Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC’s project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click here.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1A-1. CoC Name and Number: MN-502 - Rochester/Southeast Minnesota CoC

1A-2. Collaborative Applicant Name: Three Rivers Community Action, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Amherst H.Wilder Foundation
1B. Continuum of Care (CoC) Engagement

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including electing CoC Board</th>
<th>Sits on CoC Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Youth advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Action Agencies</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies serving veterans</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

County teams meet regularly and include people from each of the recommended categories. Program advisory group meetings often include front-line staff. Minutes are posted & shared by email. All send participants to CoC meetings that rotate between three cities, ensuring full geographic involvement. We solicit input directly from teams and more widely via online surveys. We hold open an invitation to homeless/formerly homeless & provide a stipend/cover expenses for meetings attended. Members attend/share lessons learned at conferences, topical listening sessions and meetings or focus groups with specific populations like homeless youth, Native Americans & DV providers. We host trainings in best practices, invite experts/the public to meetings, and facilitate networking. Examples: training in Safe Harbor and education about the scope of/resources for sex-trafficked homeless youth; 2) McKinney-Vento homeless liaisons participate on county teams and hold regular calls with one another.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Youth Service Provider (up to 10)</th>
<th>RHY Funded?</th>
<th>Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).</th>
<th>Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran Social Service</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Rochester Public Schools</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Red Wing Youth Outreach</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Center City Housing (Gage East)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC’s geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Victim Service Provider for Survivors of Domestic Violence (up to 10)</th>
<th>Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).</th>
<th>Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Shelter Inc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bluff Country Family Resources</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Committee Against Domestic Abuse</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>HOPE Coalition</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Women's Resource Center of Winona</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hope Center</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

<table>
<thead>
<tr>
<th>Opening Doors Goal</th>
<th>CoC has established timeline?</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Veteran Homelessness by 2015</td>
<td>No</td>
</tr>
<tr>
<td>End Chronic Homelessness by 2017</td>
<td>Yes</td>
</tr>
<tr>
<td>End Family and Youth Homelessness by 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Set a Path to End All Homelessness by 2020</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)
Leadership for overseeing implementation of strategies is assigned to committed CoC members who are experienced, knowledgeable, have demonstrated expertise, achieved good outcomes in the themes of Opening Doors, and whose missions most closely align with its goals. They volunteer or agree to serve when asked to by the membership, and are endorsed by consensus of the CoC. Leaders communicate CoC goals, objectives and suggested action to community-level teams that implement strategies locally. They educate communities and policy-makers, and help build community buy-in when it’s needed. They answer questions, provide technical assistance, facilitate discussion and share progress with the CoC and local teams. Some teams have drafted local plans to prevent/ end homelessness and aligned them with Opening Doors and the CoC; they appoint local leaders to local strategies. Roles and responsibilities of CoC committees are evaluated and updated as needed and identified by these relationships.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

In anticipation of the NOFA, the CoC asked recipients and potential new applicants for intent to renew, reallocate, or apply for new permanent housing/HMIS/coordinated entry. We asked for volunteers to reduce grants to make room for new projects and made it known an application for bonus funds was expected. When the NOFA was published and details known, we used our and other key email lists, websites, networks and meetings to widely announce Annual Renewal Demand, bonus, reallocation planned/expected & types of proposals eligible. We invited interested parties to consider applying. CoC-required preapplications were accepted from all who submitted one; each was invited to submit an application. All submissions were accepted and considered by the ranking and review committee. The CoC actively recruits new proposals for bonus funds. If a new entity is interested, the CoC facilitates their education of CoC programs, mentors them, and identifies and supports appropriate partnerships.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Funding or Program Source</th>
<th>Coordinates with Planning, Operation and Funding of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>HeadStart Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Other housing and service programs funded through Federal, State and local government resources.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC’s geographic area, and 24 CFR 91.100(a)(2)(I) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Con Plan jurisdictions with whom the CoC geography overlaps</td>
<td>4</td>
<td>100.00%</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?</td>
<td>4</td>
<td>100.00%</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?</td>
<td>4</td>
<td>100.00%</td>
</tr>
<tr>
<td>How many of the Con Plan jurisdictions are also ESG recipients?</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>How many ESG recipients did the CoC participate with to make ESG funding decisions?</td>
<td>1</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC’s geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).

(limit 1000 characters)

CoC members attended two Con Plan meetings in each of the four jurisdictions, and testified about the nature and extent of homelessness. The CoC provided specific data for homeless needs assessments including numbers of persons experiencing homelessness, both sheltered and unsheltered; the scope of the problem; existing supportive housing and support services; CoC priority gaps in supportive and affordable housing; logical parties for collaboration when planning homeless interventions; and trends in vulnerable populations, best practices and data. Members also attended two impediments to housing hearings. Representatives of three of the four jurisdictions are CoC members, each of them attended at least two CoC meetings in the past year, and two are active participants in monthly meetings to plan the CoC’s coordinated entry system. In two of the jurisdictions CoC members have become partners with the Cities in planning for shelter and supportive housing; they meet together monthly.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.

(limit 1000 characters)

The CoC review committee, each member of which has signed a conflict of interest disclosure, reads and discusses proposals submitted by applicants in the region for ESG funds passed through from MN Dept. of Human Services (DHS). We submit our funding recommendations for each based on objective scoring criteria and members’ knowledge of the program and organization, and the community, its resources, and its homeless people. The CoC Coordinator participates in discussions with the DHS funding team and offers local perspective and specific feedback on applicant performance and level of collaboration, and on CoC priorities. Performance standards for the State’s ESG sub-recipients were developed jointly by the State and CoCs. ESG performance reports are shared with the CoC and a new HMIS CAPER format offers new opportunities for continued evaluation of the usefulness and relevancy of the standards. The State shares performance issues and involves the CoC in problem-solving when appropriate.
1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

All communications between victim and providers adhere to strict confidentiality standards; anonymity is protected. 24-hour crisis lines link victims with DV providers in the community, ensuring persons fleeing violence are assessed for immediate placement in shelter or a safe home, or assisted with transportation to go somewhere they believe is safe. Victims presenting to homeless providers are screened for homelessness prevention or diversion, and, if indicated, are immediately referred to the local DV shelter/advocate. When multiple options are available, the client chooses which intervention they prefer. DV clients entered in HMIS are anonymous. The CoC hosted training for its members in trauma-informed practices and now most CoC providers impart information to their clients about domestic violence and safety planning, tenant rights, Orders of Protection, "Safe at Home", law enforcement standbys and other resources/services to assist survivors and witnesses of domestic violence.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC’s geographic area. If there are more than 5 PHAs within the CoC’s geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA’s administrative planning document(s) clearly showing the PHA’s homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Wing HRA</td>
<td>4.00%</td>
<td>No</td>
</tr>
<tr>
<td>South Central MN Multi-County HRA</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Mankato EDA</td>
<td>4.00%</td>
<td>Yes-Public Housing</td>
</tr>
<tr>
<td>Rice County HRA</td>
<td>0.00%</td>
<td>No</td>
</tr>
<tr>
<td>Olmsted County HRA</td>
<td>0.00%</td>
<td>No</td>
</tr>
</tbody>
</table>

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.
**1C-5.** Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.

*(limit 1000 characters)*

In the CoC, there are 162 State-funded housing units with shallow subsidies for persons who are long-term homeless. In addition, the State funds 71 tenant-based rental assistance vouchers (deeper subsidies) for homeless families and individuals in the region. There are 15 Veterans Affairs Supportive Housing vouchers available for homeless veterans and their families, and there are Supportive Services for Veteran Families resources that aid in their residential stability. The region has 10 Bridges vouchers, rental assistance for long-term homeless persons with severe mental illness. Group Residential Housing (GRH) is also available region-wide and, sometimes appropriate for homeless individuals, it is an option. A new GRH scattered site model with enhanced services for homeless individuals and families has started up in one community and, so far, serves four households. More scattered site GRH is in the planning stages across the geography.

- Bridges
- GRH X 2
- Housing Trust Fund
- GMHF Housing Trust Fund

**1C-6.** Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement: | X |
| Implemented communitywide plans: | |
| No strategies have been implemented: | |
| |
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td>X</td>
</tr>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td>X</td>
</tr>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>
1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness. (limit 1000 characters)

Not Applicable
1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

A person presenting at any CoC-member agency or encountered by outreach workers (and in some cities, the police), is screened for homeless prevention/diversion. If neither is an option, they are referred to an access point for coordinated entry, or to shelter. Each county has well-advertised access points for singles, families, unaccompanied youth, veterans, and DV victims. Flyers (and, regularly, outreach workers) are posted in locations most likely to be seen by homeless persons, on many agency & government websites and shared via multiple email lists. Once in shelter or connected with an access site, trained assessors administer a VI-SPDAT, measuring acuity and indicating appropriate intervention. They go on a waitlist prioritized by score and date. When an opening in the proper intervention they are eligible for occurs, the household with the most acute need is offered the spot. Currently, except for homeless veterans on a statewide registry, people are tracked by number, not name.
1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC’s geographic area, select “Not Applicable.” If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in Ongoing Planning and Evaluation</th>
<th>Makes Referrals to the Coordinated Entry Process</th>
<th>Receives Referrals from the Coordinated Entry Process</th>
<th>Operates Access Point for Coordinated Entry Process</th>
<th>Participates in Case Conferencing</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CDBG/HOME/Entitlement Jurisdiction</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Rochester/Southeast Minnesota CoC
Project: MN-502 CoC Registration FY2015

COC_REG_2015_122109
1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC’s review of the Annual Performance Report(s).

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many renewal project applications were submitted in the FY 2015 CoC Program Competition?</td>
<td>21</td>
</tr>
<tr>
<td>How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?</td>
<td>3</td>
</tr>
<tr>
<td>How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?</td>
<td>18</td>
</tr>
<tr>
<td>Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC’s publicly announced Rating and Review procedure must be attached.)

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)</td>
<td>X</td>
</tr>
<tr>
<td>Performance outcomes from APR reports/HMIS</td>
<td></td>
</tr>
<tr>
<td>Length of stay</td>
<td>X</td>
</tr>
<tr>
<td>% permanent housing exit destinations</td>
<td>X</td>
</tr>
<tr>
<td>% increases in income</td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Rochester/Southeast Minnesota CoC
Project: MN-502 CoC Registration FY2015

FY2015 CoC Application  Page 16  11/19/2015
Monitoring criteria

<table>
<thead>
<tr>
<th>Monitoring Criteria</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Eligibility</td>
<td>X</td>
</tr>
<tr>
<td>Utilization rates</td>
<td>X</td>
</tr>
<tr>
<td>Drawdown rates</td>
<td>X</td>
</tr>
<tr>
<td>Frequency or Amount of Funds Recaptured by HUD</td>
<td>X</td>
</tr>
<tr>
<td>Need for specialized population services</td>
<td></td>
</tr>
<tr>
<td>youth</td>
<td>X</td>
</tr>
<tr>
<td>Victims of Domestic Violence</td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>X</td>
</tr>
<tr>
<td>Persons Experiencing Chronic Homelessness</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC adopted the priorities in Notice CDP-14-012. We also prioritize veterans, chronically homeless persons, families with children. Proposals were scored and ranked against like programs. Final rank order was a combination of numeric score (for dedicated/prioritized chronic beds; barriers to entry/reasons for termination; residential stability & increased income/benefits; timeliness of APR submissions & LOCCS draws; HMIS utilization & data quality; engagement in CoC & commitment to use coordinated entry; policies ensuring compliance with McKinney-Vento law for students; bed utilization; Housing First; agency capacity; match & leverage; history of grants management) and local and HUD priorities; community need; continued relevance; and level of acuity and difficulty in serving the majority of a project’s participants. First time renewals without an APR, including 2 RRH programs, received extra consideration and were not penalized; RRH is a priority for ending family homelessness.
1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

The process, tools and criteria for ranking projects were updated on publication of the NOFA and emailed to CoC members, grant recipients & networks of CoC members, and distributed at CoC and other relevant meetings. On Oct. 8 the following items were posted on the CoC webpage: summary of funds available, application procedures & score tool, new project preapplication, renewal project listing & planning worksheet, and calendar with NOFA tasks & timelines. The ranking committee met 5 times, recommended project ranking to the Executive Committee which accepted the recommendation and sent it out for a vote by eligible entities. Voting was competed by Oct. 30. Results were emailed to applicants & CoC members and posted on the webpage Nov. 3.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC’s full membership must be attached.)

11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes
1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

11/02/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC’s FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?

Yes
1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)
Annually, in preparation for the CoC application, the CoC Ranking & Review Committee analyzes all projects and how they contribute to system-wide outcomes. They look at project performance; staff capacity; timeliness of APR submissions and LOCCS draws; data quality; closeouts/funds returned; bed utilization; and HMIS coverage. The committee confirms the project is serving the numbers/types of eligible participants they have committed to, and that they are doing so in compliance with the HEARTH Act, with data privacy laws and with cultural sensitivity. We review financial audits and monitoring findings, as well as client satisfaction surveys. Quarterly, we review data quality. New projects are expected to run APRs at the 6- and 12-month marks when project performance is reviewed. If concerns are identified, they are shared with the Executive Committee which will address them with the recipient. TA or mentoring is offered if indicated and progress is tracked until issues are resolved.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?
Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?
Yes
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC’s governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC’s attached governance charter or the attached MOU.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?

