Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

 1. the CoC Application,
 2. the CoC Priority Listing, and
 3. all the CoC's project applications that were either approved and ranked, or rejected.

 As the Collaborative Applicant, you are responsible for reviewing the following:

 1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1A-1. CoC Name and Number: MN-500 - Minneapolis/Hennepin County CoC

1A-2. Collaborative Applicant Name: Hennepin County

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	No	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	No	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
9.	Law Enforcement	Yes	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Hennepin County Lived Experience Advisory Group (LEAG)	Yes	Yes	Yes
35.	Street Voices of Change	Yes	Yes	Yes

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

HC Housing Stability includes people with lived experience in all hiring, funding processes & decisions. Our community works closely w/ the HC Lived Experience Advisory Group (LEAG), Street Voices of Change, & the Youth Action Board on policy/program development. Examples include building out & creating the Streets to Housing (S2H) program, then evaluating & offering ideas to improve S2H, Homeless to Housing, shelter system changes, CoC funded projects, & more; continuously advising on efforts to end chronic homeless; evaluating youth, singles, & family housing proposals for funding; implementing a Shelter Bill of Rights which has been incorporated into all shelter contracts; & advising on all proposed CES policy changes. Feedback surveys are available to end users of the homeless response system (shelter, outreach, drop-ins) & feedback is followed-up on in real time. People with Lived Ex. are reimbursed for their time participating in funding decisions, hiring panels and policy & program development.

HC's Indigenous population is overrepresented in our homeless population. In 2020, w/ the influx of pandemic funds, HC supported the development & ongoing operations of the 1st culturally-specific Indigenous shelter in the region – Homeward Bound, which is operated by the American Indian Community Development Corporation (AICDC), led and operated by Indigenous people, and is always at max capacity. 1 in 3 shelter users exit to housing & other non-homeless destinations. Even w/ Homeward Bound, we continued to see a large Indigenous unsheltered pop. In response, AICDC developed a year-round winter overnight drop-in center in 11/2023 w/recliners, showers & meals. Both are embedded w/in the Mpls Indigenous community, meaning resources & culturally specific services are available onsite & nearby. AICDC is a longstanding housing provider w/ a housing-first, harm reduction model. HC provided capital & operations support to assist in the acquisition & conversion of four properties, totaling 72 units of low barrier PSH from 2017-2024. HC provided capital for a new 40-unit PSH development, Anishinabe III, opened in 2022. HC's Diversion & Recovery Team (DART) partners w/ AICDC's PSH project to offer Indigenous residents harm reduction & recovery-oriented services from DART & then transitions them to Anishinabe III PSH, for stabilization. HC leaders & planners regularly attend the Metro Urban Indian Directors weekly meeting to stay connected & address issues/concerns.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

		Describe in the field below how your CoC:
	1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
	2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. The invitation process is accessible, comprehensive & publicly announced throughout the year via CoC website, bi-monthly newsletters, and through boards & working committee membership, as directed by the CoC charter. The CoC maintains and regularly expands its subscriber list (6,740 subscribers) to solicit new members to join CoC working committees & participate in the CoC, as well as information on CoC activities and general interest in preventing & ending homelessness. Messages often target specific populations for engagement to assure proper representation of LE & BIPOC communities. All CoC working committees seek diverse representation that is reflective of those that are seeking services in the CoC. New members are invited throughout the year as identified by working committee needs.

2. Multiple formats of communication are used to ensure individuals with disabilities can access and participate in local CoC planning & implementation. Messaging uses plain language and is compatible with screen readers. All documents related to the CoC are posted in PDF format on a public website & sent via email to the subscriber list or paper copies sent via USPS. 1 FTE communications coordinator ensures effective & ADA accessible formats. CoC meetings when in person are held in physically accessible spaces. Virtual platforms include closed caption options and materials sent in accessibility enabled PDF format to include information about ADA accommodations as needed.

3. Messages to solicit new members to join CoC committees or to participate in the CoC are targeted to populations over-represented in our homeless response system, like people of color, people from the LGBTQ+ community, and people with disabilities. To ensure these communities and agencies that serve these groups are represented in the CoC, the HC Governing board & committees track demographic information and develop recruitment strategies. HC also has a Lived Experience Advisory Group (LEAG) that is racially and culturally representative of people experiencing homelessness. Members from HC Lived Experience Advisory Group participate on all CoC boards and working committees.

	1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
		NOFO Section V.B.1.a.(3)	

		Describe in the field below how your CoC:
	1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
	2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
	3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. Annually, the CoC holds a broadly advertised CoC meeting attended by 250+ people. The format included keynote speeches from elected officials, County leadership & from the chair of the lived experience advisory group highlighting emerging initiatives & system changes. CoC held 6 breakout sessions focusing on issues that allowed for feedback & discussion to ID needs/local trends. The Lived Experience Advisory Group (LEAG), the Youth Action Board (YAB), and HC planners attend the Street Voices of Change (SVOC), and provider organized community meetings specific to shelter, outreach & prevention topics throughout the year. The CoC maintains a broad & regularly updated listserv, which provides bi-monthly updates & solicits feedback. HC's Youth Action board has a plan for ending youth homelessness. The family response system & all partners developed a Coordinated Community Plan to end family homelessness.

2. In the CoC Executive Board meetings & other working committees, information like the Need/Gap analysis, PIT counts & other important data/information are shared to solicit feedback. Meeting times are publicly available on the CoC website. Executive meetings can be viewed live virtually via a link on CoC website. Board meetings are recorded & posted online. Annual CoC meetings allow public input, new ideas & strategies for ending homelessness.

3. HC has 8.5 FTE planners that staff the CoC board & committees, engage in outreach, & build relationships w/ comm. partners. HC has integrated multiple groups of persons with lived ex. into decision making boards & comm's. LEAG is compensated as consultants at $25/hr for feedback & making funding decisions, leadership on the governing board, & facilitates unsheltered coordination. LEAG participated & determine how funding is allocated for CoC/ESG. Through YHDP & community plan, HC organized the YAB, to make decisions for youth programs/funds. 3 different lived experience groups have voting rep's on the CoC board

4. HC regularly meets w/ SVOC, an independently operated lived ex. advocacy group to gather feedback & to invite direction on various decisions. Following listening sessions, HC adopted pursing reforms to Housing Support (GRH) as a state legislative priority. These changes were partially adopted in 2023 and will positively impact the income of an estimated 2,000 residents of supportive housing in HC Also, SVOC developed a Shelter Bill of Rights that are now in contracts & guide resource allocation

	1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
		NOFO Section V.B.1.a.(4)	

		Describe in the field below how your CoC notified the public:
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	2.	about how project applicants must submit their project applications–the process;
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and

	4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1. HC is part of any/all opportunities to notify/solicit new agencies/organizations interested in funding opportunities. Annual Bidders conference (State & ESG) include CoC program funds. HC advertises broadly re: competition through CoC listservs (4500 subscribe). MN Coordinators are listed on federal, State, and local websites & staff from all these agencies make informal connections throughout the year. HC also encourages project app's from new agencies/organizations as part of our solicitation process for new projects each year. As part of the FY24 NOFO, 3 new project applications have been included in our CA from org's not previously receiving CoC funds.

2. In preparation for strong app's, HC holds New Project pre-app process prior to the NOFO. This allows ample time to provide info. to new agencies/orgs, & allow extra time for pre-app's to be received (4 weeks). To keep the process simple, HC releases a fillable pre-application, which is aligned with the PA in snaps. Available via the website, listserv, & e-mailed upon request. Once pre-applications are reviewed & selected, projects will go into snaps to submit the full PA– we work with projects not in e-snaps immediately upon initial NOFO overview meeting.

3. CoC Funding comm. update the score tool rubric (NOFO & local priorities). Pre-app's scored & ranked on score + HUD/HC priorities. Approved projects sent via listserv & posted w/ appeal timeline (per Ranking policies/procedures). Selected projects submit PA's in snaps by CoC deadline. Application are reviewed using the new project score tool, threshold criteria, priority pop's & racial equity Q's. Funding Committee includes 4 members from Hennepin Lived Expertise Advisory Group (LEAG) to review/rank projects as we prioritize stronger integration of voice of persons with lived expertise into all parts of homeless response system.

4. HC CoC planner works w/ communications to assure accessibility & review on-line language posting of the application. LEAG engaged to prioritize stronger integration of voice into app + all parts of the process. To decrease barriers/complexity, narrative fillable pre-application & budget form used, encouraging those not in e-snaps to get set up if project selected to submit full app. Reasonable accommodations are made throughout the process. 2-3 on-line meetings are held; and 1:1 availability to assist with any parts of the application or clarify questions.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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  - FY 2024 CoC Application Navigational Guide;
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 - PHA Crosswalk; and
  - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	

	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.	Hennepin County Lived Experience Advisory Group (LEAG)	Yes

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

	In the chart below select yes or no to indicate whether your CoC:	

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

	Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:	

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1. SEA partnership: HC CoC, w/ all MN CoCs, entered Collaborative Agreement w/ the MN Dept. of Educ. (MDE) on 9/2022. Agreement outlines roles of CoCs & MDE for efforts to ensure families & youth experiencing homelessness (YEH) are informed of their rights under McKinney Vento & have access to resources they need to be stably housed. In agreement, MDE: a) Provides training to CoCs on how to use MDE aggregate public data on YEH in Districts & Schools. b) Provide a list of training offered to District & School Homeless Liaisons (DSHLs) to CoCs c) Provide to DSHLs, a list of CoCs w/ contact info by county; & encourage Liaisons to communicate w/ their CoC. In agreement, CoC: a) By Oct 1 each year, provide MDE a current list of CoC contacts. b) provide info on how to become members of a CoC w/ DHSLs. c) Invite MDE & edu entities to become members of the CoC. d) As needed, provide clear info about date, time, & agenda of meetings. Together, MDE & the CoC commit to collaborate to distribute a bimonthly MN Homeless Edu Newsletter to all DSHLs w/ training dates, resources, & connections to assist LEAs w/ serving the needs of YEH.

2. In 2023, HC partnered with 9 public school districts and 3 providers to implement school to housing programs. These programs partner & fund public school districts with the highest Homeless and Highly Mobile (HHM) numbers to identify families with school age children at risk of homelessness. Schools refer to HC or housing providers for short & long-term navigation, RA and SSO for families, and funded by a statewide local tax aid. Hennepin will receive approximately $5 million annually until 2028.
2. The largest HC school to housing program is Stable Homes Stable Schools, a collaborative of the Mpls Public Schools (MPS), the City of Mpls, &the Mpls PHA. This partnership ended homelessness for over 5,000 students. HC provides school to housing funds for homeless prevention & provides guidance & support to strategically use existing resources to minimize the number of homeless students in MPS.

3. MPS holds seats in various HC CoC governance committees with a goal of ensuring a focus on the educational stability of students experiencing homelessness. Some of the positions held in the past year include: Coordinated Entry Services Leadership Committee, Hennepin County Stakeholder Action Committee, Eviction Prevention, Hennepin County Prevention Governance Group, People Serving People Board of Directors (county-funded ES).

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

1. CoC-funded projects serving families are required to ensure families are informed of the HUD McKinney-Vento Act, & ensure children are able to maintain enrollment in school & comply w/ approved CoC policies, including: 1) assure transportation is arranged for students to remain in their district; 2) connect families to edu. resources in the community; 3) assist families to develop edu. goals for all family members; 4) identify staff responsible for school attendance; 5) track school attendance for all children in the program & help identify & resolve barriers to absences; 6) advocate for & assist families w/ children ages 3-4 to apply for Head Start & provide referrals to agencies that offer Head Start.
2. Annually, CoC projects working w/ children have to sign LOI to apply for funds that assures compliance w/ the HMVA Edu. Policy. If policy section is incomplete, applicant would be out of compliance & may be in jeopardy of losing CoC funds.
3. Every school district has a list of Title 1 requirements. District McKinney Vento Liaisons must: 1) make available public notices re: the educational rights of students experiencing homelessness; 2) provide info to local service providers re: the rights of students & the duties of the liaison, 3) ensure youth receive transportation to their school of origin; 4) ensure youth can continue enrollment in school of origin OR immediately enroll in an eligible school; 5) help resolve disputes re: school placement; & 6) coordinate w/ local service agencies to meet student & family needs.
4. A portion of district staff supported by the school to housing program are district's McKinney Vento Liaisons. Hennepin County funding allows for more school staff time to focus on identifying students & their families at risk of homelessness & provide services required by Title 1 to those experiencing homelessness. MPS partners with the Family Shelter System in Hennepin to minimize disruptions to educational services for families in shelter. This includes regular communication with shelter staff about individual families, shared office space for district staff & coordination with shelter sites & overflow hotels.
5.School liaisons are trained in the HMVA under ESSA. LEA in Mpls has MOU w/ MPHA & HC for the SHSS program, which includes RA & services for HHM families funded in part by state dollars.

