing until their medical needs are met or permanent housing with needed services is found.

Hospital social workers make a referral to Social Services, and the individual is offered Adult Protection services. If eligible, the client is offered direct assistance in obtaining appropriate housing. If not eligible for Social Services or case coordination through Public Health Nursing, the person is referred to Economic Assistance to determine eligibility for financial aid. If there is a safety concern, including risk of exposure during the winter months, the county may place non-disabled adults in a motel in lieu of shelter for up to three days.

The Continuum of Care will continue discussions with hospital representatives to assess success in making sure persons leaving hospitals are not discharged to homelessness, and will survey homeless service providers as to the number of individuals or households who report coming directly from a hospital. If exits to homelessness are identified, a CoC representative or service provider will contact the discharge planner to strategize on ways to prevent such an occurrence.

Mental Health:

Since admissions to Regional Treatment Centers (RTC) are per court order, the residents are considered vulnerable adults and are not discharged to homelessness. The RTCs follow the state guidelines for provisional discharge of patients into the community. The comprehensive discharge planning includes RTC staff, social workers, case managers, the client/family, and others as appropriate. The plan includes case management services, housing, employment, medical and psychiatric treatment, and aid in the readjustment to the community. If the client transitions from a RTC to a residential treatment setting, the responsibility for discharge planning remains, so long as county case management continues (which is required during placement in residential treatment or foster care). If court authority expires by the time of discharge, clients can access continuing mental health services, case management, and housing services.

The Continuum of Care will continue discussions with mental health representatives to assess success in making sure persons leaving treatment are not discharged to a homeless situation, and will survey homeless service providers as to the number of individuals or households who report coming directly from a treatment setting. If exits to homelessness are identified, a CoC representative or service provider will contact the discharge planner to strategize on successful ways to prevent such an occurrence.

Corrections:

Youth placed in a residential facility for over 30 days have a comprehensive transition plan in place at least two weeks before discharge. Most facilities begin transition plans upon entry. This ensures necessary services are secured prior to discharge and all stakeholders are included in the discharge planning process.

Adults in state correctional institutions are offered discharge planning before release. The correction facility staff complete an intake when entering and assesses eligibility for other county services and income supports. If an inmate is homeless upon entering, their correctional officer will coordinate with other County personnel for housing search assistance. The State Prison conducts training classes for inmates leaving the facility within the year. The class "Stop the Revolving Door" deals with issues the inmate will encounter upon their release, including housing. Local jails have prevention coordinators to assist inmates in accessing housing and employment.

The Continuum of Care will continue discussions with correctional staff to assess success in making sure persons leaving corrections are not discharged to homelessness, and will survey homeless service providers as to the number of individuals or households who report coming directly from a correctional facility. If exits to homelessness are identified, a CoC representative or service provider will contact the discharge planner to strategize on ways to prevent such an occurrence.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

* Increase the supply of affordable housing units for the homeless

* Increase the number of permanent supportive housing units for the chronically homeless

* Provide information and referral to mainstream resources

* Increase community involvement in ending homelessness

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The CoC had significant involvement in the initial HPRP application and in the substantial amendment processes. CoC members were involved in identifying needs that could be addressed by HPRP funds and planning for the use of HPRP funds. CoC coordinators were involved in the writing of the HPRP application. CoC members also participated in the citizen participation process on the proposed substantial amendment by attending local meetings or submitting public comment.

HPRP providers are CoC members and have a long history of coordinating services and resources. The CoC had discussions on coordinating HPRP services with other resources in the system to avoid duplication and to maximize utilization. These discussions mainly involved the use of HPRP funds and state FHPAP funds. It was agreed that both resources will not be used to address the same need for a household; instead the most appropriate resource will be used. The CoC will ensure that objectives are met by maintaining ongoing communication with HPRP providers and assessing accomplishments thru HMIS and other monitoring reports. Reports from HPRP providers will be an ongoing agenda item at CoC meetings.

The CoC plans to increase community involvement by assigning an HPRP outreach team to proactively build relationships with landlords and to involve the faith communities in local outreach. Service organizations have been made aware of the new HPRP resources and eligibility guidelines.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

CoC members maintain ongoing communication with Community Development program staff and Community Development staff are members of the CoC. Members can help identify households to participate in the homeownership intiative (NSP-1), and to partner with the county to acquire foreclosed or abandoned homes and rehabilitate property that will be purchased by households with incomes at or below income guidelines (NSP-2). The CoC is also continuing discussions with Community Development to purchase a foreclosed and vacant multi-family building to create permanent housing opportunities for very low income households, including homeless persons.