Applicant: Rochester/Southeast Minnesota CoC
Project: MN-502 CoC Registration FY2015
2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Bowman Systems
2B. Homeless Management Information System (HMIS) Funding Sources

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

### 2B-2.1 Funding Type: Federal - HUD

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC</td>
<td>$25,000</td>
</tr>
<tr>
<td>ESG</td>
<td>$2,208</td>
</tr>
<tr>
<td>CDBG</td>
<td>$0</td>
</tr>
<tr>
<td>HOME</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$0</td>
</tr>
<tr>
<td>Federal - HUD - Total Amount</td>
<td>$27,208</td>
</tr>
</tbody>
</table>

### 2B-2.2 Funding Type: Other Federal

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>
### 2B-2.3 Funding Type: State and Local

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>$0</td>
</tr>
<tr>
<td>County</td>
<td>$0</td>
</tr>
<tr>
<td>State</td>
<td>$8,149</td>
</tr>
<tr>
<td><strong>State and Local - Total Amount</strong></td>
<td><strong>$8,149</strong></td>
</tr>
</tbody>
</table>

### 2B-2.4 Funding Type: Private

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Organization</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Private - Total Amount</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

### 2B-2.5 Funding Type: Other

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td>$10,512</td>
</tr>
<tr>
<td><strong>Other - Total Amount</strong></td>
<td><strong>$10,512</strong></td>
</tr>
</tbody>
</table>

### 2B-2.6 Total Budget for Operating Year

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>$45,869</strong></td>
</tr>
</tbody>
</table>
2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):
05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2015 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter beds</td>
<td>246</td>
<td>79</td>
<td>96</td>
<td>57.49%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>221</td>
<td>56</td>
<td>160</td>
<td>96.97%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>34</td>
<td>0</td>
<td>34</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>439</td>
<td>0</td>
<td>433</td>
<td>98.63%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>83</td>
<td>0</td>
<td>62</td>
<td>74.70%</td>
</tr>
</tbody>
</table>

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Some of the region’s shelters run by volunteers and faith communities do not currently enter data about their guests in HMIS. However, all have agreed to participate in Coordinated Entry provided other entities can collect and enter that data. Newly formed or redesigned partnerships between access sites, assessors and shelter providers will ensure that all shelter stayers are captured in the system. Assessors will visit the shelters on a regular basis and they will create a record in HMIS which will follow that person when they exit shelter and enter supportive housing. Once Coordinated Entry is fully implemented in 2016 we expect a much higher rate of HMIS coverage for shelter. Coverage for Other Permanent Housing will improve when a couple of entries are corrected; they housed homeless individuals and were reported as dedicated homeless beds when not all of them are. Those entries will be adjusted on the 2016 HIC.
2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Domiciliary (VA DOM):</td>
<td></td>
</tr>
<tr>
<td>VA Grant per diem (VA GPD):</td>
<td></td>
</tr>
<tr>
<td>Faith-Based projects/Rescue mission:</td>
<td>X</td>
</tr>
<tr>
<td>Youth focused projects:</td>
<td></td>
</tr>
<tr>
<td>HOPWA projects:</td>
<td></td>
</tr>
<tr>
<td>Not Applicable:</td>
<td></td>
</tr>
</tbody>
</table>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly
2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Percentage Null or Missing</th>
<th>Percentage Client Doesn't Know or Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Name</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>3.2 Social Security Number</td>
<td>1%</td>
<td>16%</td>
</tr>
<tr>
<td>3.3 Date of birth</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>3.4 Race</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>3.5 Ethnicity</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>3.6 Gender</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>3.7 Veteran status</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>3.8 Disabling condition</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>3.9 Residence prior to project entry</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3.10 Project Entry Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.11 Project Exit Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.12 Destination</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>3.15 Relationship to Head of Household</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>3.16 Client Location</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>3.17 Length of time on street, in an emergency shelter, or safe haven</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

<table>
<thead>
<tr>
<th>Report</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Annual Performance Report (APR):</td>
<td>X</td>
</tr>
<tr>
<td>Annual Homeless Assessment Report (AHAR) table shells:</td>
<td>X</td>
</tr>
</tbody>
</table>
2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

- VA Supportive Services for Veteran Families (SSVF): X
- VA Grant and Per Diem (GPD): 
- Runaway and Homeless Youth (RHY): X
- Projects for Assistance in Transition from Homelessness (PATH): 
- None: 

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC’s HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)
There are no PATH or GPD programs within the CoC.
2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015
2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Census Count:</td>
<td>X</td>
</tr>
<tr>
<td>Random sample and extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Non-random sample and extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS:</td>
<td>X</td>
</tr>
<tr>
<td>HMIS plus extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Interview of sheltered persons:</td>
<td>X</td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Applicant: Rochester/Southeast Minnesota CoC
Project: MN-502 CoC Registration FY2015
For many years the State has worked with CoCs to implement a complete census count of sheltered homeless in the CoC. A common survey tool, created in collaboration with the MN Office to Prevent and End Homelessness, was administered across the State. Surveyors were required to watch a training webinar to ensure consistent, accurate data collection. For the first time conducting a PIT count, HMIS was used to pull data for all the emergency shelter and TH providers in HMIS. Providers not in HMIS were emailed surveys and those responses were entered in the database. Follow-up with nonresponders resulted in 100% response rate. We chose this methodology because it ensured the CoC would count the total number and characteristics of persons in the CoC residing in shelters, transitional housing or motels paid by voucher. We chose it because we want to utilize HMIS more fully for more consistent data, less extrapolation and fewer projections, and increased confidence in PIT counts.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

The only change in methodology was, for the first time, data was pulled from HMIS to populate the answers to the questions on a common, statewide survey instrument for all of the CoC’s shelter, transitional housing and motel voucher programs that are entering data in HMIS. Providers not using HMIS were surveyed electronically using the same tool. Between State staff and the CoC Coordinator following up with all providers who did not respond initially, data from every germane program was captured. Those responses were entered in a State-sponsored database, and the two were aggregated for a final count.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

Not Applicable
2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>✗</td>
</tr>
<tr>
<td>Provider follow-up</td>
<td>✗</td>
</tr>
<tr>
<td>HMIS</td>
<td>✗</td>
</tr>
<tr>
<td>Non-HMIS de-duplication techniques</td>
<td>✗</td>
</tr>
</tbody>
</table>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The CoC worked with the State and the other MN CoC Coordinators to develop a common survey tool that was used statewide. This ensured not only consistency in data collected, but also that the data collected included everything needed to provide complete counts by category and subpopulation as described in the PIT guidance from HUD. A training webinar with exact direction on conducting a scientifically sound survey was posted and advertised, and all providers engaged in the PIT count were required to watch it. Responses to surveys conducted outside of HMIS were much more complete than in the past; while we always have been able to count everyone in shelter, this is the first time we have had thorough data on the characteristics of all shelter, TH and voucher users.
2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/22/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/15/2015
### 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

#### 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night of the count - complete census</td>
<td></td>
</tr>
<tr>
<td>Night of the count - known locations</td>
<td>X</td>
</tr>
<tr>
<td>Night of the count - random sample</td>
<td></td>
</tr>
<tr>
<td>Service-based count</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td>X</td>
</tr>
</tbody>
</table>

#### 2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC canvassed specific known locations homeless people stay. Because it was unsafe, or because people were not willing to be surveyed, in most cases an observation tool was used. The CoC also used a service-based count across the entire geography. We communicated expectations and timelines to providers in advance of the count. The survey tool and a training link were sent to the providers who administered comprehensive surveys to people presenting up to four days following the date of the count. During that time period, everyone who presented was first asked if they had already taken the survey and if they had, the interview was terminated. If not, they were asked where they stayed the night of the count and the full survey was administered. The survey asked for birth date and first name/last initial to avoid double counting. Complete surveys were emailed to the CoC for input in a state-sponsored database. We chose this method because of the size and rural nature of the region.
2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).

(limit 1000 characters)

There was no change in unsheltered PIT methodology from 2014 to 2015.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If “Yes” is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)
2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Training:</td>
<td>X</td>
</tr>
<tr>
<td>&quot;Blitz&quot; count:</td>
<td></td>
</tr>
<tr>
<td>Unique identifier:</td>
<td>X</td>
</tr>
<tr>
<td>Survey question:</td>
<td>X</td>
</tr>
<tr>
<td>Enumerator observation:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)
CoCs and the State jointly developed unsheltered PIT count instruments, including two versions of a comprehensive survey (one for singles and one for families) and an observation tool designed to collect as much demographic data and as many characteristics of the household as possible. These were emailed to county leads along with a link to webinar training volunteers on how to most scientifically administer the survey. Each county had one person designated to be in charge of that county’s count and volunteers, and to serve as liaison to the CoC. Leads ensured everyone watched the webinar, practiced conducting a survey, and administered them consistently, thoroughly and with sensitivity. They collected completed surveys and submitted them to the CoC for input in a State-sponsored database. Training and practice in conducting unsheltered surveys led to much more complete and useable data.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.


* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

<table>
<thead>
<tr>
<th></th>
<th>2014 PIT (for unsheltered count, most recent year conducted)</th>
<th>2015 PIT</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>482</td>
<td>451</td>
<td>-31</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>222</td>
<td>217</td>
<td>-5</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>236</td>
<td>212</td>
<td>-24</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>458</td>
<td>429</td>
<td>-29</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>24</td>
<td>22</td>
<td>-2</td>
</tr>
</tbody>
</table>

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>626</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>373</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>270</td>
</tr>
</tbody>
</table>

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

Family Homeless Prevention and Assistance Program (FHPAP) funds prevent homelessness for hundreds of households across the entire CoC geography every year. CoC and ESG Rapid Rehousing (RRH) programs rehouse people quickly, either reducing duration of homeless episodes or eliminating them altogether; whenever possible we rehouse people without a single day of homelessness. Clients participate in case management to identify risk factors and increase their self-sufficiency strategies and access to mainstream resources. FHPAP and RRH agencies use a targeting tool to prioritize and serve those households who, without assistance, are most likely to become homeless. All agencies participating in Coordinated Entry conduct homeless prevention and diversion screening and refer to prevention providers when indicated. Life skills classes, especially for youth, increase the likelihood of stability and are strongly encouraged.


Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

Coordinated Entry has improved and streamlined access to the homeless response system and eliminated much of the time-consuming run-around previously experienced by people in need of shelter and housing. CoC and providers participating in Coordinated Entry prioritize program enrollment by length of time homeless, which is an intake screening question. People for whom homelessness cannot be prevented or diverted are assessed using a common tool, the VI-SPDAT, and are put on a waitlist, prioritized for openings in supportive housing by acuity and length of time homeless. Agencies work with participants to locate housing and advocate with landlords. Providing deposit and rental assistance through Rapid Rehousing helps people to be able to afford to get into housing sooner than they would be able to without that assistance.
* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

<table>
<thead>
<tr>
<th>Universe: Persons in SSO, TH and PH-RRH who exited</th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34</td>
</tr>
</tbody>
</table>

Of the persons in the Universe above, how many of those exited to permanent destinations?

| % Successful Exits | 85.29% |

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>462</td>
</tr>
</tbody>
</table>

Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?

| % Successful Retentions/Exits | 93.07% |

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)
Coordinated entry is designed to get people to the level of assistance needed to most effectively meet their needs and best support housing stability. The CoC coordinated entry system uses an assessment tool that clearly matches needs to interventions and ensures the most appropriate and most likely-to-be-successful referral is made. CoC members are successfully connecting their homeless clients with mainstream benefits and community resources not tied to their participation in a housing program, making it more likely continued services remain available. CoC agencies are trained in best practices and cross-agency collaboration to minimize risk and returns to homelessness. While programs are tracking returns to homelessness among their participants, they not currently tracked or reported in HMIS but will be when we fully implement coordinated entry in the system.


Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).

(limit 1000 characters)

In the CoC, employers host tables at multiple Project Connect events for youth and adults. Workforce Development Centers focus on helping disconnected youth gain employment and the skills needed to retain it, and sponsor regular job fairs with targeted outreach to homeless veterans, youth and low-income households. One of our PSH providers – Zumbro Valley Health Center - is developing a supported employment program with willing employers who will work with case managers. All PSH providers help their disabled clients apply for and more quickly receive SSI and SSDI benefits. Our CoC has maximized participation of homeless service providers in SOAR trainings and has advocates in each community in the region.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)
Workforce Development Centers have staff that are CoC and Family Homeless Prevention Program Advisory Committees members, serve on the CoC’s Youth Committee and participate on county homeless response teams. They offer drop-in services and provide basic needs items to homeless youth. They have scholarships and assistance for job training programs; recently one was targeted to low-income women for historically male, higher-paying jobs. They use CoC and county team email lists to disseminate new job, training and service opportunities, and to ask for input when planning new programs. Some CoC agencies have relationships with temp agencies that employ a number of their clients. When paid employment is not attainable, clients are supported in any regular meaningful activity, or as a volunteer for an event or organization, thus building skills that will improve their employability. One hundred percent of the CoC’s homeless providers have connections with the Workforce Development Centers.


How does the CoC ensure that all people living unsheltered in the CoC’s geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

There are no street outreach programs in the CoC. It is conducted by homeless providers at designated locations like public libraries and meal program sites. It is also facilitated through relationships between homeless providers and their clients. Some agencies serve as gathering spots for street homeless. CoC agencies rely on their county networks and when an unsheltered individual unknown to providers is identified, they use the CoC email list and that of the applicable county team to activate a response which often results in quickly finding housing, even if temporary, especially for unsheltered families with children. Providers inform the person of shelter or diversion options. They work on building trust and eventually complete a housing assessment with the person, starting their movement into and through the coordinated entry system. Unsheltered homeless are tracked in HMIS once a record is created by a coordinated entry access point or on completion of a housing assessment.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?

No

3A-7b. What was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC’s unsheltered PIT count?
(limit 1000 characters)
Not Applicable
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

<table>
<thead>
<tr>
<th></th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons</td>
<td>66</td>
<td>69</td>
<td>3</td>
</tr>
<tr>
<td>Sheltered Count of chronically homeless persons</td>
<td>56</td>
<td>64</td>
<td>8</td>
</tr>
<tr>
<td>Unsheltered Count of chronically homeless persons</td>
<td>10</td>
<td>5</td>
<td>-5</td>
</tr>
</tbody>
</table>

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)
There was a total increase of three chronically homeless persons in the CoC from 2014 to 2105. Five fewer unsheltered were counted, due largely to the implementation of coordinated entry and the adoption of CPD-14-103, ensuring those with the highest barriers and longest duration of homelessness are most quickly connected to housing & services, and programs. 100% of turnover beds in non-dedicated PSH are prioritized to serve chronic. The small increase in chronically homeless household in shelter reflects the tight housing market (less than 1% vacancies in the larger cities), as well as a shift in priority placements in PSH through CES.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.

The CoC has plans to add four units of housing for chronically homeless families that will increase the inventory of dedicated beds by ten. In addition, by 2015 we plan that all HUD-funded permanent supportive housing will institute policies to ensure chronically homeless will be prioritized for openings in any non-dedicated beds upon turnover, as will PSH funded by other sources. Current planning for a comprehensive and fully functional Coordinated Intake and Assessment system that will be in place by 2015 will likely result in a requirement that priority is given to those homeless with the longest histories of homelessness and the most severe barriers to residential stability.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?