1C–4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	No
7.	Healthy Start	No	No

8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.	N/A	No	No

1C-5.	**Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.**
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:	

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Violence Free Minnesoata	Yes

1C-5a.	**Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.**	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:	
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. 1) CoC-funded VSPs participate in statewide DV Steering Committee, through Violence Free MN (VFMN) to develop standards & guidelines for the assessment, treatment, & supervision of adults who use violence against an intimate partner. The group works for the ongoing engagement w/ emerging research & brings back to CES leadership comm to inform CoC policies. 2) VSPs participate in HC CES to provide guidance on policies & systems, & in Family Violence Coordinating Council to promote effective prevention, intervention & treatment techniques & facilitate coordination. 3) VSPs & CoC collab. on CE CoC-wide policies, provide feedback on proposed policies & contribute to annual workplans. 4) CE & CES Connect (DV comparable CE process) staff collaborate weekly & CE staff share how CoC-wide CE policies impact people served in CES Connect & provide considerations for safety while working w/ DV survivors in traditional CE. 5) VSPs attend Qtrly CoC mtgs & vote on proposed policies; & share best practices for working w/ DV survivors that can be used by all housing providers. 6) VSPs serve on the Strategic Planning Committee w/ MN Coalition for Homeless & VFMN to inform statewide policies & best practices that inform HC CoC-wide policies.

2. 1) The Domestic Abuse Project Victim Service Program (DAPVPS) conducted DV 101 trainings for the CoC on 6/32024, with 40 attendees, & on 3/1/2024 & 9/5/2024, with 40 attendees. The trainings include elements on trauma-informed care & best practices, HC Housing Stability had a training & was attended by 48 participants & CE Leadership biannual training. A subsequent session was held on 4/12/2024, also for two hours, with 77 attendees. 2)All CoC funded projects describe the trauma-informed services they use in initial project apps & review responses annually through quarterly reporting & Continuous Improvement Plans (CIP). Successful strategies used by orgs on CIPs are shared w/ all CoC-funded projects during quarterly meetings. 3) Cornerstone, a VSP conducts 50 hour DV training, 3x/ year, open to the community & incorporates trauma-informed care, safety planning, cultural competency, & systems advocacy. DAP conducts annual training t w/ CES Leadership Committee, & provides training 2x/year in medical settings w/ info on DV 101, trauma-informed care, & best practices on the intersection of SV & DV. 4) HH's assessed in CES Connect are merged w/ CE priority list to ensure equity in housing referrals.

	1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
		NOFO Section V.B.1.e.	
		Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
	1.	safety planning protocols; and	
	2.	confidentiality protocols.	

(limit 2,500 characters)

1. When an emergency transfer takes place, multipronged safety planning occurs. The housing provider initiating the transfer for a household begins safety planning by filling out an emergency transfer request form that also serves as a scaffolding for initial safety planning steps. Then, once HC CES receives the request, additional steps of safety planning take place, most predominantly, connecting with our contracted community-based DV provider, to ensure that the household has a skilled expert facilitating a safe transfer from one housing program to another. In this process client needs and requests are paramount. Once in their new housing program, the safety plan developed earlier is expanded upon to ensure their prolonged safety and stability.

2. HC CES incorporates confidentiality protocols by using a confidential, parallel database called "CES Connect". CES Connect does not include any identifying information including name, DOB, location, etc. Private information does not populate onto the CES priority lists and is not sent out in referral emails to providers. Once referred, providers reach out to DV assessors to obtain the information needed to contact the household referred. Safety planning is conducted by the DV provider that completed the assessment and by the housing provider receiving the CES referral.
The DV 101 trainings conducted by the Domestic Abuse Project Victim Service Program throughout the year are designed to equip non-DV providers with necessary skills around safety planning and maintaining confidentiality. This ensures safety planning and confidentiality protocols are adhered to for victim/survivors regardless of the housing program they are referred to.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.	Domestic Abuse Project - CES SSO	Yes	Yes

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;	
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;	
3.	what your CoC requires households to do to request emergency transfers; and	
4.	what your CoC does in response to households requesting emergency transfers.	

(limit 2,500 characters)

1. HC CES does have a VAWA written emergency transfer policy included in the CES P&P manual (updated & approved annually by CES leadership). Emergency (ER) Transfer Policy: Housing Provider may initiate a ER Transfer Policy by submitting a Transfer Request Form indicating an ER Transfer is needed. Provider indicates HH's ideal & needed housing setting for safety/security. HH will then be prioritized for the next available housing vacancy. While CES will prioritize the HH for the next available vacancy, we cannot guarantee a housing placement or timing. The current provider should continue to safety plan with HH & follow best practices to ensure rapid, quick & safe resolution is met. If a match can be completed, CES collaborates w/ Domestic Abuse Project (DAP) to assist w/ safety planning & facilitate a warm hand off between the previous provider & new one. Policy focus is taking the burden of proof & action off survivors & onto the policy system with extremally low barrier & shifting responsibility nearly entirely to housing case managers & CES team.

2. 1) HC has information regarding ER transfers as part of the CES P&P's, located on the HC CoC CES website. CES team holds regular CES chats to educate staff about P&P's as needed. 2) As part of HC safety planning protocols upon entry into housing, participants are made aware that if they feel unsafe or need to leave, are informed of their options by their case mgr., including ER transfer plan. The staff will also review the paperwork w/ the participant to ensure they understand the steps to take if needed. This information is available in response to an emergency situation too and staff would guide participants through the process as needed.

3. HH that are requesting an ER transfer should inform their case manager or provider ASAP, & complete the ER transfer paperwork. The provider then may initiate the ER Transfer paperwork is then submitted to property management. While a victim is not required to provide documentation of the abuse experienced with the emergency transfer paperwork, a property manager may ask for proof.

4. The HC CES ER transfer policy is in the HC CES P&P manual posted on HC CES website. The policy is reviewed/updated annually by the CES Leadership. Updates to the policy are shared via CES newsletter, annual "CES Chats", & reviewed during "DV 101" trainings (conducted by DAP). Once received by CES team, HH is prioritized for the next available opening meeting the housing

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.	

(limit 2,500 characters)

Survivors of DV have access to the same housing and services offered to all households assessed and referred through HC CES. CES Connect utilizes the same assessment questions and criteria and pulls onto a combined priority list (combining the CES Connect PL with the HMIS PL). Households are prioritized using the same HC CES prioritization criteria (medical fragility or disability (for families), chronic homelessness, & #months HUD homeless). Specific household needs are included in the assessment including culturally specific questions, client preference questions, and any additional information the household wants to share which could include where they feel safe living, etc. Moreover, HC CES includes a couple of housing programs specifically for domestic violence survivors and continues to solicit participation from other domestic violence agencies to increase the number of DV-specific housing programs. This extends access to housing resources beyond mainstream housing and services already incorporated in HC CES to include specialized programming that meets the needs of survivors.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC ensures survivors receive safe housing and services by:
1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

(limit 2,500 characters)

1. HC CoC encourages victim service providers to participate in the Coordinated Entry Leadership committee to provide a survivor-centered perspective as the committee works to improve homelessness systems in Hennepin County. This committee looks at barriers to access to the Coordinated Entry System, including for survivors of domestic violence. Domestic violence project partners regularly lift up survivor voices in these spaces and articulate barriers that are shared and observed through their work with victims and their families who are currently or at risk of homelessness due to experiencing domestic violence. Housing stability is a major factor in successful flight and separation from a violence situation. Common barriers for survivors are access to appropriate collateral wrap around services that support long term stability, including mental health services, employment support, childcare support, etc. Equal access to housing depending on level of need, economic opportunity wage gaps as domestic violence significantly impacts a survivors ability to earn wages and maintain wages without disruption, etc which can in turn impact housing. The CES Connect system allows protected access to the Coordinated Entry System without limiting access to housing programs or forcing survivors to risk their safety or confidentiality.

2. The CES Connect system allows protected access to the Coordinated Entry System without limiting access to housing programs or forcing survivors to risk their safety or confidentiality. The Coordinated Entry Leadership committee is a interdisciplinary and interagency committee that is dedicated to both identifying and addressing barriers that are brought forward by housing providers within the CoC that are serving victims in order to increase access and sustainability. By working collaboratively and utilizing community partnerships and resources to innovatively problem solve, resource share, and advocate for systems shifts to better support survivors, there have been successes in removing barriers that have impacted survivors struggling with homelessness as a result of domestic violence.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

	1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

	Describe in the field below:	
	1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;

	2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. An Anti-discrimination policy draft was developed by the City of Minneapolis in 2021. There were various feedback sessions and iterations of this policy by CoC projects, to include LGBTQ+ providers and community stakeholders and groups prior to being finalized in early 2022. This policy is reviewed on an annual basis by the CoC, or as needed based on feedback from our provider/funder communities. Multiple trauma-informed trainings are held each year with various committees and work groups.

2. Every housing and service provider that enters into a contract with Hennepin County has to adhere to a non-discrimination clause. Providers and expected to ensure all housing and services meet the needs of LGBTQ+ individuals and families and evaluating this is part of the contract renewal process. On 3/25/2022, HC's City of Mpls Trans Equity Project Coordinator, presented a draft of the City's Equal Access anti-discrimination policy for CoC review and feedback. The policy was adopted by all 43 Hennepin CoC projects on 6/24/2022. HC is just starting to discuss coordinated monitoring and follow up from a systems level in addition to the individual processes already in place.

3. Anti-discrimination evaluation questions are currently integrated into the CoC project application process in a few ways. Questions are asked regarding compliance with anti-discrimination policies in the "Letters of Intent to Apply" for CoC funds and signed by the executive director/CEO of each agency regarding compliance with these policies. Additionally, questions are asked in the CoC pre-application process regarding agency/organizations progress on policies each year. In the coming year, HC CoC will work with the City of Minneapolis regarding how to evaluate compliance for all projects at a micro, mezzo and macro systems level.

4. If there is noncompliance the CoC follows a grievance process, and HH's are advised of their right to report the issue to State & Federal oversight agencies. The CoC will take action to prevent noncompliance depending on the severity, the CoC may request Technical Assistance, a Continuous Improvement Plan, and/or report the grievance to program funders. Non-compliance may be grounds for reallocating a project for CoC funds.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Minneapolis Public Housing Authority	23%	No	Yes
Metropolitan Council	39%	No	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. HC CoC has very strong working relationships with the top 2 largest PHA's (as well as other smaller PHA's located throughout Hennepin County). Both PHA's are integrated into the HC homeless response system as partners for various local programs/vouchers/developments, as well as voting members of the CoC Governing board and sit on CoC working committees. Steps include: HC has partnered with both MPHA and Metropolitan Council to implement "Move up" preferences. Both PHA & CoC review Administrative Plans (ACOP) and maintain a limited homeless (CES) preference over the past few years. Stable Homes, Stable Schools collaboration launched early 2019 to present, alongside time limited supportive services to families in the top 15 schools with highest rate of homelessness. HC's Emergency Housing Voucher program allocated 100% of the EHVs to individuals and households that were in shelter or unsheltered settings through the CES. Hennepin County newly funded case management with pandemic recovery funds and this allowed us to enter into an MOU with both PHAs ensuring that all recipients would receive case management. The success of this partnership has already seen a portion of Mainstream Vouchers allocated using the same approach and partnership for people experiencing homelessness. Coordination on Special NOFO HCV opportunity. In 2024, due to the successful partnership with the Minneapolis PHA, our CES has also been asked to fill 80 non-elderly disabled (NED) vouchers. HC has partnered on the following:
- Fostering Youth to Independence (FYI) –50 vouchers (12 BHRA, 18 SLP, 17 MPHA, 3 Metro)
- Family Unification Program (FUP) –127 vouchers (100 MPHA, 27 SLP)
- Affordable Housing Incentive Fund (AHIF) –180 set asides
- Hotel to Housing Project - 85 vouchers
- Public Housing Vouchers– 125 vouchers
- MN Move up program – Metro Council 22 vouchers,
- Mainstream vouchers - MPHA 35 vouchers
- HOME - Stable Home RA – SLP 27 vouchers

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	N/A	No

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

	In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:	

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	Bridges	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FYI with Mpls PHA, FUP, EHV, Stable Homes, Bridges, AHIF, Public Hsg, Hotels to Housing

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

	Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	56
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	56
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;	
2.	the list of factors and performance indicators your CoC uses during its evaluation;	
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and	
4.	what your CoC has done to improve fidelity to Housing First.	