For any foreclosed homes that are used for rental properties for homeless program participants, CoC members can provide responsible renter training, budget counseling, legal assistance, and permanent housing search assistance if\when a household is ready to purchase a home. CoC members also provide homeownership assistance workshops and information for low-income households looking to purchase a home. To date, 16 properties have been appraised for NSP-1 and 3 households have received down payment assistance to acquire foreclosed properties; and one property may be transferred to the Two Rivers Community Land Trust and then sold to a household with an income at or below 50% area median income (NSP-2).

CDBG-R funds are being used for facility improvements for a domestic violence shelter and for area resource centers that serve low-income and homeless households. These providers will be able to concentrate their other resources on services to prevent homelessness and assist in shortening the time period someone is homeless. They are vital to the community by providing prevention information, crisis assistance, employment services, housing referrals, energy assistance, and emergency shelter for battered women and their children.

HUD VASH vouchers are not available in the CoC region,however, veterans are notified of the availability through Minneapolis and St. Cloud Veteran Adminstration offices.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	15	**Beds**	8	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	76	**%**	84	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	74	**%**	83	**%**
Increase percentage of homeless persons employed at exit to at least 19%	19	**%**	37	**%**
Decrease the number of homeless households with children.	85	**Households**	155	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

Only 8 of the planned 15 permanent housing beds for the chronically homeless were achieved. The CoC had anticipated a Veteran specific permanent housing site to be developed to serve chronically homeless, however, funding did not become available and State legislative action is still needed. Additionally, the 4 beds through Elim Transitional Housing, Supportive Housing with Services, are still under development.

The number of homeless households with children did not decrease. In 2008 the number of homeless households with children increased slightly. There were 152 homeless households with children in 2008 and in 2009 there were 155 homeless households with children, an increase of 3 households.

The CoC basically maintained its service level considering economic factors that have affected so many this past year (home foreclosures, job losses, work hour reductions, sub-prime lending upheavals, increased rents, credit tightening, etc.) and have actually resulted in more homeless families. Planned resources to shelter or house more homeless families were not received, including HUD Rapid Re-Housing CoC bonus funding, FUP vouchers, and increased state Family Homeless Prevention and Assistance Program (FHPAP) funding this past year.

The CoC intends to maintain and strengthen its current practices, and to seek additional funding opportunities to increase the availability of safe and affordable housing in the region.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	22	13
2008	25	19
2009	47	27

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 8

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$52,698		$36,000		
Total	$52,698	$0	$36,000	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The number of chronically homeless has increased primarily due to improved training for the point-in-time count and to expanded outreach efforts and participation of additional service providers this year. The number of beds for the chronically homeless also increased as those previously under development were occupied this year.

Last year's Exhibit One incorrectly reported the number of PH beds for the CH for 2007. The CoC has determined that the 34 reported for 2007 was incorrect as that number included beds that were not designated solely for the chronically homeless. The CoC believes it now has an accurate number of beds designated for the chronically homeless and will use this baseline for planning purposes and future reports.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

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 permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	36
b. Number of participants who did not leave the project(s)	99
c. Number of participants who exited after staying 6 months or longer	32
d. Number of participants who did not exit after staying 6 months or longer	82
e. Number of participants who did not exit and were enrolled for less than 6 months	17
TOTAL PH (%)	84

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	42
b. Number of participants who moved to PH	35
TOTAL TH (%)	83

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 87

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	12	14	**%**
SSDI	6	7	**%**
Social Security	1	1	**%**
General Public Assistance	7	8	**%**
TANF	23	26	**%**
SCHIP	1	1	**%**
Veterans Benefits	0	0	**%**
Employment Income	32	37	**%**
Unemployment Benefits	1	1	**%**
Veterans Health Care	0	0	**%**
Medicaid	26	30	**%**
Food Stamps	29	33	**%**
Other (Please specify below)	25	29	**%**
Child Support, Group Residential Housing			
No Financial Resources	7	8	**%**

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

As APR's are completed, the CoC Coodinators and Review Committee go over each APR to be sure data has been properly entered. The committees review income sources at exit, to determine all mainstream programs for homeless people are being accessed and reported. Where numbers look low, the committee suggests the projects take additional training so that clients have better access to mainstream programs.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

Dakota County Family Homeless Prevention and Assistance Program (FHPAP) met in 2009: Jan 28, Feb 25, March 25, April 22, May 27, June 24, July 22, Aug 26, Sept. 23, and Oct. 28. In 2008 this group met Nov 8, and Dec 13. Anoka County FHPAP Advisory Committee met 11/13/08, 01/08/09, 03/12/09, 05/14/09, 06/23/09, 8/13/09, and 10/8/09.