The development of Prairiewood Townhomes was completed and is under occupancy, adding four units with 10 total beds dedicated to chronic the inventory. 100% of the CoC-funded permanent supportive housing beds in the region not dedicated to chronically homeless have been prioritized to serve chronically homeless on turnover. As policy (still being finalized) for CES, the CoC adopted and is implementing priorities in HUD notice CPD-14-012, “Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing”.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.
3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The total number of PSH beds for chronically homeless (83) as reported in the 2015- HIC decreased dramatically since the 2014 HIC when we counted 246. This was due to quantifying and clarifying dedicated beds as compared to PSH beds that were occupied on the night of the HIC by chronically homeless persons. The CoC has long prioritized chronic homelessness and filled beds at turnover with them first. So while the actual inventory of chronic beds is much lower, the fact is that 163 of the 169 nondedicated beds in the 2015 inventory were occupied by chronically homeless persons.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

Page 1

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

<table>
<thead>
<tr>
<th>Percentage of CoC Program funded PSH beds prioritized for chronic homelessness</th>
<th>FY2015 Project Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>165</td>
</tr>
</tbody>
</table>

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.
3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?  Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

To meet this goal the CoC has adopted HUD Notice CPD-14-012 to guide chronic homeless prioritization in policy and practice. Providers serving chronically homeless meet monthly to discuss how best to serve them by coordinating and maximizing available resources and to evaluate the efficacy of services and housing; based on these discussions residents may be transferred to another program or case manager to ensure continued stability of the PSH in which they reside. 100 % HUD-funded PSH providers have committed to priority placement of chronic in non-dedicated beds on turnover. A homeless veteran registry is tracking veterans by name, and its sponsors activate calls between all providers listed on by a CoC release of information (if signed) so when someone new is added to the registry providers discuss how best to quickly get them into housing and what other resources they are eligible for can be used. Some communities in the CoC are considering chronic homeless registries.
Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

| Vulnerability to victimization: | X |
| Number of previous homeless episodes: | X |
| Unsheltered homelessness: | X |
| Criminal History: | |
| Bad credit or rental history (including not having been a leaseholder): | |
| Head of household has mental/physical disabilities: | X |
| Veteran | X |
| N/A: | |
3B-2.2. Describe the CoC’s plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

We will use Coordinated Entry to screen homeless households for program appropriateness and make good referrals. Case managers assist participants to find scattered site housing as needed and are advocates with landlords. The CoC has both ESG and CoC Rapid Rehousing resources, and is planning more; all are prioritized to serve homeless families. We are developing CES standards to include performance measures for CES implementation that will include the length of time from: identification to assessment; referral to contact; referral to housing. Poor performers may face funding reallocation or will be connected to technical assistance. We educate the community and train providers in Housing First, eliminating barriers to housing access and on the benefits of not terminating participants due to poor participation in support services or failure to improve income.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve families in the HIC:</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>34</td>
<td>32</td>
</tr>
</tbody>
</table>

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation: [ ] [ ]

There is a method for clients to alert CoC when involuntarily separated: [ ] [ ]

CoC holds trainings on preventing involuntary family separation, at least once a year: [ ] [ ]

None: [X]
3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

### PIT Count of Homelessness Among Households With Children

<table>
<thead>
<tr>
<th></th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered homeless households with children:</td>
<td>112</td>
<td>105</td>
<td>-7</td>
</tr>
<tr>
<td>Sheltered Count of homeless households with children:</td>
<td>110</td>
<td>103</td>
<td>-7</td>
</tr>
<tr>
<td>Unsheltered Count of homeless households with children:</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There were seven fewer homeless families with children counted in 2015 than in 2014. The decrease was due to the expansion of Rapid Rehousing resources in the CoC, one goal of which is to rehouse families without a single day of homelessness. Coordinated Entry, even in its initial stages, has served to more quickly connect families to services that match their unique needs. Better targeting of prevention resources and identification of risk factors that contribute to becoming homeless by providers have contributed to the decrease.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

| Human trafficking and other forms of exploitation? | Yes |
| LGBTQ youth homelessness? | Yes |
| Exits from foster care into homelessness? | Yes |
| Family reunification and community engagement? | Yes |
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs? | Yes |
| Unaccompanied minors/youth below the age of 18? | Yes |

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.
3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization: [x]
Length of time homeless: [x]
Unsheltered homelessness: [x]
Lack of access to family and community support networks: [x]
N/A: 

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

<table>
<thead>
<tr>
<th>Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:</th>
<th>FY 2013 (October 1, 2012 - September 30, 2013)</th>
<th>FY 2014 (October 1, 2013 - September 30, 2014)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>4</td>
<td>-2</td>
</tr>
</tbody>
</table>
3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.

Comparing numbers of unaccompanied youth who entered the homeless system from unsheltered locations in the applicable time periods shows two fewer in 2015 than in 2014. The decrease can be attributed to better outreach in expanded areas by LSS, the region’s only youth provider; increased collaboration between providers and McKinney school liaisons; and training of homeless providers in McKinney-Vento education law, trauma-informed practices and sex trafficking of youth. The Rochester Public Schools liaison is also the CoC Youth Subcommittee Chair and a member of the CoC’s Executive Committee. She hosts quarterly meetings with the other liaisons in the CoC, and invites both the State Educational and CoC Coordinators to participate with them.

3B-2.9. Compare funding for youth homelessness in the CoC’s geographic area in CY 2015 to projected funding for CY 2016.

<table>
<thead>
<tr>
<th>Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):</th>
<th>Calendar Year 2015</th>
<th>Calendar Year 2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$833,004.00</td>
<td>$922,016.00</td>
<td>$89,012.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CoC Program funding for youth homelessness dedicated projects:</th>
<th>Calendar Year 2015</th>
<th>Calendar Year 2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):</th>
<th>Calendar Year 2015</th>
<th>Calendar Year 2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$833,004.00</td>
<td>$922,016.00</td>
<td>$89,012.00</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other’s meetings over the past 12 months?

<table>
<thead>
<tr>
<th>Cross-Participation in Meetings</th>
<th># Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC meetings or planning events attended by LEA or SEA representatives:</td>
<td>9</td>
</tr>
<tr>
<td>LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:</td>
<td>4</td>
</tr>
<tr>
<td>CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):</td>
<td>10</td>
</tr>
</tbody>
</table>
3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
(limit 1000 characters)

Comparing numbers of unaccompanied youth who entered the homeless system from unsheltered locations in the applicable time periods shows two fewer in 2015 than in 2014. The decrease can be attributed to better outreach in expanded areas by LSS, the region’s only youth provider; increased collaboration between providers and McKinney school liaisons; and training of homeless providers in McKinney-Vento education law, trauma-informed practices and sex trafficking of youth. The Rochester Public Schools liaison is also the CoC Youth Subcommittee Chair and a member of the CoC’s Executive Committee. She hosts quarterly meetings with the other liaisons in the CoC, and invites both the State Educational and CoC Coordinators to participate with them.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.
(limit 2000 characters)

The LEAs are encouraged through quarterly conference calls to seek assistance from the CoC for families and youth experiencing homeless by calling homeless service providers such as Three Rivers and the Salvation Army. LEAs do outreach to youth and families by displaying posters in schools and relevant provider locations. Local LEAs have also done presentations at CoC meetings to make sure attendees are aware of the educational rights of homeless families and youth. In addition to networking and continuing education, the CoC requires COC-funded agencies to sign an MOU that commits them to “inform participants with children of their rights under Title VII-B of the McKinney-Vento Homeless Assistance Act, connect with the applicable school districts’ homeless liaison(s), and advocate for those rights to be upheld”.

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

Objective 3: Ending Veterans Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

<table>
<thead>
<tr>
<th>Universe: Total PIT count of sheltered and unsheltered homeless veterans:</th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Sheltered count of homeless veterans:</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

The CoC saw a net increase of five homeless veterans from 2014 to 2015, including three in unsheltered locations. We believe the increase is due to a revised survey tool that included specific questions about service in the military. The count was conducted on a unusually mild winter night, improving our ability to find and count homeless veterans without shelter.
3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

The PIT coincided with the launch of a statewide homeless veterans registry, the purpose of which is to identify them, create an individualized housing plan, and leverage all available resources to help them achieve and maintain residential stability. A non-profit that exclusively serves veterans hosts annual Stand Downs with a full spectrum of providers sharing information about their resources and facilitating access to them. The CoC established a Coordinated Entry preference so if two assessed households are similar in acuity and recommended for referral to the same resources, veteran households are prioritized to receive the resource first. VASH, SSFV, and CORE providers are long-standing CoC members. Part of the intake and triage process of the Registry is to confirm veteran status & eligibility for VA benefits, to refer to VA if they are, or to other appropriate resources if not. The registry serves everyone who has served in the US Armed Forces regardless of discharge status.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

The PIT coincided with the launch of a statewide homeless veterans registry, the purpose of which is to identify them, create an individualized housing plan, and leverage all available resources to help them achieve and maintain residential stability. A non-profit that exclusively serves veterans hosts annual Stand Downs with a full spectrum of providers sharing information about their resources and facilitating access to them. The CoC established a Coordinated Entry preference so if two assessed households are similar in acuity and recommended for referral to the same resources, veteran households are prioritized to receive the resource first. VASH, SSFV, and CORE providers are long-standing CoC members. Part of the intake and triage process of the Registry is to confirm veteran status & eligibility for VA benefits, to refer to VA if they are, or to other appropriate resources if not. The registry serves everyone who has served in the US Armed Forces regardless of discharge status.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

<table>
<thead>
<tr>
<th></th>
<th>2010 (or 2009 if an unsheltered count was not conducted in 2010)</th>
<th>2015</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>13</td>
<td>5</td>
<td>-61.54%</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

FY2015 CoC Application Page 56 11/19/2015
3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

Not Applicable (by 2016 we are)
4A. Accessing Mainstream Benefits

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

<table>
<thead>
<tr>
<th>FY 2015 Assistance with Mainstream Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of project applications in the FY 2015 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, “Yes” is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, “Yes” is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).</td>
</tr>
<tr>
<td>Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:</td>
</tr>
</tbody>
</table>

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)
Minnesota is a Medicaid expansion state; its exchange is called MNsure and its partners include all counties in the CoC geography, the State Dept. of Human Services, and a multitude of private insurance brokers. Many CoC homeless providers are also MNsure navigators who assist their own clients to enroll, and also do outreach and host well-advertised public education and enrollment events for the larger community. Navigators in the CoC include Three Rivers Community Action (the CoC’s Collaborative Applicant), Community Action Center of Northfield, Zumbro Valley Health Center, the CARE Clinic, HealthFinders, Health Access Minnesota, and others. Several of the regions’ hospitals area also certified application assisters. One project consisting of four agencies has enrolled 668 individuals since July, 2015.

### 4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

<table>
<thead>
<tr>
<th>Educational materials:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Trainings:</td>
<td>X</td>
</tr>
<tr>
<td>Transportation to medical appointments:</td>
<td>X</td>
</tr>
<tr>
<td>Not Applicable or None:</td>
<td></td>
</tr>
</tbody>
</table>
4B. Additional Policies

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

<table>
<thead>
<tr>
<th>FY 2015 Low Barrier Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected “low barrier” in the FY 2015 competition:</td>
</tr>
<tr>
<td>Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as “low barrier”:</td>
</tr>
</tbody>
</table>

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

<table>
<thead>
<tr>
<th>FY 2015 Projects Housing First Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:</td>
</tr>
<tr>
<td>Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:</td>
</tr>
</tbody>
</table>
4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC’s geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

| Direct outreach and marketing: | X |
| Use of phone or internet-based services like 211: | X |
| Marketing in languages commonly spoken in the community: | X |
| Making physical and virtual locations accessible to those with disabilities: | X |

Not applicable: ______________________

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve any population in the HIC:</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>34</td>
<td>32</td>
</tr>
</tbody>
</table>

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?  
No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 135?  
(limit 1000 characters)
4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)
N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC’s ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)
N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes
4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

<table>
<thead>
<tr>
<th>Type of Technical Assistance Received</th>
<th>Date Received</th>
<th>Rate the Value of the Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Governance:</td>
<td>04/17/2013</td>
<td>4</td>
</tr>
<tr>
<td>CES planning and Implementation</td>
<td>08/06/2013</td>
<td>4</td>
</tr>
</tbody>
</table>
### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says “Does Not Apply”.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to</td>
<td>Yes</td>
<td>Rejected proposal...</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>Rejected Projects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02. 2015 CoC Consolidated Application: Public Posting Evidence</td>
<td>Yes</td>
<td>Evidence of Publ...</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>03. CoC Rating and Review Procedure</td>
<td>Yes</td>
<td>Rating and Review...</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>04. CoC's Rating and Review Procedure: Public Posting Evidence</td>
<td>Yes</td>
<td>Rating and Review...</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>05. CoCs Process for Reallocating</td>
<td>Yes</td>
<td>Reallocation Process</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>06. CoC's Governance Charter</td>
<td>Yes</td>
<td>Governance Charter</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>07. HMIS Policy and Procedures Manual</td>
<td>Yes</td>
<td>HMIS Policies and...</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under Other Fed Statutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09. PHA Administration Plan (Applicable Section(s) Only)</td>
<td>Yes</td>
<td>PHA homeless pref...</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)</td>
<td>No</td>
<td>SSA/CHO agreement</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>11. CoC Written Standards for Order of Priority</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Project List to Serve Persons Defined as Homeless under Other Federal</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Rejected proposals notification

Attachment Details

Document Description: Evidence of Public Posting of Consolidated Plan

Attachment Details

Document Description: Rating and Review Procedure

Attachment Details

Document Description: Rating and Review Public Posting

Attachment Details

Document Description: Reallocation Process

Attachment Details

Document Description: Governance Charter
Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA homeless preference

Attachment Details

Document Description: SSA/CHO agreement

Attachment Details

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# Submission Summary

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Hi Applicants.

One more time, please make changes to your applications. As I mentioned earlier, acceptance of one of the proposals was contingent on the applicant securing new funding. They heard today that their application for that new funding was not successful and therefore the Rapid Rehousing reallocation application by Bluff Country Family Resources will be withdrawn from the HUD competition. That means the amount of their proposal - $34,825 – has been added back into the whole, reducing the cuts to all other projects except HMS. Please redo your budgets once again to reflect the amounts in the attachment: Final Grants. You will also see the 2015 fee for your project. I will bill fees and get MOUs out for your signatures once I have the grants ready to go. All projects except for the new bonus project will be billed a fee, and, if the bonus is funded, fees will be adjusted, as they will be if other projects in Tier 2 are not funded.

A reminder: your grant reduction CANNOT come from admin costs as admin cannot be reallocated, in fact Page 10 of the CoC Registration says: “CoCs are prohibited from reallocating administrative costs to create new projects.”

Please be sure you have leverage letters uploaded; match is not required to be attached at this time.

Also please be certain that you if you heard from me about your non-dedicated chronic beds prioritization, or your designation as a Housing First practitioner, you have corrected or confirmed your answers. I need them to be correct in order to transfer the info to, and reconcile it with, the consolidated application.

I have released all apps that were again submitted in esnaps. Please make your changes and resubmit in the system no later than end of day Monday, the 16th. Please be sure you have attached the required forms 50070 and 2880; I will be verifying that next Tuesday because in the consolidated application I have to swear I did so.