(limit 2,500 characters)

1. Projects respond to Housing First (HF) criteria & submit tenant selection criteria (TSC) at the time of project application, renewal, during annual site-visits, & as requested during continuous improvement plan (CIP). CoC FC regularly reviews project TSC & monitors CE referral outcomes. All projects are required to use the CES scorecard using HMIS reports to assess the CY CES referrals & explain all provider & client rejected referrals to demonstrate alignment to HF criteria. Projects w/ high rejected referrals participate in CIP's which may result in reallocation.

2. Factors related to evaluating HF performance: 1) TSC, 2) time from referral to result, 3) # of program vacancies to referrals received, 4) % of successful referrals, 5) reasons for unsuccessful referrals w/ reasons for provider rejected & client rejected referrals, 6) client feedback, 7) feedback from CE team on issues related to referrals, & 8) responses to low barrier & housing first Qs in LOI.

3. CES team works w/ providers to problem-solve reasons for rejected referrals & to remove barriers. Expectations are shared w/ providers around timeliness, including: 1) time to referral acknowledgement; 2) successful referral rate; 3) time from referral to result. The CES "scorecard" measures performance against locally established thresholds & follows-up quarterly w/ providers falling below. This scorecard is available to providers & funders for ongoing evaluation of provider performance. This process allows for early intervention to identify projects that are rejecting numerous referrals so HC FC & other funders can work w/ providers to identify barriers to program access.

4. Providers submit CES data through quarterly reporting, allowing the FC to identify projects w/ demonstrated barriers to housing, which prompts engagement w/ providers to develop CIPs to decrease barriers to hsg. & help ensure HF principles are being implemented in practices. Evaluation is also used to identify projects that are successfully utilizing HF best practices & those projects are highlighted in the CES newsletter and shared with the community. HC Planners monitor programs & HF principles (using the CES scorecard & program audits) & coordinate efforts provide TA to providers deviating from HF practices. Annual "provider summits" are held w/ reps across HC, to review contracts, compliance with HF, & performance. If providers do not adhere to HF principles, HC elevates the issue to our Mpls. HUD Field Offi

1D-3.	Street Outreach–Data–Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

Hennepin County's street-based teams provide trauma-informed, housing-focused services to connect people with safe alternatives to living outside, including emergency shelter, treatment, and housing solutions. The team partners with public health and community partner agencies that take care of other basic needs like food and water, harm reduction and healthcare support and to ensure full geographic coverage.

The team identifies unsheltered households and helps them access benefits, emergency shelter and permanent housing. Streets to Housing engages directly with people who are unsheltered through outreach and engagement events at encampments and other locations where they are known to gather, such as a drop-in centers or libraries.

Streets to Housing was developed by people actively experiencing unsheltered homelessness, and they were compensated for their time. People with lived experience are part of our seven-member outreach team, which has six system navigators and one opioid use disorder specialist. Our outreach team also has representation from two groups of people who disproportionately experience homelessness: people of color and people with substance use disorders. In Hennepin County, people of color make up 85% of people experiencing homelessness but only 34% of the overall population. The Streets to Housing model views homelessness as a consequence of societal and system failures that have resulted in racial inequity and adverse impacts on people of color. Our trauma-informed and housing-focused work helps reduce those disparities.

We utilize a comprehensive By-Name List to ensure that all unsheltered households have their needs identified at a system level for coordination across the CoCs street outreach teams. Hennepin County has seen a 27% decrease in unsheltered homelessness from 2020-2023 Point in Time count because of this housing focused model, which has increased data-informed care coordination across street outreach partnerships during a time where nationally, unsheltered homelessness has increased nationally by 14%.

Streets to Housing achievements since August 2022:
·More than 1,300 unduplicated households served
·More than 450 have a known exit destination
·More than 80% of those exits are into emergency shelter or permanent housing
·96% of those exiting to permanent housing have not returned to homelessness

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	No	Yes
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		
	N/A	No	No

| 1D-5. | | Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS. | |
| | | NOFO Section V.B.1.l. | |

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	684	752

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	MSA Shelter Needy Benefits	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

	Describe in the field below how your CoC:	
1.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and	
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

(limit 2,500 characters)

1.The CoC has several collaborations throughout the region that assist households with needed mainstream benefits of other assistance, services and programs. Hennepin County's Health Care for Homeless (HCH) team provides the full complement of primary, mental health, and substance use disorder services. This program is funded through HRSA, Ryan White, and PATH programs to provide interdisciplinary and whole person care. Hennepin County has a behavioral health walk in center that has daily walk in access point to mental health & substance abuse care coordination. Hennepin County's housing stability case managers have trained staff who are MNSure Assisters, who meet the clients where they are at both physically and emotionally, and can assist clients through the application and approval process for Medicaid. All teams throughout the CoC work to connect with healthcare services, including programs such as Healthcare for the Homeless, DART team, Targeted Case Management (TCM) services, primary care and dental providers.

2. All Hennepin CoC housing teams and providers will refer people to SOAR services when they are interested in applying for social security. Several licensed social workers in the CoC programs and Healthcare for the Homeless program are SOAR certified and assist with access to benefits such as SSI/SSDI, health insurance such as Medicaid and Medicare, and other public benefits such as food stamps and cash assistance. HCH has a full-time benefits eligibility specialist who helps patients get connected to these benefits as well. Many have completed the 20 hour SOAR training through SAMHSA. On January 12, 2024, Hennepin CoC held a mainstream benefit training with over 85 CoC housing providers partnering with the Department of Human Services state programs.

ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1.State of MN strategic plan, Crossroads to Justice, commits to treating homelessness as a "crucial health & PH crisis wherever it occurs". Fulfilling this commitment requires close coordination between CoCs, local, tribal, & state health departments. The Minnesota Department of Health (MDH) supports CoC efforts to address infectious disease by: 1) developing specific infectious disease response guidance for homeless service sites and other congregate settings 2) providing test kits, gift cards & other resources to support screening & testing for infectious diseases--including COVID-19, HIV, hepatitis, and syphilis (in shelters & encampments) 3) supporting vaccine clinics, available upon request, for homeless service sites 4) providing grants to support testing, needle exchange, & other infectious disease services specifically for people experiencing homelessness

The last 5 years has presented a need for homeless providers & PH to respond to not only covid, but other locally specific outbreaks of Hepatitis, HIV, & Syphilis within unsheltered. HC is fortunate to have in Public Health Dept. (PHD) Hennepin Healthcare for the Homeless (HCH) Program, a 330(h) Federally Qualified Health Care Center. HCH provides primary care, mental health, & substance use services in shelters, drop-in centers, & outreach. The PHD has a new/innovative team, the Comm.-Based Infectious Disease (CBID), formed during Covid & deployed to assist w/ infectious disease response. MDH has the state's largest sexual health clinic (Red Door Clinic), which has a disease intervention team focusing specifically on outbreaks. All teams are actively responding to hepatitis C, HIV, & syphilis outbreaks through intensive case mgmt. (funded through PATH & Ryan White), harm reduction, partner notification services, treatment of co-occurring mental health & substance use disorders, & in the field treatment w/ antiretroviral & pharmacologic therapies.

2.In addition to actively responding to infectious disease outbreaks, HCH and CBID are preventing infectious disease outbreaks through a variety of strategies: Comm. based testing/screening & rapid response; treatment as prevention by getting patients to undetectable/untransmittable viral loads; on-demand & easy to access pre/post exposure prophylaxis; harm reduction education/services (safer smoking kits, condoms, Narcan and clean syringe distribution; disease investigation); & intensive case mgmt. to get people housing & stabilize once housed.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. Since the COVID-19 pandemic, the MN Dept of Health (MDH) has boosted its efforts to communicate information to homeless service providers about PH & homelessness. In 2023, MDH released the MN Homeless Mortality Report. It found between 2017-2021, the mortality rate for homeless was 3x higher than the general population. MDH presented the findings of this report to the MN CoCs & also maintains a website of public health and homelessness resources. MDH works with MN Interagency Council (MICH) and CoCs across the state of MN to communicate about PH & homelessness. MDH maintains a GovDelivery listserv to share infectious disease information w/ homeless providers & regularly attends provider meetings to share infectious disease updates & learn of local public health concerns.

The Hennepin County homeless & housing stability area facilitates regular meetings with community service providers called the "Unsheltered Needs and Updates Meeting." Health Care for the Homeless (HCH) and CBID regularly attend these meetings to share updates with CoC providers on current public health threats & prevention measures. The HCH Project Director and the Area Manager of the Housing Stability area also regularly meet to collaborate/coordinate response between programs & share information.

2. Standing collaboration meetings between Hennepin County Housing, local Public Health, and community outreach and shelter/housing providers to provide updates and ensure services providers are equipped to respond to and prevent infectious disease outbreaks. Additionally, the HCH program has a monthly community advisory board with leaders from provider agencies. Updates and discussion are provided at these meetings around topics such as the HIV, hepatitis, and syphilis outbreaks; and Hennepin County's opioid crisis and response strategies. HCH collaborates daily with local provider agencies, as their clinics are embedded within shelters and drop-in centers. HCH partners with one of these local providers to run a 30-bed medical respite program, which coordinates with the local safety net hospital to improve discharges for those who are sick and need a place to isolate and recover from infectious diseases. Lastly, Hennepin County has a communications department that provides timely, accurate, and clear public health messaging to the community.

	1D-8.	Coordinated Entry Standard Processes.	
		NOFO Section V.B.1.o.	

		Describe in the field below how your CoC's coordinated entry system:
	1.	can serve everybody regardless of where they are located within your CoC's geographic area;
	2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
	3.	collects personal information in a trauma-informed way; and
	4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1.HC CES assesses, refers, & houses people regardless of where they are located within HC. We have 100+ embedded, trained, CES assessors, from 30 agencies, completing 2,500+ assessments annually. Assessors are on outreach teams, CM teams, drop-in centers, emergency shelters, DV shelters, youth shelters, culturally responsive entities, & HIV+ agencies. Assessments can be requested by phone or online & can be completed by phone, virtually, or in person. All CES access and general hsg. info can be accessed through: CES webpage, CES inbox, HC shelter hotline, Adult Shelter Connect, 211, Front Door, & the Domestic Abuse Project.

2.The CES assessment is standardized, recorded & retained in HMIS or our parallel DV data base (CES Connect). We prioritize based on 1. Medical Fragility (disability for families), 2. Chronic Homelessness (CH), 3. #Months HUD Homeless. All CES assessors are trained to conduct assessments in a standard & consistent manner. Assessments include client preference info w/ culturally specific Qs for specific sub-populations (Native American, LBGTQ+, East African, Black). The assessment identifies HHs that could access specific resources through CES programs-veterans, CH, SPMI, HIV+, youth. CES participates in client case conferencing for youth, families, & CH HHs.

3. CES removed some of the burden from clients to remain active in the HC CES by shifting responsibility to the trained CES assessors & providers to maintain contact, obtain docs, update current living situation. Assessors represent various cultural groups & our assessment is phased so a client is not asked the same question multiple times.

4.Our community developed & added "medical fragility" Qs to our assessment in Aug. 2023. This was initiated by PWLE who stated, "not all disabilities are/can be managed the same". Medical professionals, PWLE, & hsg. providers developed the medical fragility series of Qs regarding morbidity & mortality to help identify those most medically fragile for CES referral priority. Community feedback also led to the revision of transfer policies & the inclusion of more background & income checks prior to referral to verify eligibility. HC CES meets annually w/ each hsg. provider to hear their successes and challenges w/ CES and contracts w/ C4 Innovations for annual evaluation of CES including focus groups w/ PWLE and hsg. providers. The feedback & guidance is reviewed by the CES LC & incorporated in annual workplan.

| | 1D-8a. | Coordinated Entry–Program Participant-Centered Approach. | |
| | | NOFO Section V.B.1.o. | |

		Describe in the field below how your CoC's coordinated entry system:	
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
	2.	prioritizes people most in need of assistance;	
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and	
	4.	takes steps to reduce burdens on people seeking assistance.	

(limit 2,500 characters)

1. Outreach teams engage w/ those least likely to access a CES assessment. CES is advertised in locations frequented by HHs w/ instability or homelessness. In addition to the 3 mobile assessment teams (singles, families, DV), all shelters, drop-in & meal centers have trained assessors. HC hired 50+ CM to mobilize & connect w/ medically vulnerable individuals in the outskirts of the system to navigate & connect w/ CES & other resources. CES reaches outside the homeless response system to educate agencies about CES so they can assist & direct HHs to CES assessors.

2. CES assessments are conducted either in person, via phone, or virtually. In 2020, HC stopped using the VI-SPDAT. In 2021, HC CES worked w/ C4 & PWLE to develop & incorporate a client choice series of Qs into the assessment which gives HHs on PL additional input into their hsg. intervention. In 2023, CES worked w/ medical professionals & PWLE to develop a new medical fragility series of Qs for the CES assessment.