Dakota County Employment and Economic Assistance Supervisors met in 2009: Feb 23, April 28, June 29, August 31 and Oct. 26. In 2008 they met Oct. 27 and Dec. 29. Anoka County Income Maintenance Supervisors met 01/21/09, 03/18/09, 04/15/09, 09/16/09, and 10/21/09.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

SSI, SSDI, Social Security, General Public Assistance, TANF (MFIP-Minnesota Family Investment Program), Emergency Assistance, MSA (MN Supplemental Aid), SCHIP (MN care for children), Veteran's Benefits, Unemployment Insurance, Veterans Health Care, MNCare (for adults), Medicaid, Medicare, GAMC, Food Stamps, WIC, child support, child care, alimony, worker's compensation, student grants\scholarship, tribal funds, child care, TANF transportation services, Section 8, public housing or rental assistance, and other cash or non-cash benefits.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

December 30, 2008 and June 8, 2009.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
In order to take advantage of all resources available to clients, each case manager and financial worker is trained to assess each client's needs and eligiblity. Providers will accompany those who need assistance to the county of service responsibility. Those able to complete their own applications do so at County offices. The county worker then reviews the application, determines eligibility and suggests any other resources (mainstream or local) that the client may be eligible to receive. Minnesota has a combined application that is used by all county offices to assist in the determination of client's eligibility for mainstream resources.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
Medical Assistance/ Medicaid; Food Support/Food Stamps; Temporary Assistance to Needy Families(TANF)/ Minnesota Family Invest Program (MFIP); General Public Assistance; the state's version of SCHIP (MinnesotaCare); Emergency Assistance; Minnesota Supplemental Aid.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Staff have follow-up contacts with clients, and housing case managers can be authorized in the electronic Minnesota state public assistance program to receive notices of changes in public assistance eligibility. Case managers can receive timely notification of each of their client's benefits, when they change, via an automated follow-up system.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

Question	Answer
***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	No
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	No
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	

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***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	No
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	No
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	No
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	No
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	No

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***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	No
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Anoka County I Sh...	2009-11-24 12:04:...	1 Year	Metropolitan Coun...	124,644	Renewal Project	S+C	TRA	U
Metro Project to ...	2009-11-19 14:06:...	1 Year	Supportive Housin...	17,166	Renewal Project	SHP	PH	F
HMIS Anoka/Dakota	2009-11-11 15:12:...	1 Year	Amherst H. Wilder...	62,069	Renewal Project	SHP	HMIS	F
Anoka County Perm...	2009-11-18 15:52:...	1 Year	Elim Transitional...	152,325	Renewal Project	SHP	PH	F
2009 Shelter Plus...	2009-11-23 10:22:...	1 Year	Dakota County CDA	220,164	Renewal Project	S+C	TRA	U
Lincoln Place	2009-11-24 10:08:...	2 Years	The Link	60,639	New Project	SHP	PH	F1
Supportive Housin...	2009-11-20 10:28:...	1 Year	Dakota County	410,844	Renewal Project	SHP	TH	F
ARCH	2009-11-17 07:50:...	1 Year	People Incorporated	36,782	Renewal Project	SHP	PH	F
People Experienci...	2009-11-23 16:56:...	1 Year	Elim Transitional...	13,983	Renewal Project	SHP	PH	F
Anoka County II S...	2009-11-24 12:17:...	1 Year	Metropolitan Coun...	112,020	Renewal Project	S+C	TRA	U
Project Restore S...	2009-11-19 16:55:...	1 Year	Mental Health Res...	173,315	Renewal Project	SHP	PH	F
Anoka Housing Wit...	2009-11-17 07:39:...	1 Year	People Incorporated	27,644	Renewal Project	SHP	PH	F
Metro Project to ...	2009-11-19 14:03:...	1 Year	Supportive Housin...	16,506	Renewal Project	SHP	SH	F

Elim THP 1	2009-11-18 15:55:...	1 Year	Elim Transitional...	33,101	Renewal Project	SHP	TH	F
Dakota County SHP	2009-11-17 16:44:...	1 Year	Scott-Carver-Dako...	23,230	Renewal Project	SHP	PH	F
Metro Project to ...	2009-11-23 13:41:...	1 Year	Supportive Housin...	35,532	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$1,063,136
Permanent Housing Bonus	$0
SPC Renewal	$456,828
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Dakota Anoka MN 5...	11/18/2009

Attachment Details

Document Description: Dakota Anoka MN 503 Certification of Consistency