Regarding feedback for this year’s ranking: following the submission of the annual application, the Ranking and Review Committee will address in writing any concerns that are received in writing. If asked for them, they will also share final scores and reasons the scores may be different from the ones sent in with the application package.

And finally, I want to say that Bluff Country Family Resources has been a valued member of our CoC for many years, and provided help to victims of domestic violence in Houston County for even longer. I hope they keep their advocacy arm strong and continue to participate in the CoC. Shrinking resources, unfunded mandates and more strategic targeting results in casualties. I am sorry for the loss of this program.

Sincerely,
Mary
Continuum of Care

The Continuum of Care (CoC) is a community plan to organize and deliver housing and services to meet specific needs of people who are homeless as they move to stable housing and self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness. The planning region, or community, consists of 20 counties in southeast and south central Minnesota:

- Blue Earth
- Brown
- Dodge
- Faribault
- Fillmore
- Freeborn
- Goodhue
- Houston
- LeSueur
- Martin
- Mower
- Nicollet
- Olmsted
- Rice
- Sibley
- Steele
- Wabasha
- Waseca
- Watonwan
- Winona

Meetings are open to anyone who wants to participate. It is our mission to prevent, respond to and help end homelessness in Southeastern Minnesota by coordinating services and maximizing resources.

Draft 2015 CoC Application 11/18/15

Consolidated Application 2 day mark (11/18/15)
(http://threeriverscap.org/sites/default/files/consolidated_application_2_day_mark_111815.pdf)

2015 Project Priority Listing 2 day mark (11/18/15)
(http://threeriverscap.org/sites/default/files/2015_project_priority_listing_2_day_mark_111815.pdf)

2015 River Valleys Continuum of Care Ranking Results

Ranking Results (11/3/15) (http://threeriverscap.org/sites/default/files/2015_rv_coc_ranking_results.pdf)

2015 CoC Funding Availability and Application Process
HUD Homeless Assistance Competition Project Priorities and Ranking

The River Valleys Continuum of Care (MN 502 CoC) has completed a ranking and preliminary project priority listing of homeless assistance project applications that will be submitted by the MN 502 CoC's Collaborative Applicant, Three Rivers Community Action, Inc., no later than February 3, 2014, through the annual Consolidated Application to the US Dept. of Housing and Urban Development for funding in the FY 2013 Continuum of Care competition. All of the projects in the listing have been accepted for inclusion in the submission by the CoC. There were no proposals rejected.

The CoC welcomes comments and input on the projects and the process. Contact CoC Coordinator Mary Ulland Evans at 507-273-6339 or mullandevans@threeriverscap.org.

Regional Homeless Assistance Funding to be Allocated

Proposals for federal McKinney-Vento homeless assistance funds, annually awarded to housing and service providers through a competitive process called Continuum of Care (CoC), will be considered for priority inclusion in the 2013 SE MN regional CoC application to the US Dept. of Housing and Urban Development. McKinney-Vento grant recipients who intend to submit an application for renewal funding, and potential grant recipients who intend to apply for permanent supportive housing or rapid re-housing funds that may be available through reallocation, must present their proposals to the River Valleys CoC membership at its annual project priorities meeting on Thursday, January 9, from 9:00 AM – 12:00 PM at the VFW, 135 Oakdale Street, in Owatonna, MN. The funds can serve homeless persons in the following MN counties: Blue Earth, Brown, Dodge,
Faribault, Fillmore, Freeborn, Goodhue, Houston, LeSueur, Martin, Mower, Nicollet, Olmsted, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan and Winona. For more information contact Mary Ulland Evans, River Valleys CoC Coordinator, at 507-273-6339 or mullandevans@threeriverscap.org, or visit our webpage at http://www.threeriverscap.org/continuum-of-care.

Related Links

- **US Department of Housing and Urban Development:**
  [www.hud.gov](http://www.hud.gov/)

- **Corporation for Supportive Housing:**
  [www.csh.org](http://www.csh.org/)

- **Minnesota Housing:**
  [www.mhponline.org](http://www.mhponline.org/)

- **National Alliance to End Homelessness:**
  [www.endhomelessness.org](http://www.endhomelessness.org/)

- **Minnesota Department of Human Services:**
  [www.dhs.state.mn.us](http://www.dhs.state.mn.us/)

- **HMIS:**
  [www.hmis.info](http://www.hmis.info/)

- **Minnesota Coalition for the Homeless:**
  [www.mnhomelesscoalition.org](http://www.mnhomelesscoalition.org/)

- **Greater Minnesota Housing Fund:**
  [www.gmhf.com](http://www.gmhf.com/)

- **Wilder Research Center:**
  [www.wilder.org/research](http://www.wilder.org/research)

Files:

- [renewal_application_questionnaire_100115.docx](http://threeriverscap.org/sites/default/files/renewal_application_questionnaire_100115.docx)
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Ranking Results (11/3/15) (http://threeriverscap.org/sites/default/files/2015_rv_coc_ranking_results.pdf)

2015 CoC Funding Availability and Application Process
Summary of Funds Available & Procedures (10/8/15)
(http://threeriverscap.org/sites/default/files/summary_of_funds_available_process_100115.docx)

New Project Preapplication (http://threeriverscap.org/sites/default/files/new_project_preapplication_100115.docx)

Renewal Project Questionnaire (http://threeriverscap.org/sites/default/files/renewal_application_questionnaire_100115.docx)

Renewal Listing and Planning Worksheet
(http://threeriverscap.org/sites/default/files/renewal_listing_and_planning_worksheet_100115.xlsx)

September 2015 Calendar (http://threeriverscap.org/sites/default/files/september_2015_calendar_100115.docx)

October 2015 Calendar (http://threeriverscap.org/sites/default/files/october_2015_calendar_100115.docx)

November 2015 Calendar (http://threeriverscap.org/sites/default/files/november_2015_calendar_100115.docx)

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River Valleys Continuum of Care 2013 Project Ranking
(http://threeriverscap.org/sites/default/files/rv_coc_2013_project_ranking_final_011614.docx) – Posted 1/16/14

Fiscal Year 2013 Preliminary Project Priority Listing
(http://threeriverscap.org/sites/default/files/1-15-14_ranking_before_budget_adjustments_011614.pdf) – Posted 1/16/14

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  www.gmhf.com

- **Wilder Research Center:**
  www.wilder.org/research

Files:
renewal_application_questionnaire_100115.docx
Minnesota’s HMIS Policies and Procedures

Minnesota’s Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness

November 2014
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Minnesota’s HMIS: Policies & Procedures 2 Wilder Research, November 2014
Acknowledgments

The original version of this document was produced by Minnesota’s HMIS Governing Group, led in this effort by Richard Wayman. This document was approved by the Governing Group on January 31, 2005.

The first major revision took place on December 2012, following recommendations discussed in a meeting of the HMIS Governing Group on December 6, 2012. Another major revision occurred in January 2014, following recommendations discussed in a meeting of the HMIS Governing Group on December 10th, 2013. The Data Quality Plan was revised and amended here November 19, 2014.

Contact Information

Web site information on Minnesota’s HMIS:

http://www.hmismn.org

HMIS help desk:

HMIS@wilder.org

651-280-2780, or 1-855-280-2780

Wilder Research
451 Lexington Parkway North
St. Paul, MN 55104

HMIS Grievances (reported to HMIS Governing Group):

Minnesota Coalition for the Homeless
Attention: HMIS Grievance
2233 University Avenue West, Suite 434
St. Paul, MN 55114
651-645-7332
Background

Introduction

Homeless Management Information Systems (HMIS) enable data from a variety of service providers to be combined to reveal a more comprehensive picture of client needs. In Minnesota and elsewhere this is accomplished via the internet, using software that can enable inter-agency case management within a context of strict data privacy protections.

History

The decision to implement an HMIS in Minnesota grew out of a desire to obtain standardized, regularly updated information about homelessness for advocates, planners, and policymakers – all of whom were interested in doing something about the consistently growing and stubbornly persistent problem of homelessness. The idea was to broaden a data tracking initiative started among Ramsey County shelters and transitional housing providers in the early 1990s.

Coinciding with this local activity was a Congressional mandate to implement HMIS. In 2000 Congress instructed the U.S. Department of Housing and Urban Development to take measures to improve available data concerning homelessness in the United States. In response, HUD obligated all Continuum of Care regions to implement region-wide databases that would allow an unduplicated count of service users.

Specifically, Congress mandated to HUD to collect information on the number of persons assisted through the McKinney-Vento Act. The Omnibus Appropriations Act of 2003 (Pub. L. 108-7) in its conference committee report noted:

HUD is directed to begin collecting data on the percentage and number of beds and supportive services programs that are serving people who are chronically disabled and/or chronically homeless. . . HUD should continue its collaborative efforts with local jurisdictions to collect an array of data on homelessness in order to analyze patterns of use of assistance, including how people enter and exit the homeless assistance system, and to assess the effectiveness of the homeless assistance system.
Previously in FY 1999 HUD Appropriations Act, Congress directed HUD to collect data from representative samples of existing HMIS systems, collect, at a minimum, the following data: The unduplicated count of clients served; client characteristics such as age, race, disability status, units (days) and type of housing received (shelter, transitional, permanent); and services rendered. Outcome information such as housing stability, income, and health status should be collected.¹

The state Inter-Agency Task Force on Homelessness, the Corporation for Supportive Housing, the Metro-wide Engagement on Shelter, and others responded to this mandate by convening a series of open meetings in spring 2002. By general consensus a statewide, rather than region-by-region, approach was adopted and an "Implementation Group" was convened to oversee the project. The Implementation Group consisted of representatives from all of Minnesota’s Continuum of Care regions, at-large members who represent various populations and provider groups (e.g., agencies for homeless youth, veterans, domestic violence victims, those with HIV/AIDS, and consumers of homeless services), and representatives of state government.

The Implementation Group guided development and implementation of Minnesota’s HMIS. Early on the group adopted a vision for Minnesota’s HMIS (see next section), selected a system administrator (Wilder Research), trainer (Minnesota Housing Partnership), and software for the system (Bowman System’s ServicePoint). The group also developed various system policies and worked on system funding. The group continues to meet regularly to advise Wilder Research on nearly every aspect of the HMIS project, including budgetary matters and annual fees, system policies, and training procedures.

**Eligible programs**

Programs which may use HMIS include, but are not limited to:

- Emergency shelters serving homeless adults, families, and youth²

- Transitional housing programs

- Supportive Housing Programs (whether scattered site or on-site)

- Street and Community outreach programs to persons who are homeless

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¹ See Fed. Register, Vol. 68, No. 140 (July 22, 2003) for further overview of federal mandates for HMIS.

² In general, domestic violence shelters are prohibited from participation in HMIS by federal legislation, under the Violence Against Women Act (VAWA). Please see hmismn.org, or contact Wilder Research for additional information.
Supportive Service programs serving persons who are homeless

In addition, HMIS participation is a requirement of various funders. On the Federal level, HMIS participation is mandated for all service and housing providers that receive HUD funding under the McKinney-Vento Act, which includes:

- Supportive Housing Program (SHP)
- Shelter plus Care
- Section 8 Moderate Rehab for Single Room Occupancy
- Emergency Solutions Grant
- Housing for Persons with AIDS (HOPWA)

Satisfying the HMIS requirement is also factored into the Department of Housing and Urban Development’s (HUD) scoring of annual Continuum of Care applications – the more programs that participate in HMIS, the higher the Continuum is scored on that aspect of their application. In Minnesota this means that implementing and maintaining a widely-used HMIS improves the state’s chances of continuing to receive the over $20 million annually in federal funding that we now receive under the McKinney-Vento program.

On the state level, the Minnesota Department of Human Services and the Minnesota Housing Finance Agency require HMIS participation for their grantees under the following programs:

Minnesota Department of Human Services/Office of Economic Opportunity

- Transitional Housing Program (THP)
- Emergency Services Program (ESP)
- Emergency Solutions Grant Program (ESGP)
- Runaway and Homeless Youth Act
- Healthy Transitions for Youth
- Ending Long-Term Homelessness Supportive Services

Minnesota Housing Finance Agency

- Family Homeless Prevention and Assistance Program (FHPAP)
- Projects funded under the Plan to End Long-Term Homelessness
Agencies that receive funding from these state programs use HMIS to satisfy their reporting requirements.

Ideally all emergency shelters, transitional and supportive housing program, and homeless outreach programs in the state will participate in HMIS. The more agencies, and the more users within agencies, that participate in the system the better. More agencies equal more comprehensive data, and therefore improved information for planning and policymaking. More users within agencies means that clients will more likely receive appropriate services, since their caseworks may have an opportunity to see relevant case history from prior service episodes, and will have an opportunity to rely upon the systems case planning, referral, and data protection capacities.

**Why is this important?**

Because agencies that serve people experiencing homelessness work for the public welfare of our communities, they must remain accountable to their program participants, funders, and community partners. One way to remain accountable is to be driven and focused on a mission and to report progress on accomplishing that mission. Programs should be transparent about what outcomes and goals they have achieved. HMIS allows programs to manage data in a secure and standardized environment that also offers an aggregate view of our state-wide efforts to end homelessness. We hope that with better information we will be able to plan, work, and achieve greater success in serving participants with meaningful services and housing options and end a social problem that can be fixed.
Expectations for HMIS Partner Agencies

Social service agencies that participate in Minnesota’s HMIS are referred to as “partner agencies.” Each partner agency needs to follow certain guidelines to help keep the project on track and to maintain data privacy and accuracy. The guidelines below do not replace the more formal and legally-binding agency agreement that each agency signs when joining the project.

Implementing HMIS

To prepare for participating in Minnesota’s HMIS, agency administration should:

- Familiarize themselves with HMIS (see www.hmismn.org).
- Decide how many system end-users they will need. “End users” are the people who will actually enter data into the HMIS and use the system to run reports that the agency may need for funding purposes, or find useful for internal management. Typical end users include intake workers and case managers. Typically, the more end-users in an agency, the more useful the system becomes. There are, however, additional costs for each end-user in an agency. Volunteers should only be designated as end-users as a last resort, and will be subject to the same training and legal requirements as all other end-users.
- Familiarize prospective end-users with basic computer skills if necessary (e.g., windows, using a mouse, navigating the internet).
- Designate a primary HMIS contact within the agency.
- Develop a clear understanding of current reporting needs and funding streams. For example, does the agency receive SHP funds? THP? FHPAP?
- Understand the agency’s data privacy requirements. For example, is the agency covered by HIPAA?
- Have access to a computer. Nearly any computer purchased within the past 5 years will be adequate. (See hmismn.org for current technical requirements and recommendations.)
- The computer must have access to the internet and an up-to-date web browser. (See hmismn.org for current technical requirements and recommendations.)