3. HC prioritizes medically fragile HHs & CH HHs. Changes to our assessment help move HHs through CES as quickly as possible – doc collection, assessors contact, client choice series. CES removed Qs from assessment that are not necessary. CES assessors include shelter advocates, outreach workers, agencies rep. specialized pops. For DV pop., minor youth, or client choice, assessments can be done using CES Connect (HC's parallel data base for vulnerable pops). The changes listed above remove some of the burden from clients & puts more responsibility on assessors & providers to maintain contact, obtain docs. Our assessment is phased & auto fills into different parts of the assessment so a client is not asked the same Q multiple times.

4. 1.)HC CES set up an automated process for households to request family CES assessments. 2.) Automated referral request process to lower administrative burden, and expedite referral process. 3.) CES team conducts pre-referral checks (background, benefits, income, verifying contact information, confirm client interest). 4.) Updated transfer policy (strengthened DV emergency transfer process), expanded ability for clients to transfer to a different housing intervention when needed. 5.) CE inbox (responses within 1-2 days) 6.) faster referral filling (less than 1-day families, less than 2 days for singles) 7.) Established chronic case conferencing to connect CH HHs with appropriate resources, 8.) Unnecessary assessment questions were removed.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.		
	NOFO Section V.B.1.o.		

	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1. Per HC's CoC CES Fair Housing, Tenant Selection & Other Statutory, & Regulatory Requirements, as reported in HC's COC CES Policy & Procedures Manual (posted on the COC CES website):1. All CoC projects in HC's CES must include a strategy to ensure CoC resources & CES options (referral options) are eligible to all persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to persons who might be or identify w/ one or more of these attributes ensures CES is accessible to all persons. 2.All CoC projects in HCs' CES must ensure that all people in different populations & subpopulations throughout HC, including people experiencing chronic homelessness, veterans, families' w/ children, youth, & survivors of domestic violence, have fair & equal access to the CE process, regardless of the location or method by which they access the crisis response system. 3.All CoC projects in HCs' CES must document steps taken to ensure effective communication w/ individuals' w/ disabilities. Access points must be accessible to individuals' w/ disabilities, including physical locations for individuals who use wheelchairs, as well as people in HC who are least likely to access homeless assistance. 4. HC CES also utilizes a monthly CES newsletter, CES assessor newsletter, and direct email communication when updating the community on CES policy/procedure changes, etc.

2. HC CES informs program participants of their rights & available remedies through information given to each participant once they complete an assessment (CES ROI). Housing providers in the community provide this information to participants referred to their program as part of their grievance policy.

3. If a condition or action impeded fair housing choice for a participant, CES staff report the condition/action to the City of Minneapolis & HC Consolidated Plan Jurisdictions. This is also a requirement of housing providers in HC CES. Housing providers must report actions/conditions that impede fair housing choice to the jurisdiction who would determine what funding stream responsible party would need to take action.

1D-9.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/05/2022

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and	
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.	

(limit 2,500 characters)

1.1) HC analyzes CoC projects biannually with HMIS data for racial disparities & compares to total pop & homeless pop as reported in the PIT in HC. This includes looking at the distribution of services provided by race & ethnicity as well as reviewing outcomes (exits to PD, increases in income & housing stability) by race & ethnicity. This data is presented to the funding committee (FC) 2)FC also utilizes CES HMIS data to understand who is being referred to & accepted into CoC funded program. Data can be broken out by race/eth. Providers are also required to submit to FC the reasons for provider declined referrals in project applications to determine if inequities exist in provider housing policies/practices. 3) FC requires providers to calculate & report on outcomes of service provision by race in the project application & describe any variation in successful outcomes by race that exist & describe contextual factors contributing to these variations & strategies they will implement to ensure equitable outcomes for all.

2. 1) People identifying as Black & Native American disproportionately experience homelessness in HC. People identifying as Black make up 36% of the homeless pop in HC but just 15% of the total pop; Native Americans make up 11% of the homeless pop in HC but just 1% of the total pop. 2) In COC funded projects it was identified that people identifying as Black/AA spend a statistically significant shorter amount of time in RRH programs before exiting to any destination & to PD than people identifying as white (80 days vs. 122 days).

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	No
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes

10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.	N/A	No

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

1) HC has a Diversity, Equity & Inclusion (DEI) department that prepares staff w/ the knowledge, tools & processes to promote equitable policies & practices, authentic & inclusive engagement, & to actively reduce disparities & promote equity in HC. 2) HC commissions evaluations requiring an explicit racial equity focus. HC has contracted with C4 to undertake annual evaluations of the CES with a racial equity lens. Past evaluations have led HC to build deeper relationships & partnerships w/ culturally responsive orgs for racial equity. As a result, HC has deepened investment in programs operated by culturally specific providers, including AICDC in response to disproportionate # of Native Americans (NA) in system, Edith House serving African Americans w/ a hx of substance use, & Aliveness Project to serve HIV+ HHs & LGBTQ. On an ongoing basis HC assesses how well our system is meeting the needs of people seeking services & will continue to use RFPs & the CoC NOFO comp as an opportunity to increase the racial equity of our system & programs. 3) During contract periods, HC monitors programs through quarterly reporting, continuous improvement plans, & site visits, offering TA as needed. 4) HC engages with multiple Lived Experience Advisory Committees to bring persons w/ lived experience to the table during funding, strategy, provider selection, & evaluation discussions. Their expertise helps us identify new evaluation areas needed to improve the racial equity of our system. 5) n addition, HC as the Collaborative Applicant & CoC lead has been developing local racial equity analysis tools & an HMIS-driven dashboard that disaggregates data by race for locally funded housing programs. That tool will be expanded to include CoC funded projects, & will allow the CoC's funding committee to regularly monitor key outcomes on housing exit & returns to homelessness through an equity & disparity reduction lens.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1.1) HC CES tracks time from referral to result; days from program entry to housing move-in, rate of successful & declined/cancelled referrals, & client destination at program exit & has each category disaggregated by race so projects, planners, & funders can analyze provider & system-level performance & ID potential disparities arising in project performance & the larger system. CES shares a scorecard with planners for each provider to share progress on key outcomes, so planners can offer TA to providers. 2) CoC, FHPAP & other funding streams monitor projects quarterly to evaluate who is served by projects (including demos & identified Mental/chemical/physical health dx) & project outcomes (exits to PD, increases in income, RTH) & disaggregates data by race & ethnicity. CoC expanded Continuous Improvement Plan (CIP) process in '22. Projects w/ identified disparities develop a CIP & are monitored throughout the year. 6 projects are on CIPs for 23-24 & are supported by the FC for improvement. 3) COC conducts racial equity analyses 2x/year in various funding streams & uses this process to monitor progress being made to address disparities at the project & system levels. 4) All data points are disaggregated by race to identify inequities & monitor progress over time. 5) HC conducts surveys & focus groups w/ people served by the homeless system to identify barriers to housing. 6) HC teams like Homeless to Housing & Streets to Housing tracks equitable housing outcomes by race & reviews data monthly to ensure it's moving in the right direction. 7) Race & ethnicity was added to HCs' by name list in HMIS & the shelter incident report ahead of our transition to ClientTrack to ensure we are looking at equity of access & service for all programs that we launch. 8) C4 conducts annual evaluation of HC CES & disaggregates findings by race. 9) HC & ICA review SYSPM data quarterly & disaggregate by race to ID disparities.

2.1) HC transitioned to a new HMIS software (ClientTrack) on 8/2024 w/ the goal of increased access to new visualization tools for looking at system & program outcomes by race & ethnicity, & other indicators. This will allow us to assess racial disparities in real time, easily factoring them in to all funding & evaluation opportunities. 2) Before this, we used Power BI dashboards, some internally, others externally to visualize progress on racial disparities for the following: CES, Housing Prevention, Shelter Utilization, Shelter Incidents, & RRH.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

(limit 2,500 characters)

Hennepin CoC highly prioritizes & values various groups & persons with lived expertise, collaborates & works to grow opportunities for voice throughout our homeless response system. Currently, we collaborate with various groups & individuals, to include Street Voices of Change, & the Youth Action Board . Since '21, Hennepin CoC supported a lived experience advisory group (with priority for BIPOC members & variance between currently, recently or past episodes of homelessness), made up of 10 people who have experienced homelessness or are currently experiencing homelessness with an annual opportunity to add a new cohort. An invitation to apply for the committee was shared through current members/networks, targeted outreach to shelter & housing programs, email blasts through our CoC newsletter, & posting on our public website. The Lived Experience Advisory Group or LEAG, have a formal decision making role in all HC homeless funding decisions, including Federal, State & local dollars. LEAG has been involved in governance, funding, hiring panels, & both programmatic & systems level decisions throughout our homeless response system. This group has a vision & mission with county-wide & individual goals & opportunities. Members are compensated for their time each month as they participate & lead on the CoC Executive Board (governing board), street outreach committee & the CoC Funding committee (4 LEAG members), which monitors projects & makes decisions regarding CoC NOFO funds annually & many more program & system impact opportunities that come up. Members are also involved in determining where funds go as part of RFP panels, consulted on multiple decisions such as Rapid Rehousing models, homelessness prevention service delivery, encampment response strategy, & hiring of HC managers/planners. All HC planners & areas prioritize integrating LEAG for leadership expertise in all aspects of our work. In October '23, a new LEAG cohort (solicited, selected & onboarded by current LEAG members), was integrated into the current LEAG group. HC CoC identifies board & leadership trainings for LEAG interest. LEAG members were actively leading the Special NOFO Unsheltered meetings, application scoring & ranking. LEAG & YAB members are compensated as consultants for their time.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	120	25
2.	Participate on CoC committees, subcommittees, or workgroups.	120	25
3.	Included in the development or revision of your CoC's local competition rating factors.	21	6
4.	Included in the development or revision of your CoC's coordinated entry process.	120	25

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Throughout Hennepin CoC most all agencies/organizations & Hennepin County's Housing Stability office support employment and professional development opportunities for persons with lived experience to be fully integrated into all programs, agencies/organizations, and decisions made throughout Hennepin CoC in a number of ways. HC partners provide various opportunities and staff/lived experience groups that lead and provide ongoing feedback into all aspects of their work. CoC/ESG projects explain how they are integrating/compensating persons with lived experience into their agency/org. Examples include: employment opportunities & programs, workforce development initiatives, & professional development opportunities through Hennepin's New Employee training academy. Hennepin CoC solicited interest for and support a Lived Experience Advisory Group (LEAG), members are compensated at a rate of $25.00 per hour for their expertise as consultants & leaders in our CoC. We are in our second cohort, continuing to add new members each year. Along with the compensation, the group receives access to multiple professional development opportunities. The committee goes through orientation that includes presentations, such as the State of Homelessness in Hennepin County and the Root Causes of Homelessness. Some members have been supported into employment opportunities throughout Hennepin. One LEAG member is now employed as a Navigation Specialist with Hennepin's Streets to Housing outreach program. Other members have leveraged their experiences with LEAG to provide similar services with community organizations or other government entities. In 2023, LEAG members went to the NAEH conference in DC as leaders from Hennepin, were keynote speakers at the Hennepin CoC annual meetings, & Hennepin County leadership meetings. Others facilitated the unsheltered design meetings, part of hiring panels for a Hennepin County manager and staff hiring, voted to approve a vision/mission/purpose statement, participated in Hennepin County training cohort, and provided expertise on various parts of the homeless response system prior to implementing changes. The State of MN has multiple opportunities for lived experience persons to lead on various statewide initiatives to include the State of MN Justice plan, which connects the work at the local level to the state plan.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:	
1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;

3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;	
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and	
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

1. HC engages multiple groups w/ lived experience to get feedback, expertise & leadership: Street Voices of Change (SVOC), Youth Action Board (YAB) & Lived Experience Advisory Group (LEAG), meets monthly & engaged in program/system planning tables & approached by various sectors of system for feedback/expertise. A new group starts fall 2024 for input on RRH written standards, best practices & metrics. CES annual eval incorporates input from lived ex. HC conducts assess for state RRH, including client surveys + focus groups, targeting homeless, & current/recent RRH participants.

2. In '22, HC integrated LEAG members in CoC Funding Committee to evaluate CoC/ESG projects, attend CIP mtg's w/ underperform projects, & review/rank for NOFO. A few received CoC assistance & had new ideas to improve/evaluate programs, which will be integrated for updates/reviews of score tool for FY25/26. Efforts to ID & contact RRH participants who exit RRH successfully but then return to homeless is underway. Once new HMIS software transition is complete, we expect to pilot survey efforts & regularly survey these individuals about why hsg. did not work.

3. CoC leadership attend various forums to hear frustrations/grievances re: homeless system & follow up with planners to ensure all working together. 1:1 & following up on specific issues. Following feedback, HC adopted pursing Housing Support reform as legislative priority at the state. SVOC developed Shelter Bill of Rights, now in contracts & guides resource allocation. SVoC, LEAG & YAB have 6 voting rep's on CoC board. The RRH needs asses. & pending surveys of clients who return to homeless, will include client input who received ESG/CoC.