The steps for implementation include the following:

1. **Initial contact.** Agency is contacted by Wilder Research (or contacts Wilder Research) and agrees to send its end-users to a day-long introductory group training on HMIS and using
ServicePoint. Agency administrators, IT staff, or others may also attend the training for a fee if there is space available. Agencies should not sign up for training unless they are willing and able to complete the following steps and begin entering actual client data within one month of attending training.

2. **Paperwork and payment.** Before attending training: (a) Agency must review and sign an agency agreement before the training. (b) If the agency is covered by HIPAA, the agency should send Wilder Research a Business Associates Agreement. (c) The agency must pay any training and end-user fees.

3. **Training.** All end-users within must complete initial training with Wilder Research.

4. **Work flow.** Agency program administrators and system end-users should designate a process for integrating the HMIS into its regular flow of work. Ideally information in ServicePoint will be updated in real time, whenever clients are entering or leaving programs, but this is not always possible. Planning how to incorporate ServicePoint in the agency’s workflow should be done before the walk through so that the agency is ready to use ServicePoint immediately after the walk-through. Necessary decisions include:

   a. Will the data be directly entered into ServicePoint during intake or case management sessions? (If so, what is our back-up plan if the power is out or the internet connection goes down?)

   b. Will the information be recorded by paper forms and entered later? If so, can we adapt our existing forms so that there is no confusion when entering data into ServicePoint? Note that electronic versions (MS Word format) of data entry forms that mirror screens in ServicePoint are available at [www.hmismn.org](http://www.hmismn.org)

   c. Who will run reports? Which ones? How often? Note that we strongly recommend running reports on a monthly or weekly basis to help check for data entry errors. The agency is responsible for maintaining accurate data, and regularly running reports is a good way to double check that information has been properly recorded in the system. Regular reporting may also provide the agency with important information about its clients and programmatic goals.

5. **Data privacy practices and client informed consent.** Before entering data into Minnesota’s HMIS, agencies must implement any necessary client notice, consent, and release of information forms associated with Minnesota’s HMIS (see appendix for current examples), as well as their own written data privacy policy. This can be done prior to training, and should be ready to implement by the time of the walk through or even shortly before, so that the agency can begin entering actual data as soon as possible. Note that agency should be able to explain to clients the data privacy practices associated with Minnesota’s HMIS.
6. **Set-up.** After training the agency’s designated HMIS contact will be called by Wilder Research, to gather information necessary to configure ServicePoint to meet the agency’s reporting and data privacy needs. The Agency’s end-users cannot be given access to the system until the system set-up is complete, so it is important that the agency respond to Wilder’s requests for information as soon as possible. Agencies that do not follow through with set-up after attending training may be required to attend an additional training session, at added cost.

7. **Walk through.** After set-up is completed (and confirmed with the agency’s HMIS contact person), Wilder Research will contact the agency for a “walk through” session that serves as a sort of refresher on how to use the HMIS and demonstrates the way that the system has been configured for the agency. Usernames and passwords are issued at this point.

8. **Using the system.** Agencies should record in the HMIS at least three actual client entries into their programs within 2 weeks of completing set up with Wilder Research. On an on-going basis agencies must enter and update information on all current clients in their HMIS-relevant programs (homeless prevention, outreach, shelter, and housing programs) on at least a quarterly basis. Information must be updated by the end of the second week after each quarter’s end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3).

   a. **Reporting:** Agencies are required to run reports in the system as directed by their funding sources, and should run these reports prior to actual report due dates to check for data entry errors. Agencies are strongly encouraged to use the systems reporting features on a more frequent weekly or monthly basis to check for data entry errors. Agencies are responsible for the quality of the data that they report.

**General on-going commitments**

Participating agencies should be prepared to commit to the following:

- Collecting and updating minimum data elements on all clients, and updating on a quarterly basis as necessary. Information must be updated by the end of the second week after each quarter’s end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3). This is necessary for Wilder Research to be able to issue accurate quarterly reports.

- Maintaining accurate data. The agency should run system reports on a regular weekly or monthly basis to check for errors. The agency should contact Wilder Research (HMIS@wilder.org, 651-280-2780, or 1-855-280-2780) if needing assistance with data correction, including deleting any client records that were entered by mistake.

- Obtaining necessary client consent and releases of information for data sharing.
• Agencies covered by HIPAA, domestic violence agencies, youth providers, and HIV/AIDS providers must develop joint legal agreements with other partner agencies if they will be sharing client records via the HMIS. Such agencies must work with Wilder Research to enable restricted data sharing.

• Posting a Notice of Uses and Disclosures for Minnesota’s HMIS (see exhibits at end of this manual). Agency staff should be able to provide a basic explanation of the notice and the agency should be able to provide a copy to each of its clients.

• Cancel HMIS access of any end-user who is terminated from employment, leaves the agency, or needs to be restricted from the system for any other reason. The agency should contact Wilder Research as soon as possible and no more than 24 hours after the end-user is terminated.

Information entry standards

• Information entered into Minnesota’s HMIS will be truthful, accurate and complete.

• Agency staff will not enter information about clients into Minnesota’s HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

• When adding to- or modifying data in- an existing client’s HMIS record, end users should check to see if that client is currently receiving services from a different HMIS partner agency (e.g., entered into, but not yet exited from another program). If the client is active elsewhere, end-users should not alter or over-ride information possibly used by staff of that agency without first verifying the change with staff of the other agency.

No conditioning of services

Agencies shall not decline to provide any services to a client based upon a client's refusal to sign a Release of Information form or refusing to allow entry of information into Minnesota’s HMIS. (Note: This does not over-ride agency policies or funding restrictions that may require certain data from a client before an agency is able to serve the client. However, if this is the case and HMIS is the only data base, then the client may be offered the opportunity to be entered as anonymous client – e.g., entered with a system generated code and no social security number or other identifying information.)
Accountability for noncompliance

The HMIS Governing Group will receive updates from Wilder Research on progress made by participating programs with HMIS. The Governing Group will provide notice to agencies and funders (the state of Minnesota, HUD, or local Continuum of Care Committees) when agencies are found not to be in compliance with data entry or have violated the code of ethics or privacy concerns.

The HMIS Governing Group and Wilder Research would like to make compliance with system policies and expectations as easy as possible, and welcomes agency requests for assistance. Agencies that fail to comply, however, should be aware of the potential for penalties under data privacy laws (e.g., HIPAA, the Minnesota Government Data Practices Act); potential impacts on funding from state and federal sources; and the possibility of additional charges from Wilder Research to cover costs associated with rectifying substantial problems.

Privacy Plan

According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have privacy plans that at the minimum include: data collection limitations; purpose and use limitations; allowable uses and disclosures; access and correction standards; and protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The Privacy Plan for Minnesota’s HMIS consists of the following documents:

- **Agency Agreement**
  This form obligates organizations that participate in Minnesota’s HMIS to abide by all applicable rules and regulations, and to oversee proper use of the HMIS by their staff.

- **User policy, responsibility statement & code of ethics**
  This form, signed by all system end-users, specifies responsibilities of individuals who access Minnesota’s HMIS, and includes limitations on collecting data and accessing data. End users must agree to honor the wishes of the persons whose information is interested into the HMIS; access only information for which they have a clear business purpose; and keep their username and passwords private.

- **Client data privacy notice and consent form**
  This form, given to all persons (or their parents or guardians) whose information is entered into the HMIS, outlines allowable uses and disclosures of individually-identifiable data maintained in HMIS. It also informs clients of their rights to view and correct data held in Minnesota’s HMIS, including a method for filing grievances.
Client release of information form
This form, while not currently in wide use, specifies organizations that an organization may share data with via Minnesota’s HMIS. Clients may elect to share data or to limit data sharing.

HMIS grievance procedure form
This form provides a grievance process for those who feel that they have been somehow wronged by Minnesota’s HMIS.

Finally, all end-users are trained to protect the privacy of individually-identifiable data entered into Minnesota’s HMIS

Program Participant Rights

Program participants have a clear right to:

Keep their personal information held private. All clients have the right to choose to have their data entered in the system anonymously and refuse to have certain information recorded about them in the system. This can provide protections for clients who have experienced domestic violence, dating violence, sexual assault, or stalking at some point in their lives or who are uncomfortable having information entered about them for any other reason.

Have their preferences with regard to the entry and sharing of client information within Minnesota’s HMIS respected, whether they prefer their data to be shared with other partner agencies or not.

Request a change in their information sharing preferences.

Refuse to allow entry of identifiable information into Minnesota’s HMIS without being denied services (except if entry of identifiable information is necessary for program operation).

Have only truthful and accurate information about them entered into the system.

Not be asked for information unless the information is required for a legitimate business purpose such as to provide services to the client.

Inspect and obtain a copy of their own information maintained within Minnesota’s HMIS (except for information that is used in preparation for a criminal or civil court case under release by subpoena).

File grievances related to the HMIS without retaliation.
**Data sharing**

One of the potential benefits – and potential risks – of Minnesota’s HMIS is the ability to easily share data between agencies in a standardized format. Certain agencies, like youth providers, HIV/AIDS providers, and HIPAA-covered agencies, will only share data with other service providers if they have developed specific agreements allowing them to do so. Others will choose to share data routinely with other HMIS partner agencies. In either case, clients have the right to control access to their data and must sign a Client Release of Information form before an agency can share information about the client with other agencies via Minnesota’s HMIS (see appendix or electronic forms at [www.hmismn.org](http://www.hmismn.org)). Note that agency staff must be prepared to explain the HMIS system and agency privacy policies upon request.

Additionally, please note that:

- Agency staff have the ability to designate information entered into the HMIS as “open” – meaning shared with other partner agencies, or “closed” – meaning hidden from other partner agencies. While Wilder will set defaults for data sharing in consultation with the agency, it is the responsibility of the agency staff to make sure that the data they are entering is secure consistent with agency practices and client preferences.

- HMIS project staff at Wilder Research and Bowman Systems, LLC. will have access to all information entered into the system. Wilder and Bowman routinely deal with sensitive data and abide by strict data privacy practices. Wilder and Bowman will only access identifying information for business-related reasons, including administering the database, conducting research, and preparing reports (only aggregate information will be included in reports).

- Minnesota’s HMIS is not a government database. Federal agencies, including HUD, do NOT have direct or routine access to the HMIS. State government employees do not have direct access to the system, but in some cases do see client-level information about persons served under the grant programs that they monitor.

**Security Plan**

*According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have security plans that: ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security, and; ensure compliance by end users.*

The security plan for Minnesota’s HMIS includes the documents and protections outlined in the privacy plan. In addition, the security plan includes security and backup technology provided by the system’s vendor, currently including:
Three bullet points are given:

- End-user authentication via username and complex password, including temporarily inactivating licenses with more than 3 consecutive failed logins.
- Automatic logout after a specified period of inactivity on the system (currently 15 minutes).
- Secured Socket-Layer certification of data sent over the internet.

In addition the availability of the system and data contained therein is provided the system vendor via redundant servers and nightly off-site system back up, as specified in the Disaster Recovery Plan.

Finally, administrative staff for Minnesota’s HMIS run security reports on an at least monthly basis, to help ensure that end-users are properly following data privacy and sharing procedures. Failure to comply with procedures may result in denial of access to Minnesota’s HMIS, as outlined in the Policies and Procedures manual.

**Agency Responsibilities**

Agencies are responsible for the actions of their users. Among the steps Agency will take to maintain data privacy and security are:

- **Access.** Agencies will permit access to Minnesota’s HMIS or client-level information obtained from it only to paid employees or supervised volunteers who need access to Minnesota’s HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Volunteers should only be designated as system users as a last resort, and are subject to the same training and legal requirements as all other system users.

- **Computers.** Agencies will allow access to Minnesota’s HMIS only from computers which are (a) physically present on Agency’s premises; (b) owned by the Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota’s HMIS. The latter (c) shall apply only in extra-ordinary circumstances, when it is not feasible to meet conditions (a) or (b). Agency shall maintain written statements of any approvals of computers not owned by or located in the agency. Additionally, agencies should protect computers used to access Minnesota’s HMIS with commercially available virus protection software.

- **Usernames and passwords.** Usernames and passwords shall not be stored or displayed in any publicly accessible location. Usernames and passwords may only be used by the person to whom they are assigned; licenses may not be shared under any circumstance.
- **Change in Employee status.** Any employee that is terminated or quits should have their user name and password immediately removed by contacting Wilder Research (651-280-2780; HMIS@wilder.org).

- **Training.** Agency will only allow their staff to access Minnesota’s HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder Research. Licenses granted to approved staff must not be shared; each staff who accesses HMIS must have a unique username and password.

## Data Quality Plan

Wilder Research, in preparing to develop a data quality and monitoring plan, reviewed HUD guidelines as well as existing data quality plans from other HMIS implementations around the country. All these include at least the following 5 elements; Timeliness, Completeness, Accuracy, Monitoring, and Incentives/Enforcement. The data quality plan has also been reviewed and approved by the HMIS Governing Group.

### Timeliness

- **Purpose:** is to ensure data is accessible for agency, community level, and federal reporting and to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data.

- **Current Standard (may vary by program type):**
  - Emergency Shelter (ES): within 10 days of service start date
  - Transitional Housing (TH): within 2 weeks of program entry
  - Permanent Supportive Housing (PSH): within 2 weeks of program entry
  - Services Only: within 10 days of program entry
  - FHPAP/Prevention/Rapid Rehousing only: within 10 days of program entry
  - **ALL PROGRAMS:** All data must be entered and updated as required by funders. Data for each quarter must be entered, complete, and current by the 15th of the month following each quarter. (April 15 for Q1; July 15 for Q2; October 15 for Q3; and January 15 for Q4).
    - Included data elements that will be monitored are:
      - Universal data elements (HUD and MN required)
      - Entry/Exits
      - Services
    - Funder-required updates to assessment information (disabilities, income, non-cash benefits, residence, etc.) will continue to be required on the already established funder-required schedule.
Completeness

- Purpose is to ensure that MN and each CoC can accurately describe the clients and services provided to clients who are accessing services. A complete record also is important for reporting for the use of data in any community level reporting as well as for HUD required processes such as NOFA and AHAR which can affect funding for the CoC and its providers.