4. The RRH Needs Assess. engages clients who have received ESG/CoC funding every 2 years; timing for feedback from RRH clients who have returned to homelessness is to be determined based on frequency of reappearances & technical/implementation issues to be resolved.

5. Revamped RRH advisory group w/ 100% lived ex. & focus on lived ex., focus to remove barriers to avoid tokenism & recruit based on skills/interests. RRH will revise preliminary practices that address legacies of structural racism & historical trauma. With recognition that "progressive engagement" in RRH does not sufficiently help people understand & address larger barriers. Prioritizing funds for small, BIPOC RRH programs as one the highest priorities, & direct funds to these groups over others if we can't fund all

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:

	1.	reforming zoning and land use policies to permit more housing development; and
	2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

CITY: City of Mpls has been recognized nationally for its '2040 plan,' passed in 2018, that radically reformed zoning to allow for higher density housing &, specifically, to allow duplexes & triplexes anywhere within the City (removing single family restrictions Citywide). Within their remit regulating the private rental sector the City has also passed an ordinance limiting landlords ability to screen out prospective tenants on the basis of prior criminal records. Under the Citys inclusive screening criteria owners cant screen out tenants based on any conviction in the juvenile justice system, any conviction for misdemeanor offenses if the dates of sentencing are older than 3 years, any criminal conviction for felony offenses if the dates of sentencing are older than 7 years (adjusted to 10 years for certain offences including first-degree assault, arson & murder).

COUNTY: In 2020, Hennepin County (HC) purchased motels & other buildings to use as non-congregate protective & isolation shelters during the pandemic, & to convert to independent, permanent SRO housing thereafter. In 2021, the City of Mpls created a regulatory framework to allow for new rooming houses, SRO units, & congregate living facilities, removing one more barrier for HC to complete conversions. HC also provides technical assistance & planning resources to our cities to modify regulatory tools to support housing development & preservation (i.e. Inclusionary Zoning, corridor-wide TIF, fiscal disparities sharing, affordability targets). HC awarded a Pathways to Removing Obstacles to Housing (PRO Housing) grant from HUD to work w/ our cities to address zoning, land use, & regulatory barriers to affordable housing.

STATE OF MN: To advance the overall supply of affordable housing, FY2023, MN Housing Finance Agency disbursed nearly $1.9 billion in housing assistance to ~70,000 households. MHFA financed: 993 new rental units & rehabilitation of 1,542 units, 242 single-family homes for ownership, 4,485 home mortgages for low/moderate income & 1,340 home improvement loans, redevelop. of manufactured homes 1,311 lots, TBRA vouchers 2,439 HH's. FY2024/2025 business plan calls for $4.5 billion over 2 years & includes $1.3 billion the Legislature made available, a major investment above the typical $115 million base budget from the previous biennium. Funds will supplement $3.2 billion from federal, MHFA & bond resources. We expect to assist 70,000 to 85,000 in each of the 2 year

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

	1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
		NOFO Section V.B.2.a. and 2.g.	

	1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	09/27/2024
	2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	09/27/2024

	1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
		NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

	1.	Established total points available for each project application type.	Yes
	2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
	3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
	4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
	5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.		No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	34
2.	How many renewal projects did your CoC submit?	46
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. Providers submit data from HMIS & comparable databases in NOFO scorecards, & in quarterly reports (QR) on # exits to PD/#exits to other locations & compares to projects of similar type & serving similar pop. HC has providers submit info in QR on demographics of pop served, including # of people served w/: mental/chemical health, chronic health, DV, & disabilities & takes into account in reviewing outcomes. Subcategory data on specific perm. dest. info is analyzed quarterly.

2. Projects report on the avg LOT from project entry to housing move-in in QR & from CES Dashboard which utilizes data form HMIS.. HC FC monitors t the avg. LOT from referral to project entry & from project entry to housing move-in & compares to projects of similar type & subpop. served. HC FC understands that housing move-in may take longer to achieve for some pops, especially for projects that focus their efforts on serving pops w/ more complex backgrounds & takes this into account in ranking. HC developed a CES scorecard that scores programs on LOT to housing move-in compared to locally established thresholds for like-projects.

3. Providers report on demographics of people served including race, mental/chemical health needs, DV status, disability, chronicity, & others. HC requests narratives in QR/NOFO scorecards to understand factors that may impact outcomes. Projects respond to Qs around equity & racial equity during new & renewal app. process. HC FC used this info in the NOFO ranking & in some cases, ranked projects that serve pops w/ increased severity of needs higher than projects that achieved the same score on the NOFO scorecard. Culturally-specific programs are prioritized in ranking.

4. Discussions are had w/ providers around pop served, & complexity of needs through annual site visits & at collaborative meetings w/ providers to ensure CoC FC fully understand each providers unique context. The NOFO scoretool is just the starting point for ranking; other measures including subpops served, type & scope of services provided, past performance, responses to racial equity questions, & other info gathered at site visits & in QR are considered during ranking. Factors such as providing services to culturally-specific pop, & pops w/ higher barriers to housing are considered in ranking of projects. This policy is outlined in the CoC's NOFO Policies & Procedures that is posted on the HC CoC website to add transparency to this process.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.		
	NOFO Section V.B.2.e.		

	Describe in the field below:	
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

1. Of the 3,866 people counted in HCs PIT, 15% identify as Hispanic/Latino compared to 6.95% of the pop. of HC & people identifying as Black comprise over 50% of the homeless pop in HC but just 13% of the total pop. 4 new members w/ Lived Experience joined the funding committee in 2023 & remain on the committee to date. These members represent various comm's including BIPOC, disability, & DV. Measures used in the rating process were shared & discussed w/ Lived Experience Advisory Group members & funded providers to gather feedback on the nuanced ways in which the metrics may, or may not, represent the outcomes of those being served. Measures are then voted on & approved by the CoC FC, who represent different components of the homeless response system, communities & those served by the system.

2.1) Projects submit demographic info on persons served in comparison to a) the demo of the homeless pop in HC & b) the demo of those currently on the CES priority list. Projects serving those disproportionately represented are prioritized during ranking- including culturally specific providers serving Native Americans, African Americans, & Hispanic/Latino. Similarly, family homeless increased in the 2024 PIT, leading the FC to preserve the # of funded units serving families in the NOFO ranking process by ranking & prioritizing new projects serving families & BIPOC comm's.

3. CoC FC reviews feedback on NOFO process from providers & LEAG members before determining which factors to include in the ranking process. Through this feedback process factors such as serving subpops w/ higher barriers to housing, were incorporated into the ranking process & addt'l Qs re: racial equity outcomes analysis & strategies providers use to ensure barriers are limited, those disproportionally impacted can access services & make culturally-responsive services available were added to the NOFO process in HC. Per LEAG & FC feedback, HC FC now closely monitors programs referral success & requires providers to describe the reasons for which referrals are declined/cancelled (both during quarterly review & in the NOFO ranking process) - as a means to better understand which programs are serving participants with the most significant barriers & what strategies providers are using to address barriers identified in the system. Providers implementing strategies to assess & address barriers are ranked higher/prioritized in the NOFO ranking process.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.		
	NOFO Section V.B.2.f.		

		Describe in the field below:
	1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
	2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
	3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
	4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. HC Funding Committee has taken an expanded review process for performance to include not only objective criteria in our score tool, but also CES dashboard data, racial disparity data, progress by agency/org year on year, expenditure report data (going back 3 years), tenant selection criteria review & vulnerability characteristics of households served in each CoC funded project. As part of the Reallocation process, Continuous Improvement plans (CIPs) are developed for all projects below the set threshold & an operationalized plan is developed with clear strategies and outcomes to work toward moving the gage on each area. Progress on CIPs is evaluated quarterly by the Funding Committee, and after one calendar year, projects that do not demonstrate progress on CIP goals will be candidates for reallocation to create new projects.

2. In 2023/24, HC CoC identified 6 low performing projects to be placed on a Continuous Improvement plan. There were 4 projects that the Funding committee met with for over 10% unspent funds, & low performance in a few areas. These projects were encouraged to reallocate a portion of their funds back to the CoC as part of the FY2024 NOFO.

3. HC reallocated 3 projects in full due to low outcomes and unspent funds. 2 projects voluntarily reallocated a percent of their grant due to more than 10% of funds unspent for 2+ years.

4. N/A, the CoC fully reallocated 3 project, and partially reallocated 2 projects, which is a total of 5 projects full or partially reallocated as part of the FY2024 NOFO competition.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/14/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/14/2024

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024

1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/25/2024

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/09/2024

2A-4.	Comparable Databases for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1.The HMIS Lead Agency, ICA, continues to engage w/ Violence Free Minnesota, working w/ a position through the Office of Justice Programs (MN Department of Public Safety). This role aims to identify data collection, technology, & privacy barriers for VSPs & evaluate how these barriers may have prevented VSPs from obtaining sufficient funding. W/ this partnership b/w the statewide coalition & HMIS Lead, provides technical guidance for VSPs via Helpdesk as they work to ensure compliance (while maintaining clear separation of client data; VSP data is not in HMIS nor shared w/ the HMIS lead directly). This will benefit HC CoC by continuing to develop partnerships between the HMIS Lead & VSPs.¿ 2. A cohort of Joint TH/RRH grantees met in partnership b/w the local HUD Field Office, the HMIS Lead, & the CoC. While not limited to projects serving survivors, the Joint TH/RRH Component project model, there were several VSPs grantees in this cohort, which provided a unique opportunity for collaboration, learning, & support.¿¿3. Each DV agency works w/ their database provider to ensure timely updates to alternate databases occur that allow APR data to match evolving HUD data element requirements. 4.All CoC-funded DV projects submit data to the HC FC on a quarterly basis. Data submitted includes aggregate info on who is being served, service outcomes, & contextual info re: the context in which service provision occurred. Data is reviewed by the CoC FC who work to identify gaps in data collection & areas to coordinate support for DV providers data collection & reporting in the future. 5. HC shared pre-NOFO training on "CoC Basics for VSPS" w/ community to ensure VSP's had info on CoC grants & what it means to be part of a CoC. 6. CoC met w/ DV providers to discuss potential metric reporting requirements for the 2024 NOFO process to ensure comparable databases were able to pull similar data & have a reporting process in place to do so. When reporting processes were not in place, worked w/ VSP staff to co-create processes by which metrics could be reported on (e.g. declined referrals reported in LOI had to be pulled from CES Connect & internal tracking docs rather than CES Dashboard). 8. Evaluator provides ongoing assistance to VSP staff working on reporting.

2.Yes, VSPs in HC are using a HUD-compliant comparable data base & compliant w/the 2024 HMIS Data Standards.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	2,884	79	2,354	79.45%
2. Safe Haven (SH) beds	0	0	0	0.00%

3. Transitional Housing (TH) beds	500	29	348	65.78%
4. Rapid Re-Housing (RRH) beds	996	78	1,028	95.72%
5. Permanent Supportive Housing (PSH) beds	2,436	0	1,744	71.59%
6. Other Permanent Housing (OPH) beds	5,599	10	4,911	87.56%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
	NOFO Section V.B.3.c.

		For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
	1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
	2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. CoC has three types of housing that are just below the 84.99% bed coverage rate: Emergency shelter (ES), Transitional housing (TH), and Permanent Supportive Housing (PSH).
ES: In order to get ES bed coverage over 85%, the CoC will need to take the following steps: AICDC's KOLA ES are now included in HC's ES bed inventory as of 2024. We will need MAC-V's hotel shelter into HMIS, Missions Inc, Asian Women United, Sojourner, and Cornerstone all use a comparable database.
TH: In order to get TH bed coverage over 85%, the CoC will need 102 beds, and take the following steps: One big TH agency has dissolved, potential for current HMIS participating provider to assume 60 beds. Also, add Simpson NPP, Onward Eden Prairie, MAC V, or Cornerstone using a comparable database.
PSH: During the 2023 HIC completion, CoC transitioned a large number of PSH beds over to OPH, due to the state funded beds not requiring a disability. This shift decreased the total number of PSH beds in our CoC. In order to get PSH bed coverage over 85%, the CoC will need to take the following steps: Inquire with MPHA, or RS Eden's VASH beds, Aeon NPPs, and AICDC NPP beds.

2. HC and ICA local sys admins will outreach to the agencies that operate these projects in calendar year 2025 to discuss the importance of their data to understanding the experience of homelessness in our CoC and to problem solve & strategize with each to see what we can do to get them into HMIS.
ES: Following the HMIS software transition to Client Track, CoC and HMIS Lead Agency staff will engage with the above listed agencies (projects) in calendar year 2025. CoC/ICA will set up time with MAC-V, Missions, Inc, Asian Women United, Sojourner, and Cornerstone to develop implementation strategies to get into HMIS, or a comparable database.
TH: Following the HMIS software transition to Client Track, CoC and HMIS Lead Agency will meet with two of these agencies that have other projects in HMIS, from there check in with the remaining projects.
PSH: Once in Client Track, CoC and HMIS Lead Agency will set up time with MPHA or RS Eden, Aeon & AICDC to develop implementation strategies to get into HMIS, or a comparable database.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/09/2024

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.	

(limit 2,500 characters)

1.1) Providers in the community were invited to participate in the ongoing planning process for the PIT. Representatives from youth agencies, including youth drop-in centers, youth street outreach, & youth TH programs were active participants during both the planning & implementation stage of the PIT count. These representatives helped identify sites for surveying, engaged youth for feedback on sites, & helped ensure volunteers at sites were trained to survey youth in an informed manner. 2) Youth agency staff volunteered to survey at their sites to ensure positive relationships with youth had been established so youth were more comfortable participating in the count. 3) Steet Outreach case managers surveyed known youth in unsheltered locations that they were already working with to ensure these youth were included in the count. 4) Providers serving youth were included in the sheltered PIT count. Providers that do not enter data into HMIS were asked to submit aggregate data to ensure their participants were included in the count. HC staff worked closely w/ youth providers to ensure accuracy of aggregate data submitted.

2. Volunteer opportunities were made available to all members of the community & many community engagement committees were involved in outreach ahead of the count to solicit volunteers in both the planning of the count & actual implementation of the PIT count. Streetworks, a collaborative of youth serving agencies, led the youth specific components of the count & included youth w/ lived experience in the planning of site-based surveys, SO locations & volunteer recruitment.

3. Youth with lived experience were not directly involved in surveying for the unsheltered count- however, some youth providers volunteered to survey at their organizations. Many youth providers employ youth with lived experience and these youth staff members may have been involved in surveying at youth specific locations as asked by program staff coordinating the count at their locations.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

1. TA opps were held w/ providers to ensure data entered in HMIS was complete & up to date ahead of export from HMIS. HC worked closely w/ funders & HMIS Lead to facilitate quarterly data quality (QDQ) improvement process to increase the completeness, timeliness & consistency/accuracy of data in HMIS. More shelters were entering data in HMIS this year, so there was less aggregate data than in the past.

2. 1) HC organized, planned, & facilitated the unsheltered count. This led to a broader reach to new volunteers & improved community involvement. Meetings were held w/ community partners, including SO teams, youth providers, & culturally specific providers, to plan for the count, be intentional about trauma informed processes & methodology, & elevate voices of people w/ lived experience, BIPOC, LGBTQIA+, veterans, & youth. This group mapped service-based locations & known locations. 2) Surveys were prioritized over observation forms & responses were collected directly in PITLIVE, rather than paper copies, to increase the accuracy of data collection/entry. Service location surveys were conducted during a 2-day period following the count, rather than 7 in 2022 & 3 in 2023, to decrease response duplication. Encampments & other unsheltered locations were surveyed by street outreach teams.

3.The # of people in shelter locations increased from 2843 in 2023 to 3361 in 2024. This was driven by an increase in families in ES. This increase was largely related to the increase in new arrival families. In Q3 of 2022 we started seeing significant requests for shelter from families that were newly arrived to the US. By the time of the 2023 PIT count, new arrivals accounted for ~30% of all families in Hennepin County funded/operated shelter. The rate of demand from this group accelerated further through the second half of 2023 & by the PIT count of 2024, new arrivals accounted for ~50% of all families in HC funded/operated shelter. Other measures showed far more modest increases, w/ unsheltered homelessness increasing from 469 to 496 (staying at ~0.04% of the HC population).

4. If we exclude the 'new arrival' population from the 2024 PIT count that would have reduced the # of families experiencing homelessness by ~250 family households. If we were to assume 3 people per household (which seems a fair assumption based on our experience w/ these households trending slightly larger) that would have been ~750 people in families, or almost 20% of the total 2024 PIT.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1.Funds are prioritized for HHs earning less than 30% AMI & for those at imminent risk of homelessness 2)Funds are prioritized to address racial disparities by IDing risk factors by zip codes (high prevalence of communities of color, high rental pops, & high prevalence of low income HHs 3) Heat maps of where requests for RA & eviction prevention services (e.g. # of requests, # of assistance provided & demo info) help show areas of highest need 4) CPS Housing Steering Committee utilizes a "Housing Estimator Tool" to gauge housing stability for families working w/CPS

2.1) HC has expanded its Homeless Prevention (HP) team to 35+ FTEs across direct service, coordination, & administrative roles in order to deliver & manage a contracted & operated funding portfolio of more than $15 million annually 2) HC expanded school-based HP by bringing Homework Starts W/ Home (HSWH) to 2 addt'l school districts & SHSS to 6 addt'l school districts in '23 (9 total). This service model serves both at-risk residents on leases & those in unstable precarious housing situations (doubled up) 3) HC HP workgroup meets monthly toward a unified HP strategy 4) HC funds 3 culturally specific HP providers 5) HC operates a Tenant Resource Conn. (TRC) hotline connecting at risk HH's to HP resources such as rent, legal, mediation, employment & housing search. The TRC receives 150-200 calls weekly 6) HC funds system-wide diversion program for $1mil/yr to meet clients needs upstream & reduce # entering shelter. In 2023-24, HC increased funding to $1.45 million for staffing & bi-lingual capacity in response to serve more new arrivals in the community 7) HC HP team partners w/ the HC Adult Rep. Services team to provide free universal legal representation to all low-income residents w/ eviction filings 8) HC HP team has staff available at all eviction count hearings to provide assistance to people under 200% FPG 9) HC implemented a coordinated system for accessing RA across HP providers. Clear & consistent access points for getting rent help ensures that tenants can access a low-barrier resource to maintain their housing, & helps avoid "service runaround" by consolidating rent resources in a central access point. This will expand on the streamlined app implemented in May '22 that coordinated the app for EGA, EA & HS RA.

3. Office of Housing Stability

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	Yes

(limit 2,500 characters)

The total # of first time homeless in HC increased in 2023 SysPM from 5789 of 8102 (71%) in 2022 to 6737 of 9023 (75%) in 2023. HC saw an increase in families experiencing homelessness, up 31% in the 2024 PIT compared to 2023 following a 79% increase in the 2023 PIT compared to 2022. The 2024 increase was seen specifically in ES- w/ the # of families in ES increasing by 123 HHs, representing a 462-person increase. Since Nov '22, HC began seeing individuals arrive in HC that had made their way to MPLS, MN after crossing the southern border & encountering the US Department of Homeland Security. HC has a shelter all families policy, & new arrival families are sheltered in HC as any other family with nowhere to stay would be. As of July 22, 2024, there were 143 families, comprised of 478 individuals in shelter, including overflow sites that made use of leased hotels. In total, there were 161 families, comprising 529 people, with a head of household identifying as Hispanic, nearly 48%, staying in shelters/hotels. We have seen an additional 270 individuals (or approx. 65 families) leave our shelter system since Nov '22 - to a housing option they have found, to another jurisdiction, & many have left w/out informing us where they are going. In 2023 alone, 148 families exited the hotels to permanent housing.

Due to the short-term parole status of many of these individuals, many are not eligible for health care, work support, or other benefits that have helped other refugee pops arriving in the US. Inability to legally gain employment coupled w/ lack of housing hx means many families we are seeing have limited options if they have no friends/families locally that can take them in. Like other jurisdictions, the families we have seen arriving are often coming from extreme poverty In addition to the shelter services, we are connecting families to schools for their school-age children, legal assistance, & health care clinics that typically work w/ newly arrived immigrant pops.

2C-2.	Reducing Length of Time Homeless–CoC's Strategy.	
	NOFO Section V.B.5.c.	

	In the field below:
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1.1) HC supports a person-centered homeless response system w/ focus on iterative data collection to serve people experiencing homelessness (PEH) by connecting them to housing-focused resources & interventions. In Nov '21 HC created a housing focused CM (HFCM) team with now 55 HFCMs providing services through 5 programs: 1) short term (<1 year homeless); 2) long-term; 3) specialized pops (e.g., seniors, veterans); 4) youth; & 5) families. As of Aug '24 the team has housed 1,234 PEH & secured 100s of vital docs. It's simple & low-barrier for PEH to express interest in HFCM. They can tell anyone w/ HMIS access they want a HFCM & will be assigned to a HFCM using a real-time by-name-list. 2) In Aug '22, HC launched a street-based housing navigation program, Streets to Housing (S2H) to provide housing focused services to PEH in unsheltered locations. The program was developed by people w/ lived experience. The team brokers resources & makes quick connections to services & housing while being data informed, person-focused, & using housing first policies. The program now has 8 FTEs. 320 PEH have exited from unsheltered homelessness into perm. housing & 164 into ES since Aug '24. 3.HC gives over $700,000/year to shelters for HFCM along w/ City of Minneapolis ESG. Every shelter has at least 1 HFCM. In '23, shelter HFCMs helped 223 PEH exit to PD, up from 85 in '22 & 48 PEH exit to non-homeless settings, up from 20 in '22.

2. HC uses HMIS to identify individual & family households (hh) who meet the definition of chronic homelessness (CH). The Chronic By Name List (CBNL) is used to track real-time inflow & outflow as well as length of time homeless, shelter status, case manager connections, & housing needs/preferences. HC's efforts to end CH include hiring a planner focused on this work, who manages a weekly case conferencing with direct service staff, focused on identifying next steps towards housing for each CH household & ensuring they're connected w/ housing-focused case management. As of 7/23/24, there were 271 CH on the BNL. $400,000 in low-barrier flexible funding has been secured through Built for Zero, which is used to move hh into housing quickly. Funds became available in Nov '23 & HC has approved $263,000 to pay for move in costs, app fees, & past housing debt. This funding is a rare resource that is available to CH hh and all PEH hh to prevent them from becoming chronically homeless.

3.Office of Housing Stability

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1.1) HC has a byname list to monitor the % of individuals in shelter in the last 7 days who have a CM listed; individuals w/o a CM are assigned a HC or shelter CM. Our HMIS is undergoing a transition, but historically we've been at 50%+ coverage. 2) HC's Homeless to Housing (H2H) team added a family team (12 Social Workers (SW) & Sr. SWs /FTEs) focused on moving families into perm. housing 3) H2H & Streets to Housing (S2H) partner w/ Long Term Support Services & other stabilizing resources to ensure ongoing services are available for clients in housing. Placements to date from H2H CM team see a 96%+ retention in housing 4) We continue to partner with PHA's on other vouchers. 5) Starting July '20, HC partnered w/ MNs' Medicaid plan allowing for billing of Medicaid for Housing Stabilization Services. HC requires contracted housing providers to use this benefit to keep clients in housing. 6) HC developed talking points to explain RRH & benefits to clients. We changed policies for RRH to serve anyone & allow services for =24 months (up from 9). RRH recertification moved to 6 months (from 3). 7) In Nov '23 HC launched a flex fund using grant funding that non-profit providers serving PEH can use to help PEH access new housing (e.g., debt owed to past landlords, damage deposit & 1st months rent, app fee). $227,675 has supported 200 people in more quickly accessing housing. These flex funds supplement the flex funding HC's H2H & S2H teams have access to, meaning more PEH can access housing, even w/ financial barriers.

2. A Stabilization Specialist position was brought online in '24 using grant funding focused on keeping formerly CH hh stabilized in their housing. This person intervenes when formerly chronic households who have moved into housing are at risk of losing their housing. They put mental health support services in place to help the person remain stabilized in housing & discharges once the person is in a good situation with ongoing stabilizing services. In less than a year they've prevented 42 households from being evicted & stabilized 53 households. We are exploring how this position can be replicated or grown to support additional populations. Additionally, our FC continues to monitor exits to PD & retention, offering TA to programs w/ low rates of retention at 6 months. Providers are expected to work w/ clients to increase employment income, connect to benefits, & help navigate financial cliffs that may occur.

3.Office of Housing Stability

2C-4.	Reducing Returns to Homelessness–CoC's Strategy.	
	NOFO Section V.B.5.e.	

	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. HC works to id participants who RTH by: 1) requiring Hennepin Shelter Hotline, the front door to the shelter system & street outreach to enter services in HMIS so we can identify who has returned; 2) HC leadership, planners, & FCs regularly review HMIS data on RTH to identify systems trends in RTH. Projects w/ high RTH are connected to providers w/ low rates of RTH for successful strategies & monitored for performance improvement; 3) FC is working with new HMIS system to connect data about specific programs, RTH, & current shelter usage & has plans to engage clients who have returned to understand what did or did not work with their housing program.