- Current Standard:
  - All clients receiving homeless, prevention, and outreach services have a record in HMIS
    - Goal of less than 5% of clients are anonymous
      - Exception for providers who must enter all clients anonymous such as domestic violence and legal services providers
      - Exception for outreach clients. Up to 10% of outreach clients may be entered anonymously.
    - Client choice in signing the consent form takes precedent and staff should not pressure clients into agreeing to have their information identifiable if the client does not wish to do so. However, high percentages of anonymous clients may indicate staff or agency understanding of the consent form process may need review and/or clarification.
  - All data entered into HMIS is complete (based on funder requirements)
    - Universal Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field.
      - Exception for SS#. This may have up to 2% missing, and 8% don’t know, or refused.
        - Exception for providers who must enter all clients anonymously. All SS# will be listed as Refused. All other elements will be completed with up to 5% “don’t know or refused”.
    - Exception for Date of birth. Less than 1% of client records shall be missing date of birth. If client declines to give his/her DOB, an approximate DOB will be entered.
    - Program Specific Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field
  - Bed Utilization rates: Emergency Shelters, Transitional Housing, and Permanent Supportive Housing programs and CoC Coordinators will review utilization rates quarterly using data in HMIS.
    - Wilder HMIS staff will send quarterly utilization reports to CoC Coordinators to review and pass on to programs. This process can help determine whether or not data is being completely entered. Low utilization or utilization over 100% can be a sign that data is not being entered or exited correctly. In can also indicate changes in programs, such as bed counts, that must be accurately counted.

Accuracy/Consistency

- Purpose: To ensure that data in HMIS is collected and entered in a common and consistent manner. To ensure that client information is truthful and accurate.
- This section will likely roll out at a later time than the Timeliness and Completeness standards as we take additional time to plan and design the elements with a variety of groups including HMIS staff, funders, CoC Coordinators, agencies, and users.

**Data Quality Process/Monitoring**

- **Purpose:** To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.

- **Current Standard:**
  - Agencies and CoC Coordinators provide timely updates to CoC HMIS staff regarding any changes to programs.
    - Notify Wilder HMIS staff of program changes within 30 days of changes (new beds, closed program, etc.) by email hmis@wilder.org.
  - At the start of each quarter, HMIS will send a reminder email to CoC Coordinators about upcoming DQ report deadline.
    - CoC Coordinators will forward reminder email to their program providers/agencies.
  - HMIS will run quarterly data quality reports and bed utilization rate reports and will provide these reports to the CoC Coordinator/Funder/Grantee to review.
    - HMIS will send reports the above parties on the 22nd of the month, or next business day thereafter, following the end of each quarter. (January, April, July, October)
  - CoC Coordinators/Funders/Grantees will review the reports and request that program providers make any necessary changes to their data.
    - Program providers will review their data and make necessary corrections to meet the above data standards within two weeks.
    - Program providers/agencies can run program specific or agency wide reports to review their data and make corrections (See Data Quality Monitoring Plan Report Instructions for more details on running data quality reports.)
  - HMIS staff will assist providers in correcting data and updating program information as needed.

**Incentives/Enforcement**

- After the two week data correction deadline for the quarter, HMIS staff will run another set of data quality reports and submit them to the CoC Coordinators/Funders/Grantees. Wilder HMIS staff will provide a list of agencies that have not improved their data and/or still exceed the data quality error goals.
- HMIS staff will also provide a list of agencies that have not improved their data since the previous quarter, or who have had multiple quarters with insufficient progress.
- Wilder staff will supply twice a year progress charts (See Progress Chart below).
- Programs which are identified as having continued data quality issues will undergo the following process: (process still under review and subject to change)
- Program does not improve data quality over two consecutive quarters
  - CoC /funder/grantee contact agency
  - Wilder HMIS staff offers walkthrough support
- Program does not improve data quality over three consecutive quarters
  - CoC/Funder/Grantee contacts agency
  - Wilder HMIS staff identifies which users require additional training
  - License suspension until follow-up is possible
- Program does not improve data quality five quarters out of eight
  - CoC Coordinator/Funder/Grantee determine appropriate action
    - Lost points on CoC competition or similar consequence
    - Increased monitoring
    - Additional interventions as determined by CoC Coordinator/Funder/Grantee, Wilder Staff, and Agency Staff.
  - Incentives to be determined

**Progress Charts**

- These charts will be provided semi-annually and may include the following information:

<table>
<thead>
<tr>
<th>Name of Project and SPID</th>
<th>Project has no errors</th>
<th>Improved data during correction period</th>
<th>Missing data exceeds goal – including # of anonymous clients</th>
<th>Missing data but does not exceed goal</th>
<th>Number of quarters in the past two years without improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample project 1 (2479)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Sample project 2 (3549)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Sample project 3 (1157)</td>
<td>✓</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Sample project 4 (621)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**Oversight of Minnesota’s HMIS**

**Composition of HMIS Governing Group**

The Governing Group currently is a 26 member body, made up of the following:

- 13 representatives appointed by Continuum of Care regions in Minnesota.
- 1 representative of the Minnesota Coalition for the Homeless
- 1 representative of the Metro-wide Engagement on Shelter and Housing (MESH)
- 2 representatives from the state’s Inter-Agency Task Force on Homelessness
1 representative from each of the following groups: youth, veterans, domestic violence, AIDS/HIV, homeless or formerly homeless (5 members total) Representative from first four groups (youth, veterans, domestic violence, and AIDS/HIV) may be a service-provider with expertise on the population, or a client member of the population. These members are nominated and elected by current members.

2 additional at large representatives, nominated and elected by current members.

2 representatives with expertise in the field of technology.\(^3\)

Representatives shall be appointed for two year cycles.

**Additional provisions**

A chairperson (or co-chairs or “officers”) will be elected from the membership serve as the main point of contact between the oversight body and project staff, and to set meeting agendas.

Decisions will be made by consensus when possible, by majority vote when necessary. Proxy voting is allowed and encouraged if members are unable to attend meetings, but a quorum is not required for group meetings or decisions.

Project staff will staff meetings and will not serve as voting members.

Subcommittees shall be appointed as needed.

**Governing Group roles and responsibilities**

**Budget and Financing**

- Periodically reviews HMIS system budget
- Sets goals for user-based fees
- Assists with fundraising

**System Policies**

- Data element oversight (resolving the manner in which specific elements are collected when there is disagreement among users; approval of any questionable or controversial data elements)

\(^3\) Originally the Governing Group was a 25-member body. On August 28, 2006 the Governing Group passed a motion to include an additional technology representative.
- Development of standardized reports (resolving disagreements between regions, providers, etc. concerning standardized reporting)
- Approval of necessary forms
- Approval of agency participation
- Deciding on the appropriate system rights for participating agencies and staff
- Penalizing agencies that do not comply with system policies
- Hearing client grievances, and recommending appropriate remedy
- Approval of data requested by non-participants (e.g., academic researchers)
- Approval of requested narrative reports (special or first-time requests)

Current membership, including contact information, is available at www.hmismn.org.

**Expectations for HMIS System Administrator**

*Providing an HMIS*

As system administrator for Minnesota’s HMIS, Wilder Research provides all of the necessary equipment, staff, and technology to operate and maintain the central site. This may be done directly or through contracts with outside vendors. Bowman Systems currently provides software (ServicePoint) and application service provider (ASP) services, including hosting and maintaining central servers, for Minnesota’s HMIS.

In addition, system administrator will work with Continuum of Care Coordinators, participating agencies, end-users, vendors, and other HMIS stakeholders to ensure compliance with HMIS-related rules and standards enacted by the U.S. Department of Housing and Urban Development.4

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4 HUD periodically updates data standards for HMIS, these standards currently include “Homeless Management Information System (HMIS) Data Standards: Revised Standards” Published in March 2010.
HMIS Governing Group

Wilder Research utilizes the HMIS Governing Group to provide general oversight and guidance to the project.

Training

Wilder Research provides ongoing training on the system, either directly or through agreements with others. Each user of the system is required to complete basic user training in order to begin using the system. Wilder Research may deliver on-site training in the event that an agency has a large number of staff to train, but generally will not deliver one to one training on-site without an additional contract for this service.

Right to Deny Access

Wilder Research retains the right, subject to the HMIS Governing Group’s review, to suspend or revoke the access of any agency or individual to the system for consistent or egregious violation of Minnesota HMIS policies.

Availability of Project Staff

Wilder Research staff are available during normal business hours to respond to service requests from either the Agency Director or identified site contact person.

Notice of Planned Interruption in Service

Whenever possible, Wilder Research will notify participating agencies of planned interruptions to service at least 3 business days prior to the interruption.

HMIS Policy Considerations

Individual access and corrections to personal information maintained in HMIS

Agencies will respond to all data requests submitted by individual program participants served by that particular agency. Any requests received by an agency that the agency is unable to fulfill will be forwarded to Wilder Research.

Requests for inspection or copies of personal data or private information or by individual program participants shall be accommodated with no service charges or fees. Agency or Wilder may deny access to information that is legally protected due to current or pending legal activity. An agency or
Program may deny inspection or copies of personal information if the individual program participant has requested the same data or information more than two times in a calendar year (unless substantive change have been made to the record – program participants may request another copy upon substantive change to their records).

Program participants may request amendments or corrections to their record. Any such requests shall be honored unless program staff have a justifiable reason for not making the change, including that the requested change would misrepresent client characteristics, service dates, or the like. Requests for changes that are not honored may be recorded under client case notes in the HMIS. Requests for multiple alterations in any calendar year may be denied due to administrative burden or harassment by the individual program participant (unless substantive change have been made to the record – program participants may request additional alterations following substantive changes to their records).

Any denial of a request for inspection or alterations by programs/agencies may be taken by the individual program participant to the Minnesota Coalition for the Homeless who shall bring the matter (in a confidential manner) before the HMIS Governing Group.

Grievance procedures for individual program participants

Users must permit clients to file a written complaint regarding the use or treatment of their information within Minnesota HMIS (an example grievance form is provided in the appendix). Clients may file a written complaint with either the Agency/program or with the Wilder Research. Clients may not be retaliated against for filing a complaint. Clients unsatisfied with agency- or administrator-level grievances are free to file a grievance to the HMIS Governing Group (mail to: Minnesota Coalition for the Homeless, in care of “HMIS Grievance,” 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404).

A written response must be prepared by either the party receiving the grievance (Agency/program, Wilder Research), or the Governing Group.

Clients also may choose to pursue complaints through the legal system.

All agencies are encouraged to complete Data Privacy and Protection training

The HMIS Governing Group encourages all participating agencies or programs to routinely train their personnel on best practices in data privacy and protection. Data privacy is emphasized in HMIS training sessions, but more general training on this topic is encouraged.

Ensuring Data Accuracy

Agencies are responsible for the accuracy of the data they enter into the HMIS. Agencies are strongly encouraged to run reports on a monthly or weekly basis to check data and consult with Wilder Research to correct any problems.
Wilder Research shall regularly check data quality in Minnesota’s HMIS. Agencies, or particular end-users, that make repeated errors may be required to attend more training, or may be barred from using HMIS if they are unwilling to improve data entry practices.

If Wilder Research or a funding entity that requires HMIS participation determines that an agency has committed fraudulent activity in the submission or alteration of data, the violation shall be brought before the HMIS Governing Group who shall determine a response after the agency or program has had an opportunity to respond to the allegation or information. The HMIS Governing Group has the authority to take ameliorating action or expel an offending agency from Minnesota’s HMIS.

Third party access to data

No request for private, personal information about an individual program participant from a third party or entity shall be honored unless the request is legally binding and complies with the policy for research uses of HMIS data (see appendix).

All requests for system-wide aggregate data or information shall be forwarded to Wilder Research. Wilder Research may charge a reasonable recovery fee.
Appendix

Glossary

Goals of HMIS In Minnesota

Sample HMIS grievance procedure form *

User policy, responsibility statement & code of ethics *

Client data privacy notice and consent form *

Client release of information form *

Policy for Research uses of HMIS data*

* For the most recent version of forms, see: http://www.hmismn.org/
Glossary

AHAR – Annual Homeless Assessment Report. A national report produced by HUD that uses HMIS data.

CoC – Continuum of Care. Geographically designated groups that annually file a joint application to HUD for homeless funding. CoCs also work together to develop plans, policies, and initiatives related to homelessness.

DHS – Minnesota Department of Human Services.

End User – Any person in an agency in possession of a valid user license who directly accesses the HMIS.

HIPAA – Health Insurance Portability and Accountability Act. A federal law that applies to the data practices of agencies that provide medical and medically-related services.

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

MHFA – Minnesota Housing Finance Agency, also referred to as Minnesota Housing.

McKinney-Vento Act – Federal law that allows for funding for HMIS and Housing and Supportive Service programs which serve individuals who are homeless

ServicePoint – The software behind Minnesota’s HMIS. An internet-based client information management system developed by Bowman Systems, LLC.
Goals of HMIS in Minnesota

In the Spring of 2002 Minnesota Housing Finance Agency convened an open meeting on HMIS that included an in-depth brainstorming session on what the state wants out of our HMIS. The following summary was later adopted by the HMIS Implementation Group as the vision for Minnesota’s HMIS.

Overall vision and goal

Minnesota’s Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness.

Goals from the perspective of those experiencing homelessness:

Minnesota’s Homeless Management Information System will:

- Help us find and access shelter and housing—quickly and accurately
- Help us identify other services for which we are eligible
- Protect the privacy of our personal data, and strip away personally-identifying information as soon as possible
- Improve the accessibility to housing and services for those who do not speak English and those who have disabilities
- Get the job done with the minimum number of questions
- Eliminate the need for us to repeatedly give the same information to service providers
- Enhance the effectiveness of our working relationships with case workers and others who may be accessing the system
- Include protections against using the system’s data to deny service, or to abuse civil rights
- Provide us with a printout of our personal data upon request
- Gather data that demonstrates our needs to others—hopefully resulting in improved housing and services
- In sum, improve access to shelter, housing, and services
Goals from the service provider perspective:

Minnesota’s Homeless Management Information System will:

- Be user friendly, and include adequate training and available help for users
- Easily provide accurate agency-level data, including client demographics, needs, and trends over time
- Cost little
- Be useful for us even if we do not have computers or much technical capacity
- Cover our reporting requirements
- Protect our clients’ confidentiality—and us from liability
- In sum, provide an affordable, user-friendly tool to accurately track client service usage.

Goals from the continuum of care perspective:

Minnesota’s Homeless Management Information System will:

- Provide accurate regional data on demands, migration, capacity, and gaps
- Easily summarize data for the continuum of care
- Include as many providers as possible
- Be affordable and adequately staffed
- In sum, strengthen continuum of care planning by providing improved data on demands, migration, capacity, and gaps.

Goals from the state agency perspective:

Minnesota’s Homeless Management Information System will

- Interface with (or replace) state data systems
- Produce state and federal reports
- Improve service delivery to clients
- Provide improved, standardized, and timely statewide data for planning
- Provide a good return on the investment
- Help identify gaps in mainstream resources and the barriers that those experiencing homelessness face when trying to access these goals
- In sum, help coordinate statewide data collection to improve public policy.
Minnesota’s HMIS: grievance procedure form

If you believe that you have not received the assistance you desire concerning your personal or private data held in Minnesota’s HMIS, please send a written complaint to:

1. Your Agency
2. Wilder Research
c/o HMIS Administrator, Attention: Grievance
451 Lexington Parkway North
St. Paul, MN 55104

This Agency and Wilder Research are prohibited from retaliating against you for filing a complaint. Your information and complaint will be kept confidential! This Agency and Wilder are required by law to maintain the privacy of your protected personal information and to provide you with a grievance procedure.