2. Strategies to reduce # who RTH include 1) New psych social worker whose role is to step in when formerly chronic households who have moved into housing are at risk of losing their housing. In less than a year they've prevented 42 households from being evicted & stabilized 53 households. 2)Targeted prevention efforts that reach out to people who have been homeless in the past; 3)Require providers to bill Medicaid for Housing Stabilization Services to keep clients in housing connect participants to mainstream; 4)Transfer clients to Housing Support when RRH cannot meet their needs; 5)H2H team begins discharge planning at intake & utilizes a workflow that does not discharge participants from caseloads until stabilizing resources are in place after the person has been housed. Working w/ shelter HFCMs to take a similar approach; 6)PSH projects develop stability plans & collaborate w/ family, property mgmt. & services to identify risk factors & steps for success; 7)Will begin reviewing data on CH RTH vs non-chronic & exploring key factors that may contribute to RTH so that we can begin tailoring services to those more likely to return

3. Office of Housing Stability

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1.1) HC allocated $3m ARPA & $580k CARES funding for an Employment & Training (E&T) pilot program b/w Goodwill Easter Seals & American Indian OIC implemented in '22. Partnership provides access to employment services, w/ intentional focus on job readiness, skills training, & occupation learning, to assist w/ finding & keeping jobs, & provides quick connection to paid work experience while conducting job search/ building skills & transitioning to perm employment. HC trained county & shelter case managers to quickly connect clients w/ E&T program as appropriate. 344 referrals have been received since launching in March '22 & 79 have been received in '24. 2) TRC partners w/ local workforce agencies to offer employment counseling & make referrals to employment services to support tenant's ability to maintain their housing stability. 3) HC written standards define performance thresholds for RRH & PH. 41% of qualifying adults in RRH & 20% in PSH projects are expected to increase or maintain employment income. HC FC works w/ providers who underperform in these areas by developing continuous improvement plans, sharing best practices, & connecting projects w/ providers who are excelling for peer learning/mentorship. 4) Data is shared at quarterly meetings on system performance related to employment income so programs understand their performance relative to other providers in the community.

2.1) HC partners w/ workforce agencies in the community that provide expertise in employment opportunities & has established connections to employers. 2) HC allocated $3.58 million of pandemic recovery funds to employment & training services, including culturally-specific services w/ paid job placements. 3) HC's Office of Wellbeing contracts with a number of community agencies to address the financial cliff families experience when they begin to gain employment income that impacts eligibility for other non-employment cash benefits.

3.Office of Housing Stability & Office of Economic Supports

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

		In the field below:
	1.	describe your CoC's strategy to access non-employment cash income; and
	2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1.1) HC has expanded H2H team to 55 CMs & S2H team to 8 navigators who work w/ short term homeless, long term homeless, youth, families & special pops that are not connected to other CMs. These positions help remove barriers to accessing benefits by providing navigation & support throughout the app process including help obtaining vital doc & partnering with Eligibility supports to increase access. Contracted CMs in shelter are expected to connect people to benefits, as outlined in contracts. 2) Funded projects in HC have outcomes detailed in their contracts, including increasing income from non-employment cash-benefits. Performance on these outcomes are monitored by funding committees & planners who connect projects to supports in the community to increase performance. Underperforming projects develop Continuous Improvement Plans to implement new strategies & are monitored for improvement; 3) Funded projects utilize CMs on-site & in the community to work w/ participants to apply for benefits while in housing programs; 4) CoC provides quarterly training opportunities to funded providers.5) HC utilizes SOAR workers in the community; 6) HC provides trainings for the CM team & community on accessing benefits. 7) Eligibility supports at HC has incorporated strategies to increase access including: implementing INFOKEEP system: for residents to provide documentation in the moment virtually. Docs are auto. linked to client's electronic file for instant access for CM;, implementing MNbenefits app system to increase rate that apps can be processed as clients are able to directly share vital docs;, eligibility CMs are proactively reaching out to clients to provide status updates of their app. 8) The Tenant Resource Connection hotline refers tenants to statewide app for mainstream benefits (e.g. MFIP or SNAP). 9) Housing Stability manages a $500,000 contract w/ Volunteers of America to provide CM services to tenants in public housing to help them maintain their income. 10) HC RRH workgroup coordinates w/ Shelter Team, RRH providers, & County Childcare Benefits to increase access to expedited childcare benefits approval.

2.Office of Housing Stability

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
North Place	PH-RRH	43	Healthcare
Simpson Passage C...	PH-PSH	40	Housing

3A-3. List of Projects.

1. What is the name of the new project? North Place

2. Enter the Unique Entity Identifier (UEI): E466J1RL3MN7

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 43

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Simpson Passage Community

2. Enter the Unique Entity Identifier (UEI): VCSEN9GMJCA7

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 40

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

	Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and	
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.	

(limit 2,500 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.	
	If you answered yes to question 3C-1, describe in the field below:	
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

	Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.	

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	7,289
2.	Enter the number of survivors your CoC is currently serving:	6,962
3.	Unmet Need:	327

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1.The number for element 1 is a count of unique adults & heads of households (HoHs) (the clients to whom the question applies) active in CE, ES, HP, PH, SSO, SO or TH projects in HC CoC from 7/1/2023 to 6/30/2024 who reported having experienced DV (with a value of "yes" to HUD universal data element, "have you ever experienced domestic violence?" or a value of "yes" to "are you seeking housing due to concern for your safety of fear of violence or abuse from another person staying with you" in the CE assessment). The number for element 2 is a count of unique adults & HoHs in all project except CE (ES, HP, PH, SSO, SO or TH projects) in HC CoC from 7/1/2023 to 6/30/2024 who reported experiencing DV. Element 3 is the difference between elements 1 and

2. HC utilized HMIS data for non-DV projects, specifically utilizing the MN Core Homelessness Programs Report.

3. The number of people who experience DV in our community is very high. Our ability to have all DV survivors entered in the comparable database, outside of HMIS, has created gaps. Smaller DV agencies, not receiving HUD funding, are not necessarily using comparable databases that can be easily integrated into HMIS. MN does not yet have a statewide database for all DV providers to enter services needed for us to gain a truly representative picture of the extent of DV need in our community. Smaller agencies in the community less frequently submit applications for funding leading to additional gaps in our ability to gather information for all DV service agencies in HC to gather a comprehensive picture of the need of DV in HC CoC.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
SEWA

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

	Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:	

1.	Applicant Name	SEWA
2.	Rate of Housing Placement of DV Survivors–Percentage	75%
3.	Rate of Housing Retention of DV Survivors–Percentage	72%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
1.	how the project applicant calculated the rate of housing placement;	
2.	whether the rate for housing placement accounts for exits to safe housing destinations;	
3.	how the project applicant calculated the rate of housing retention; and	
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

1. SEWA has a 75% housing placement rate. In 2024, we served 320 clients, 240 were assisted with housing placement, 170 remained in current safe housing. Our housing assistance offers resources by local partner org's including emergency shelter options for safe spaces. We have an Access Database with unique ID assigned to each client, and individual case management data recording for producing monthly data reports.

2. Our data reporting systems tracking of housing placement & retention does account for "safe exits" to housing as well. It accounts for other exits to safe housing such as PH, TH, trusted friends/relatives sharing apartment being culturally relevant safety nets.

3. SEWA calculates rates of retention based on how many clients secure PH, compared to those residing in long-term transitional housing with continued services as they work toward permanent housing. According to our records, we served 320 clients in 2024, we assisted 240 clients with housing, of which 170 retained their housing with 72% retention rate.

4. SEWA currently has both individual case management recording software, and an Access Database for program progress and evaluation. This system has a unique ID and is valuable to track existing vs. new clients. In 2024, we have an interactive system with case details, services & interactions for case management files with a unique ID for each client. If HUD is funded, we will establish a comparable database to HMIS.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;
3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. SEWA serves global South Asians immigrants & refugees communities mainly underserved, underrepresented people in diaspora. We refer clients to hsg while providing multiple services: financial literacy, mental healthcare, medical health, digital literacy, professional develop, legal aid, moving costs, furnishing, culturally specific clothes & food/groceries, support groups, transport, cultural healing programs, networking events etc. We have FT advocate at DAP for OFPs walk-in cases, & 24/7 crisis line (alternatives to law enforce), crisis mgmt, & culturally/linguistically services. Our safety planning methods are culturally specific w/ trauma informed practices.

2. SEWA refers/supports survivors working w/ partner agencies, landlords; provides deposits using Housing First approach. We determine need on case-by-case basis. If funded, we will establish the process using CES referrals from HC.

3. We provide above services in Q1, & most importantly translation/interpretation services in more than 10 languages from South Asia including Dari, Pasto & Persian for the newly evacuated Afghan refugees. Our staff and leadership team are 100% 1st & 2nd gen immigrants & refugees, 99% are from the global South Asian diaspora & 1% other BIPOC. Services are always based on needs & cultural responsiveness to trauma & abuse. Safety planning, services & support are highly valued among our SA pop. SEWA is only org. focused on the global South Asian comms.

4. SEWA serves anyone needing support & refer to our partner orgs irrespective of race & ethnicity. We work with 40+ local partner orgs. In 2022, we provided hsg. services to almost 100+ Afghan evacuees & families. We inspected & housed a family of 12 w/ moving assit, lease signing, & New American language access & navigation, & refer to services & connect w/ ES, TH, legal & immigration, language support, medical insurance, culturally & linguistically relevant mental health, education, employ & job fairs, outpatient health, HIV testing & support, substance tx & rehab.

5. The rate of transitioning to PH is extremely low but significantly evident from 2 years' data that RA & hsg support is critical to reclaim autonomy & stability. We worked closely w/ HH's to reach goals; refer to resources & workforce training, while providing emotional support, childcare, meals, groceries, & RA. Individuals calculate their income vs expense to determine capacity to sustain hsg while we assist w/ safety planning & services

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1.At SEWA, we follow strict protocols with intake procedures in a private room at SEWA office or virtually (with exclusive zoom links for survivors) & keep client information confidential in highly protected electronic database. Hard copies of intake forms (for clients with English comp.) are secured in locked drawers. Staff explain confidentiality policies & ROI. In our culturally specific community, we explain these processes in different South Asian languages as needed. We have not done in-takes for housing yet, but have incorporated intake questions around safe housing & need to move to safer places in crisis. We will follow strict protocols around the safety of clients' information with housing information.

2.SEWA will implement client safety plans exclusively for housing intake. We will obtain 30% of client's income in rent & remainder covered by RA. We will assess units for safety & habitability before clients move to rental properties. Clients choose their rental property, & will liaise between clients & property mgrs, especially for those with order for protection & safety concerns. It is up to the clients to share info w/ the property mgr.

3.SEWA will assist clients get confidential mailing addresses, work w/ landlords to protect client confidentiality & raise awareness of legal rights in various South Asian languages as needed. Assistance with geographical regions & district/city level nuances to determine their choice of place. In many cases, clients want areas with access to high-ranking schools over easy and accessible areas w/ local transportation services. It is a cultural norm within many South Asian populations to enforce education excellence within households. Our staff will be trained to work with cultural nuances with South Asian pops.

4.SEWA will continue to enhance robust & informed safety planning for clients, their kids & dependents. We will assist with safety plans for home/work/school. All staff are trained by national organizations, state orgs - Cornerstone &VFMN for 40 hours & cultural competency training.

5.SEWA will be working directly with the property mgrs to take care of clients' confidentiality & safety. Navigation training & other housing issues; translation & interpretation will be provided to property mgrs on calls & in-person to make sure they understand & respond to clients' needs for safety. Immigrant & refugee population will be trained to recognize cyber stalking, & use of technology, etc..

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

SEWA-AIFW proposes to curate and update our existing safety planning practices in lieu of housing services and evaluate the effectiveness of safety measures. Staff will be trained to work with housing agencies to correctly document lease agreement information while ensuring the safety of the survivors. We propose to track safety planning services that staff will provide to survivors in housing program. Safety planning is exclusively tailored for individuals that evolves based on the survivor's changing/evolving situations. Staff will check in regularly with survivors about their safety and concerns in the housing environment. It will always be survivor-centered advocacy wherein survivors make informed decisions about themselves and their children.
For the existing rental assistance plan in place for DV victims/survivors, we evaluate case by case scenario to determine their eligibility due to grants requirements and limitations of funds. It secures up to 6 or 9 months of their rental assistance while they voluntarily receive support services to prepare for moving to permanent and individually sustainable housing units. We evaluate their customized safety plans and help them determine the best practices for themselves. The constant emotional support, childcare resources and many different healing opportunities add on to our evaluation strategies as well.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

1.SEWA prioritizes client safety & housing needs. Clients identify their preferred locations to feel comfortable; transportation friendly areas to commute to school, work & childcare. SEWA supports them throughout journey to be empowered to financially sustain their housing.

2. SEWA will support clients with their ongoing sustainable and permanent housing journey with providing supportive services to enhance their income and stability. We will be working closely with clients to secure a good paying job in their respective fields and/or newer sectors with adequate training and education support. They will be supported by trained professionals to help them achieve their goals. We will continue providing them housing opportunities with them paying their own rent. They can choose to continue to stay in the same apartment/housing space or choose to establish a newer place once they are capable of paying their own rent. SEWA will support them with lease guarantor agreements, payment negotiations and/or any other areas they need support with.

3. SEWA will place and help the survivors to stabilize their living conditions with safe and secure place of PH. We will continue offering them our other programs as community members to seek connections for emotional and mental healing journeys. The survivors will choose to decide their pathways to PH and still access SEWA resources as and when needed.

4. SEWA plans to place survivors in their preferred areas for their safety and autonomy based on their needs and requirements for them and their children or other dependents. Our staff will be agents of care, support and wellbeing for these survivors to help them lead their lives with utmost confidence and safety. We have been providing care and support to all different age groups and we prioritize their needs and cultural/linguistic needs as prime factors.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

		Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
	1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
	2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
	3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
	4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Our teams are trained to offer direct and supportive services by establishing mutual respect and authenticity. Our work is informed by the framework of BDJ – Belonging, Dignity and Justice – to provide a sense of connection and community with solidarity and justice. Our staff interactions are genuinely kind, compassionate and culturally relevant; we are trained to respect people's preferences and their pronouns.

2. SEWA provides education, awareness and prevention resources such as informative flyers/brochures, social media campaigns, community conversations on violence prevention, trauma informed care, and cultural healing opportunities. We celebrate survivorship by hosting story circles, healing and support circles, art and mental health care. We inform clients about their options and discuss those options in depth without enforcing any judgement; our clients make informed decisions to lead their lives and overcome fear and trauma.

3. SEWA's case managers talk, create connections and maintain relations with utmost care and respect with cultural competence wherein we spend long hours learning about survivors' various needs and their requirements. Our trained staff have a knowledge of physical cues, interpersonal and cultural skills to assess the clients for further personalized care. We validate their feelings and their emotions in the crisis and long-term connections while navigating throughout their OFPs, divorce proceedings, child custody evaluation, empowering training and educational upliftment. Our staff provide SWOT analysis with their own input with cultural lens while safety planning is a crucial step in the initial connections with the survivors.

4. SEWA has been serving communities culturally and linguistically relevant ways for the last two decades. We are the only organization serving SA diaspora in MN with cultural and linguistic expertise. Our services are highly impactful with positive changes and development in the community. We are recognized by the Hennepin County as a 'Trusted Messenger' for South Asian communities in MN; we are widely recognized in broader AANHPI communities in the state and across the country for cultural competence and expertise in violence prevention and intervention services for the D/SV survivors and victims.

5. SEWA provides monthly Chai and Chat to exclusively for women, Satrangi Mulaqat (Rainbow Meeting) exclusively for LGBTQ+ folks, Seniors Social Hours twice a week, South Asian men's group monthly, and Youth Programs on regular basis. These peer-to-peer and community-based meeting opportunities are very effective tools for survivors of GBV to rebuild their lives and network with others to enhance their lives in Minnesota. We have been offering various ways for the survivors to connect with others for support and wider networking opportunities.

6. With our cultural and linguistic expertise, we support survivors with their parenting needs, childcare support with various material support as well as training to understand legal and medical systems here. We accompany survivors to the courtrooms during their legal battles and help them get pro-bono or low-bono legal aids, support them emotionally throughout their healing journeys.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

1.Obtaining Documents and Child Custody: SEWA-AIFW has been providing immigration services including helping immigrants and refugee communities with obtaining OFPs, legal documents, applying to USCIS, translating, and interpreting legal services. SEWA is committed to increasing its capacity to address housing related services. Our pro-bono service providers with local agencies work with our clients along with Staff to ensure that clients do understand the legality and prepare documents for their divorce proceedings; child custody evaluations; interpretation and translated information to easily grasp legal terminology etc.

2.Bad Credit History: We aim to enhance our services to clients building back their bad credit history by educating them with proper information and knowledge. We have worked with property managers in 2022 for Afghan evacuees explaining cultural and language barriers identifying issues, their vulnerable situations etc. When govt. rental assistance ended for these populations, along with several other sister organizations, SEWA stepped in and supported approximately 10 families with adequate understanding of rental laws and housing. We have been educating DV clients and Afghan evacuees their consumer rights, customer protection laws, and State and Federal guidelines.

3.Housing Search: Our experience with DV clients and Afghan evacuees, we are well equipped with the knowledge and understanding of housing units. SEWA maintained relationships with more than 30 landlords and property managers through DHS in 2022 while serving Afghan evacuees. There are almost 5+ different agencies with multiple units in the same apartments with easy access to public transportation and nearby basic necessities. SEWA will ensure that the HUD funded staff will help clients search for the safe and accessible housing unit, contact the managers and connect them with the clients; and work with them around safety, supportive care, financial upliftment and childcare issues.

4.Crisis DV Services: SEWA's 24x7 crisis line offers crisis response in multiple languages for emergency shelter, legal advice, safety planning, assistance for restraining orders, emotional support, urgent needs for childcare and nutrition for them. We have expertise providing compassionate care in culturally and linguistically specific ways. We ensure that the victims/survivors of domestic/sexual violence first of all feel validated and connected with our direct service staff before moving to next steps of referring to emergency shelters or legal advice; our goal is to support clients with holistic and survivor centered approach when they start feeling the sense of 'belonging, dignity and justice'. Our framework allows victims/survivors to feel safe and secure.

5.Long-term housing stability safety planning: SEWA has been serving communities from crisis management to empowering clients to attain their housing and long-term plans for security. We help clients plan to sustain housing after rental assistance ends. In addition to budgeting, clients are taught self-advocacy, communication, and negotiation skills. They build support networks for ongoing support and learn about community resources.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;

2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

(limit 2,500 characters)

SEWA-AIFW has been in operation since 2004 with the core programming of violence prevention and intervention services. We have used various kinds of resources and funding streams to support our clients to have access to housing. With in-kind donations to federal emergency funds from OVW-CSSP and SASP, we have prioritized our clients to have safe space to live and rebuild their lives again from scratch. Our goal for this HUD funding is to prioritize survivors of domestic violence and sexual assault to safety and providing support for achieving PH. We intend to place survivors in their preferred locations and provide support with rental assistance, moving costs, downpayments, rental agreements, guarantors signing with HF approach to RRH leading to PH with supportive services. SEWA staff will prioritize survivors' selection of places and apartments with their kids and other dependents to navigate through the systems with easier access to housing resources. Our hallmark is to provide individualized care to survivors of D/SV and GBV with trauma informed practices with culturally relevant care and compassion in various native languages. We intend to enhance these practices with HUD CoC support and housing resources to place these survivors in safer housing as soon as possible.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;	
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
3.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;	
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

SEWA-AIFW has two decades of experience serving victims/survivors of domestic, sexual and gender-based violence serving various culturally and linguistically diverse populations from the global South Asian diaspora in Minnesota. As our staff and leadership team are from similar ethnic and racial backgrounds, many of them survivors themselves, understand how the dynamics of caste, class, immigration status, language barriers, gender, sexual orientation and ethnic identities interplay.

1.Our teams are trained to offer direct and supportive services by establishing mutual respect and authenticity. Our work is informed by the framework of BDJ – Belonging, Dignity and Justice – to provide a sense of connection and community with solidarity and justice. Our staff interactions are genuinely kind, compassionate and culturally relevant; we are trained to respect people's preferences and their pronouns. We will continue to enhance our practices to support survivors with utmost dignity and respect.

2.SEWA provides education, awareness and prevention resources such as informative flyers/brochures, social media campaigns, community conversations on violence prevention, trauma informed care, and cultural healing opportunities. We celebrate survivorship by hosting story circles, healing and support circles, art and mental health care. We inform clients about their options and discuss those options in depth without enforcing any judgement; our clients make informed decisions to lead their lives and overcome fear and trauma. We intend to continue enhancing our languages and social media presence with the help of HUD CoC cohort.

3.SEWA's case managers talk, create connections and maintain relations with utmost care and respect with cultural competence wherein we spend long hours learning about survivors' various needs and their requirements. Our trained staff have a knowledge of physical cues, interpersonal and cultural skills to assess the clients for further personalized care. We validate their feelings and their emotions in the crisis and long-term connections while navigating throughout their OFPs, divorce proceedings, child custody evaluation, empowering training and educational upliftment. Our staff provide SWOT analysis with their own input with cultural lens while safety planning is a crucial step in the initial connections with the survivors. SEWA aims to enhance these practices to build relationships with these vulnerable populations with a clear understanding of power dynamics within different cultures.

4.SEWA has been serving communities culturally and linguistically relevant ways for the last two decades. We are the only organization serving SA diaspora in MN with cultural and linguistic expertise. Our services are highly impactful with positive changes and development in the community. We are recognized by the Hennepin County as a 'Trusted Messenger' for South Asian communities in MN; we are widely recognized in broader AANHPI communities in the state and across the country for cultural competence and expertise in violence prevention and intervention services for the D/SV survivors and victims. We hope to provide impactful leadership in the communities across state and nationwide.

5.SEWA provides monthly Chai and Chat to exclusively for women, Satrangi Mulaqat (Rainbow Meeting) exclusively for LGBTQ+ folks, Seniors Social Hours twice a week, South Asian men's group monthly, and Youth Programs on regular basis. These peer-to-peer and community-based meeting opportunities are very effective tools for survivors of GBV to rebuild their lives and network with others to enhance their lives in Minnesota. We have been offering various ways for the survivors to connect with others for support and wider networking opportunities. We will offer these regular monthly and special trainings for career enhancement and cultural healing services to survivors participating in

exclusive housing project.
6.With our cultural and linguistic expertise, we support survivors with their parenting needs, childcare support with various material support as well as training to understand legal and medical systems here. We accompany survivors to the courtrooms during their legal battles and help them get pro-bono or low-bono legal aid, support them emotionally throughout their healing journeys. We aim to continue offering similar and enhanced services to support survivors achieve their goals and move to PH.

| 4A-3j. | Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s). | |
| | NOFO Section I.B.3.j.(1)(f) | |

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1. SEWA has been a home for several survivors throughout the last twenty years; many of them have achieved greatest heights in their careers and professional development. We have strengthened our relationships with them over years of connections, trust and solidarity. Many of these survivors have been an essential part of our program development through our monthly gatherings listening sessions. They bring in invaluable suggestions to improve our programming and services. SEWA has three staff members with lived experiences with domestic, sexual and gender-based violence including homelessness; three staff members with the experiences with displacement and homelessness through civil wars and political unrest; one board member with the lived experiences of homelessness and mass exodus; one board member with domestic violence. All these members bring in their lived experiences and survivorship voices to help us develop our strategies and program development.
2.We are going to establish an 'Asset Team' with survivors, staff with lived experiences and board members to establish our strategies and program development throughout the project's operation. Our Asset Team will meet monthly once to support HUD funded team and leadership team to discuss and brainstorm our workplans, roadblocks and policy and procedures to establish for the housing first approach across our programs. We aim to establish this Asset Team as soon as possible. The members of our Asset Team will be compensated for their time and valuable feedback and suggestions to bring survivors voices in action.

4B. Attachments Screen For All Application Questions

	We have provided the following guidance to help you successfully upload attachments and get maximum points:

	1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
	2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
	3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
	4.	Attachments must match the questions they are associated with.
	5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
	6.	If you cannot read the attachment, it is likely we cannot read it either.
		. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
		. We must be able to read everything you want us to consider in any attachment.
	7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
	8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes		
1D-2a. Housing First Evaluation	Yes		
1E-2. Local Competition Scoring Tool	Yes		
1E-2a. Scored Forms for One Project	Yes		
1E-5. Notification of Projects Rejected-Reduced	Yes		
1E-5a. Notification of Projects Accepted	Yes		
1E-5b. Local Competition Selection Results	Yes		
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/08/2024
1B. Inclusive Structure	10/16/2024
1C. Coordination and Engagement	10/17/2024
1D. Coordination and Engagement Cont'd	10/21/2024
1E. Project Review/Ranking	10/16/2024
2A. HMIS Implementation	10/21/2024
2B. Point-in-Time (PIT) Count	10/21/2024
2C. System Performance	10/16/2024
3A. Coordination with Housing and Healthcare	10/14/2024
3B. Rehabilitation/New Construction Costs	10/14/2024
3C. Serving Homeless Under Other Federal Statutes	10/14/2024

4A. DV Bonus Project Applicants	10/24/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required