If you believe your grievance has not been sufficiently resolved by either your agency or the Wilder Research you may make a complaint to:

3. Minnesota Coalition for the Homeless612-870-7073
Attention: HMIS Grievance
2233 University Avenue West, Suite 434
St. Paul, MN 55114.

The Coalition will bring your complaint to Minnesota’s HMIS advisory group, which will attempt a voluntary resolution of the complaint.

Please note that the Minnesota Coalition for the Homeless is available to help if you would like assistance filling out this form. Also note that the Coalition does not directly provide legal services.

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GRIEVANCE FORM

NAME: ___________________________ DATE: _________________

ADDRESS: ___________________________ Phone Number: ________________

_________________________________

Complaint: ____________________________________________________________

_________________________________

_________________________________

_________________________________
User Policy, responsibility statement, & code of ethics

Minnesota’s HMIS
User Policy, Responsibility Statement & Code of Ethics

For: ____________________________  from: ____________________________
User (print name)  (print Agency Name)

USER POLICY

Partner Agencies who use Minnesota’s HMIS and each User within any Partner Agency is bound by various restrictions regarding the Client information.

It is a Client’s decision about which information, if any, is entered into Minnesota’s HMIS and whether that information is to be shared and with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client’s decision about whether Wilder may use information for research purposes. The appropriate Minnesota’s HMIS Client Informed Consent and Release of Information Authorization shall be signed by Client before any Client information is designated for sharing with any Partner Agencies, or, in the case of HIPAA covered entities, authorized for research use. User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER RESPONSIBILITY

A User ID and Password give a user access to the Minnesota HMIS system. User must initial each item below to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota’s HMIS.

- My User ID and Password are for my use only and must not be shared with anyone (except the Minnesota’s HMIS system administrator (Wilder) and Agency’s HMIS administrator or executive director). I must take all reasonable means to keep my Password physically secure.

- I understand that the only individuals who can view information in Minnesota’s HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.

- I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

- If I am logged into Minnesota’s HMIS and must leave the work area where the computer is located, I must log-off before leaving the work area.

- A computer that has Minnesota’s HMIS open and running shall never be left unattended.

- Any hard copies of personally identifiable (client-level) information printed from Minnesota’s HMIS must be kept in a secure file, and destroyed when no longer needed.

- If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota’s HMIS (Wilder Research at 651-647-4600).
USER CODE OF ETHICS

A. Users must be prepared to answer client questions regarding Minnesota’s HMIS.

B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota’s HMIS. Users must accurately record Client’s preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.

C. Users must allow client to change his or her information sharing preferences at the client's request.

D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota’s HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota’s HMIS.

E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.

F. Users will not solicit from or enter information about clients into Minnesota’s HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.

G. Users will not alter or override information entered by another Agency.

H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.

I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.

J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 1295 Bandana Blvd, No., Suite 210, St. Paul, MN 55108). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may not be retaliated against for filing complaints.

I understand and agree to comply with all the statements listed above.

User signature ___________________________ Date ___________________________

Preferred ServicePoint Login (username): _________________________________

Contact Information

Work phone: ________________ e-mail address: _______________________

Witness signature ( MHP or WRC ) ___________________________ Date _____________

WRC/MHP

User’s access level (circle): Case Worker Agency Admin Other: ____________

(if multiple “providers” in agency)

User’s home provider: ________________________________

Other providers this user may enter data as: ________________________________
Client Data Privacy Notice and Consent Form, and Release of Information Form (with instructions to agency)

Instructions
PLEASE READ BEFORE USING CONSENT FORMS
**THIS PAGE NOT MEANT FOR DISTRIBUTION TO CLIENTS**

These forms were developed based on federal rules governing Homeless Management Information Systems (Federal Register, Vol. 69, No. 146, July 30, 2004), and additional guidance from Minnesota’s HMIS Governing Group.

How to use the HMIS consent forms and notices

1. Minnesota’s HMIS: Data Privacy Notice & Consent Form should be given to all adult clients or single unaccompanied youth. Parents can give consent for their children. Clients who do not sign the form should be entered only using ServicePoint’s “Enter as Anonymous” feature. Drop-in shelters, street outreach programs, and telephone-only services may substitute a brief verbal notice and consent for use of this form.

2. Minnesota’s HMIS: Release of Information is only for agencies that would like to provide their clients with the option of sharing data with other service-providing agencies that use Minnesota’s HMIS. This page is not necessary for DV agencies, Youth agencies, HIV/AIDS agencies, HIPAA-covered agencies, and others that do not intend to share data. If using the form, please be sure to include a list of up to ten agencies with whom you would like to share data in the space provided, and communicate these “closed exemption” agencies to Wilder Research (hmis@wilder.org). Note that we are not allowing a share with all ServicePoint agencies option.

3. Minnesota’s HMIS: Posted Data Privacy Notice is not intended for distribution to clients. Please post this sign in an area viewable by clients.

Note that throughout the forms the phrase “this agency” can be replaced with the actual name of your agency. This document can be further modified and/or incorporated into an agency’s existing data privacy forms and notices, but modifications should only be made in consultation with legal counsel.

Also note that these forms apply only to data maintained in Minnesota’s HMIS. They are NOT meant to serve as an agency’s complete privacy policy or sole consent forms. The following situations, for example, require some additional privacy-related provisions for your clients:

- Governments covered by Minnesota’s Government Data Practices Act, need to provide clients with a Tennesen warning that lists the specific governmental agencies that fund the programs and, therefore, may view client data (e.g., Minnesota Department of Human Services, Minnesota Housing Finance Agency, U.S. Department of Housing and Urban Development). Consult your funder and see the Minnesota Department of Administration’s Information Policy Analysis Division (http://www.ipad.state.mn.us/) for further information.

- HIPPAA covered agencies: The federal government’s “Health Insurance Portability and Accountability Act” (for more info, see http://www.hhs.gov/ocr/hipaa/) supersedes federal HMIS regulations. By law, these agencies are not required to provide clients with “Minnesota’s HMIS: Data Privacy Notice & Consent Form,” but they are encouraged to do so, since the form provides information about the system. In addition, HIPAA covered agencies need to provide clients with an opportunity to opt-out of including their data in research. A check-box such as the following should be added somewhere to either the HMIS Notice & Consent forms, or the agency’s forms:

Consent for research uses of information in Minnesota’s HMIS. Please check (✓) one:

- Yes, include in research. I understand that information about me that is in Minnesota’s HMIS may be used by Wilder Research to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, social security number or other information that would identify me personally will never appear on a research report.

- No, do not include in research. I do not want my information used for research purposes.

- HUD-Funded agencies need to explicitly list HUD as having rights to view client data entered into Minnesota’s HMIS. Please replace the second bullet under “who can see information entered into HMIS?” (currently “Auditors or others who have legal rights
to review the work of this agency”) with, “Auditors or others who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development.”
**Minnesota’s HMIS: Data Privacy Notice & Consent Form**

What is Minnesota’s HMIS?

HMIS stands for Homeless Management Information System. It is a computer system used by this agency and other agencies that provide services.

Why is information collected in Minnesota’s HMIS?

- To help us keep track of how many people we serve and the types of people we serve – both as an agency and as a network of service providers.
- To help us understand the types of services people need and plan for services to meet these needs.

Who can see information entered into Minnesota’s HMIS?

- People who work in this agency who need to see your information to help provide services to you or your family, or for billing or funding purposes.
- Auditors or others who have legal rights to review the work of this agency.
- Some employees of Wilder Research (in St. Paul). Wilder maintains Minnesota’s HMIS and may see your information as a part of managing the system.
- People using HMIS data to do research. This includes employees of Wilder Research and other people who sign agreements with Wilder or this agency. Your name, social security number, or other information that would identify you will **never** appear on research reports.
- If you or members of your family are in need of protective services because of abuse, neglect, or domestic violence, this agency may be required to file a report with a governmental agency.
- Others, as the law requires. That would include officials with a subpoena, warrant, or court order.
- Your information also may be released if needed to protect the health or safety of others or yourself.

We need your written permission to release your data for other uses.

Know Your Rights:

- **Tell the intake worker if you do not want your name, social security number, or exact date of birth entered in HMIS.** This agency will **not** refuse to help you because you tell us you do not want information that identifies you entered into HMIS.
- You have the right to a copy of the information about you that is kept in Minnesota’s HMIS for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe that this agency or Minnesota’s HMIS violated your privacy rights. You can ask a staff person for a complaint and appeals form or write to Minnesota Coalition for the Homeless, HMIS Grievance, 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404.

Signed consent

For: _____________________________

Print complete name (First, Middle, Last) ________________ Birth date ________________

By signing this you are giving us your permission to enter your personal information into Minnesota’s HMIS. You do not have to sign this form to receive services from this agency.

<table>
<thead>
<tr>
<th>SIGNATURE OF CLIENT OR GUARDIAN</th>
<th>DATE</th>
<th>Signature of witness</th>
<th>Date</th>
</tr>
</thead>
</table>

Wilder Research, November 2014
Minnesota’s HMIS: Release of Information

For: ________________________________________________________________

Print complete name (First, Middle, Last)                                      Birth date

With your permission this agency can share information that it enters into HMIS with other agencies. Sharing allows other service providers to look up information about you in Minnesota’s HMIS if you go to them for help. Sharing this information may help the other agencies serve you better.

Please check (✔) a box:

☐ DO NOT SHARE: I do not want any of the information about me in Minnesota’s HMIS shared with any other service providers. (Data security = Closed)

☐ SHARE: This agency may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other members of my family who are being served with me at this time. (Data security = Closed with exceptions)

If you checked SHARE, please check (✔) the agencies that you would like to share with:

☐ Share with all agencies listed below

☐ [Agencies should use this space to] [Please communicate this list to ]

☐ [fill in names of up to 10 other programs] [Wilder: __hmis@wilder.org, ]

☐ [that use ServicePoint, and are most] [subject line: potential exceptions list ]

☐ [likely to have some of the same clients] [see www.hmismn.org/agencies/ ]

☐ [or receive referrals from this agency] [for a current list of HMIS agencies]

If you checked SHARE, please check (✔) if we should let these agencies see information about…

☐ Services you receive

☐ Your income and income sources

☐ If you are homeless or not

☐ Reasons for seeking services

☐ Living situation and housing history

☐ Educational background

☐ Employment status

☐ Military history

☐ Other: ____________________________

☐ Other: ____________________________

When you sign this form it shows that you understand:

• We will not deny you help if you do not want your personal information shared.

• If you want us to share your data, this consent will expire in 1 year.

• If you want us to share your data, you may change your mind and cancel this consent at any time.

• Even if you check “do not share” your information in HMIS may still be seen by the people listed on Minnesota’s HMIS Data Privacy Notice, and any others listed on this agency’s privacy statements.

SIGNATURE OF CLIENT OR GUARDIAN       DATE       Signature of agency witness       Date
Minnesota's HMIS: Posted Data Privacy Notice

We collect personal information about the people we serve in a computer system used by many social service agencies called Minnesota’s HMIS (Homeless Management Information System).

Personal information that we collect is important to run our programs and to help us improve services. Also, we are required to collect some personal information by law or by organizations that give us money to operate this program. We only collect information that we consider to be appropriate.

You do not have to give us information. However, if you do not give us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

You have a right to review the personal information that we have about you and ask us to correct any mistakes you may find. You have a right to file a complaint with this agency or others if you feel that your data privacy rights have been violated.

Please ask our staff if you have any questions, or if you would like a grievance form or a complete copy of our privacy policy.
Minnesota’s HMIS
Policy for Research uses of HMIS data

1. **Discuss project with HMIS staff**, including identifying the way that the least amount of identifiable data can change hands. If the requestor’s research/evaluation questions can be answered without transferring identified data to the requestor, step 3 is not necessary.

2. **Work plan and budget agreed to**. Data and related reporting generally cannot be provided without proper compensation for staff time and other resources.

3. **Requestor provides a written request outlining uses of data, including research questions, and procedures for protecting data** (including assurances that data will be destroyed after use, and that the data will not be re-used for purposes beyond those outlined in the request).
   - a. Wilder notifies HMIS Governing Group that a request has been received.
   - b. Requestor or Wilder informs or obtains consent from HMIS participating agencies and/or individual clients as necessary/depending on nature of project.
   - c. Requestor clears the project with outside Institutional Review Boards (IRBs) as necessary/depending on nature of project.
   - d. Requestor clears the project with Wilder’s Research Review committee for approval or denial. [Note: This committee meets quarterly, but sometimes is able to address requests via a virtual meeting between planned meetings.]
   - e. Wilder notifies Governing Group of whether the project is moving ahead.
   - f. At any time throughout the process Wilder reserves the right to consult with the Governing Group (including a subcommittee thereof) for purposes of providing advice to Wilder and the requestor on any issues that may arise from the project, and to more fully inform the group. The Governing Group may pass motions regarding the project, but those motions technically are not legally binding. Any members with a conflict of interest (e.g., those requesting data themselves or working directly with the requestor) should recuse themselves from votes taken on the project in question.

4. **After the analysis findings from the project are provided to Governing Group via Wilder Research**. The format of this report depends on the nature of the project.

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AGENCY AGREEMENT
For Minnesota's Homeless Management Information System

Minnesota’s Homeless Management Information System ("Minnesota’s HMIS") is an information system which maintains information regarding the characteristics and service needs of clients for a variety of reasons, including the provision of more effective and streamlined services to clients and the creation of information which communities can use to determine the use and effectiveness of services.

________________________, ("Agency") has elected to participate in Minnesota’s HMIS. Wilder Research ("Wilder"), a part of the Amherst H. Wilder Foundation, is the primary coordinating Agency and the system administrator for Minnesota’s HMIS. Wilder has contracted with Bowman Systems, LLC, 333 Texas Street, Suite 300, Shreveport, LA 71101 ("Bowman"), to maintain the file server which contains all Client information, including encrypted identifying Client information, entered into Minnesota’s HMIS.

Agency and Wilder agree as follows:

1. General Understandings.
   a. In this Agreement, the following terms will have the following meanings:
      - “Client” refers to a consumer of services;
      - “Agency” refers generally to any service-providing Agency participating in Minnesota’s HMIS, excluding the system administrator (Wilder Research) or Bowman Systems.
      - “Enter(ing)” or “entry” refers to the entry of any Client information into Minnesota’s HMIS.
      - “Shar(e)(ing),” or “Information Shar(e)(ing)” refers to the sharing of information which has been entered into Minnesota’s HMIS with another Agency.
   
   b. Agency understands that when it enters information into Minnesota’s HMIS, such information will be available to Wilder and Bowman, who may review and use the data to administer Minnesota’s HMIS, which includes conducting research and preparing reports that may be submitted to others in aggregate form without individual identifying client information. Information entered into Minnesota's HMIS may also be used or disclosed when required or permitted by law, including to auditors or funders who have legal rights to review the work of the Agency. Information entered into Minnesota's HMIS may also be disclosed to other entities or organizations in accordance with a Data Use and Administration Agreement entered into between the Agency and the other entities or organizations.

2. Confidentiality.
   a. Agency will not (i) enter information into Minnesota’s HMIS which clients do not authorize it to enter; and (ii) will not designate information for sharing which Agency is not authorized to share, under any relevant federal, state, or local confidentiality laws, regulations or other restrictions applicable to Client information. By entering information into Minnesota’s HMIS or designating it for sharing, Agency represents that it has the authority to enter such information or designate it for sharing.
   
   b. Agency represents that:
(i) (CHECK ONE) it is _____; is not _____ a “covered entity” whose disclosures are restricted under HIPAA (45 CFR 160 and 164). Note: an additional Business Associates agreement is needed from your agency to be able to share data with Wilder if you are covered under HIPAA;

(ii) (CHECK ONE) it is _____; is not _____ a program whose disclosures are restricted under Federal Drug and Alcohol Confidentiality Regulations: 42 CFR Part 2. Note: A Qualified Service Organization Agreement is required from your agency if you are covered under 42 CFR Part 2. If Agency is covered by 42 CFR Part 2 (federally-assisted alcohol abuse or drug abuse program providing alcohol or drug abuse diagnosis, treatment, or referral for treatment), it will not share Client data for purposes of sharing with other agencies;

(iii) (CHECK ONE) it is _____; is not _____ a program whose primary target clientele is unaccompanied youth;

(iv) (CHECK ONE) it is _____; is not _____ a program whose primary target clientele are victims of domestic violence (e.g., battered women’s shelter);

(v) If Agency is subject to HIPAA, (45 CFR 160 and 164 et seq) or 42 CFR Part 2, a fully executed Business Associate or Business Associate/Qualified Service Organization Agreement must be initiated by Agency and submitted along with this agreement before information may be entered. Sharing of information will be permitted only if the Client has signed an authorization.

(vi) If Agency is subject to the Minnesota Government Data Practice Act (the “Data Practices Act”), or other laws or requirements which restrict Agency’s ability to either enter or authorize sharing of information, Agency will ensure that any entry it makes and all designations for sharing fully comply with all applicable laws or other restrictions.

c. Agency may submit a Data Sharing Requirement Waiver Request to Wilder (Exhibit E) demonstrating that the clients served by Agency have unique needs in which sharing client data could jeopardize the health or safety of the client, or that there are other reasons why strict confidentiality must be maintained for Agency’s clients. Wilder may waive the data sharing requirements of HMIS on a case-by-case basis.

d. To the extent that information entered by Agency into Minnesota’s HMIS is or becomes subject to additional restrictions, Agency will immediately inform Wilder in writing of such restrictions.

3. Display of Notice. Pursuant the notice published by the Department of Housing and Urban Development (“HUD”) on July 30, 2004, Agency will prominently display “Minnesota’s HMIS: Posted Data Privacy Notice” (“Notice”) in its program offices where intake occurs and will take appropriate steps to ensure that all Clients whose information is entered into or accessed from Minnesota’s HMIS, read and understand the contents of the Notice. The Notice will be substantially in the form attached as Exhibit B, except that (a) where an Agency’s treatment of information is materially limited by other applicable laws or requirements (such as HIPAA, 42 CFR Part 2, or the Data Practices Act), the Agency’s Notice must reflect the more stringent requirements1; and (b) Agency will update its Notice whenever Wilder updates and distributes a new form of

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1 Entities covered by other applicable laws and agreements should note that the Notice attached at Exhibit B pertains only to HMIS and should not be used as a more general Notice of Privacy Practices, at least without substantial revision. For example, the Notice does not contain various HIPAA-required provisions (especially for treatment of data not related to HMIS). Agencies must make sure that they provide all notices as required by applicable laws and agreements.
Notice to Agency. Agency will provide a written copy of the Agency's Notice then in effect to any Client who requests it and will provide a copy of such Notice to all Clients who are asked to sign a Consent form. Agency will maintain documentation of compliance with these notice requirements by, among other things, maintaining copies of all Notices it uses and the dates upon which they were first used.

4. **Consent to Enter Information and Release of Information.**

   a. **Consent Requirements.** The Agency must provide Minnesota’s HMIS Data Privacy Notice & Consent to Enter Information form and obtain consent prior to entering information into HMIS. At a minimum, Agency must meet the following standards:

      (i) In obtaining Client consent, Agency will provide a copy of the Agency's Notice referenced in paragraph 3 to Client along with a verbal explanation of the Agency's Notice and the terms of consent. Agency will arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the Consent form or the Agency's Notice.

      (ii) Agency will use the Minnesota’s HMIS Release of Information form ("Consent"), for all Clients where written consent is required. The current form is attached and may be modified from time to time by Wilder (Exhibit A).

      (iii) If Agency is a covered entity under HIPAA or 42 CFR Part 2, Agency’s forms may be utilized, but Agency shall supplement its forms with the forms in Exhibit A to include the information conveyed in “Minnesota’s HMIS: Data Privacy Notice & Consent Form.”

      (iv) If Agency is a covered entity under HIPAA or 42 CFR Part 2, a separate Consent form will be obtained for each individual that is seeking services. For agencies that are not a covered entity, a Consent form will be obtained for each individual or family that is seeking services.

      (v) Agency will note any limitations or restrictions on information sharing on a Client's Consent with appropriate data entries into Minnesota' HMIS. If questions arise (for example questions on how to implement restrictions on information sharing), Agency will contact Wilder.

      (vi) Agency will be responsible for insuring that consent is knowing, informed and given by a person competent to provide consent. For example, in the case of a minor, Agency will comply with applicable laws regarding minor consent by obtaining the consent of a parent or guardian, unless consent of the minor is acceptable under the Minor Consent law (e.g. Minn. Stat. §144.341–144.347). In cases of incompetent adults, the Agency must obtain consent from a person authorized to consent under Minnesota law.

      (vii) If a Client withdraws or revokes consent for release of information, Agency is responsible for immediately making appropriate data entries in Minnesota’s HMIS to ensure that Client's information will not be shared with other Agencies.

      (viii) Agency will keep all copies of the Consent forms signed by Clients for a period of seven years. Such forms will be available for inspection and copying by Wilder at any time.

   b. **Designation for Sharing.** Prior to designating any information for sharing with other Agencies, Agency will obtain the informed consent of the Client, using “Minnesota’s HMIS Release of Information” (Exhibit A). If a Client does not consent pursuant to Minnesota’s HMIS Release of Information form,
information may be entered into Minnesota’s HMIS, but may not be shared with other Agencies. It is the responsibility of Agency entering information about a Client to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for sharing or prohibit information sharing; to implement any restrictions on information sharing; and to implement any revocation of consent to information sharing.

(i) **Covered Entities.** Covered Entities under HIPAA and any program subject to 42 CFR Part 2 must obtain a signed Minnesota’s HMIS Release of Information before authorizing Wilder to use or disclose information entered into HMIS. If a Client does not sign Minnesota’s HMIS Release of Information form, information may be entered into Minnesota’s HMIS, but may not be further disclosed. The information may be used by Wilder as permitted by law and the HMIS Data Privacy Notice & Consent to Enter Information HMIS form. It is the responsibility of Agency entering information about a Client to assure compliance with HIPAA including assuring that all appropriate HIPAA Notices have been provided to Clients, to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for use or disclosure by Wilder or to prohibit such use or disclosure; to implement any restrictions on the use of the information; and to implement any revocation of a consent to information sharing.

5. **No Conditioning of Services.** Agency will not condition any services upon or decline to provide any services to a Client based upon a Client's refusal to sign a form for the sharing of information or refusal to allow entry of information into Minnesota’s HMIS, unless a program funder or internal management practices require the entry of identified information into HMIS to deliver services.

6. **Re-release Prohibited.** Agency agrees not to release any Client identifying information received from Minnesota’s HMIS to any other person or organization without a Minnesota’s HMIS Release of Information form, or as required by law.

7. **Client Inspection/Correction.** Agency will allow a Client to inspect and obtain a copy of his/her own personal information except for information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or where another exception applies under law. Agency will also allow a Client to correct information which is inaccurate or incomplete. Corrections will be made by way of a new entry which is in addition to but is not a replacement for an older entry.

8. **Security.** Agency will maintain security and confidentiality of Minnesota’s HMIS information and is responsible for the actions of its users and for their training and supervision. Among the steps Agency will take to maintain security and confidentiality are:

   a. **Access.** Agency will permit access to Minnesota’s HMIS or information obtained from it only to paid employees or supervised volunteers who need access to Minnesota’s HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Agency will limit the access of such employees to only those records required for work assignments.

   b. **User Policy.** Prior to permitting any user to access Minnesota's HMIS, Agency will require the user to sign a User Policy, Responsibility Statement & Code of Ethics as such Policy may be amended from time to time by Wilder (the "User Policy"). Agency will comply with, and enforce the User Policy and will inform Wilder immediately in writing of any breaches of the User Policy. The current User Policy is attached at Exhibit C.
c. **Computers.** Agency will allow access to Minnesota’s HMIS only from computers which are (a) physically present on Agency’s premises; (b) owned by Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota’s HMIS. Computers used to access Minnesota’s HMIS must be secured in a manner consistent with guidelines issued from time to time by HUD and/or Wilder. A copy of the current guidelines are set forth in attached Exhibit D.

d. **Passwords.** Agency will permit access to Minnesota’s HMIS only with use of a User ID and password which the user may not share with others. Written information pertaining to user access (e.g. username and password) shall not be stored or displayed in any publicly accessible location. Passwords and user names shall be consistent with guidelines issued from time to time by HUD and/or Wilder. The current password requirements are contained at Exhibit D.

e. **Training/Assistance.** Agency will permit access to Minnesota’s HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder. Agency will also conduct ongoing basic confidentiality training for all persons with access to Minnesota's HMIS and will train all persons who may receive information produced from Minnesota's HMIS on the confidentiality of such information. Agency will participate in such training as is provided from time to time by Wilder. Wilder will be reasonably available during normal weekday business hours for technical assistance (i.e. troubleshooting and report generation).

f. **Records.** Agency and Wilder will maintain records of any disclosures of Client identifying information either of them makes of Minnesota’s HMIS information for a period of six years after such disclosure. On request of a client, Agency and Wilder will provide an accounting of all such disclosures within the prior six-year period. Wilder will have access to an audit trail from Minnesota’s HMIS so as to produce an accounting of disclosures made from one Agency to another by way of sharing of information from Minnesota's HMIS.

g. **Additional Security.** Agency will insure that HMIS workstations are protected from viruses by commercially available and effective virus protection software. Agency will at all time comply with security requirements set forth by HUD and/or Wilder. The current such requirements are set forth in the attached Exhibit D.

h. **Breach Notification.** Agency will notify Wilder of any breach, use, or disclosure of information not provided for by this agreement, within five business days of discovery.

9. **Information Entry Standards**

a. Information entered into Minnesota’s HMIS by Agency will be truthful, accurate and complete to the best of Agency's knowledge.

b. Agency will not solicit from Clients or enter information about Clients into the Minnesota’s HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

c. Agency will only enter information into Minnesota’s HMIS database with respect to individuals which it serves or intends to serve, including through referral.

9. **Information Entry Standards**

a. Information entered into Minnesota’s HMIS by Agency will be truthful, accurate and complete to the best of Agency's knowledge.

b. Agency will not solicit from Clients or enter information about Clients into the Minnesota’s HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

c. Agency will only enter information into Minnesota’s HMIS database with respect to individuals which it serves or intends to serve, including through referral.

d. Agency will enter information into the Minnesota’s HMIS database promptly upon receipt and will enter all information in accordance with current data entry practices established by Minnesota’s HMIS.
e. Agency will not alter or over-ride information entered by another Agency.

10. **Use of Minnesota’s HMIS**

a. Agency will not access identifying information for any individual for whom services are neither sought nor provided by the Agency (except to the extent that Agency views names and other basic identifying information from a non-client in order to avoid the creation of a duplicate record). Agency may access identifying information on the Clients it serves and may access statistical aggregate, non-identifying information on both the clients it services and clients it does not serve.

b. Agency may report aggregate information to other entities for funding or planning purposes. Such aggregate information shall not directly identify individual Clients.

c. Agency will use Minnesota’s HMIS database for its legitimate business purposes only.

d. Agency will not use Minnesota’s HMIS in violation of any federal or state law, including, but is not limited to, copyright, trademark and trade secret laws, and laws prohibiting the transmission of material, which is threatening, harassing or obscene, and material considered protected by trade secret.

e. Agency will not use the Minnesota’s HMIS database to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

11. **Fee.** Agency agrees to pay fees currently established by Minnesota’s HMIS. Payment must be received before agency training.

12. **Proprietary Rights of Bowman Systems**

a. Agency shall not give or share assigned passwords and access codes for Minnesota’s HMIS with any other Agency, business, or individual.

b. Agency shall not cause in any manner, or way, corruption of the Minnesota’s HMIS database in any manner.

13. **HMIS Advisory Body**

Wilder will consult with an advisory body, comprised of representatives from Minnesota’s Continuum of Care regions and at-large members, to oversee system work. Wilder will consult with the advisory body from time to time regarding issues such as revisions to the form of this Agreement and the attachments to it. Written complaints by Clients which are not resolved at the Agency level or at Wilder may be forwarded to the HMIS advisory body, which will try to reach a voluntary resolution of the complaint.

14. **Additional Terms and Conditions**

a. Agency will abide by the terms of its Notice and by such guidelines as are promulgated by HUD and/or Wilder from time to time regarding the administration of Minnesota’s HMIS.
b. Agency and Wilder intend to abide by applicable law. Should any term of this agreement be inconsistent with applicable law, or should additional terms be required by applicable law, Agency and Wilder agree to modify the terms of this agreement so as to comply with applicable law.

c. Neither Wilder nor Agency will transfer or assign any rights or obligations without the written consent of the other party.

d. This Agreement will be in force until terminated by either party. Either party may terminate this agreement on 20 days written notice for any reason or no reason. Either party may terminate this agreement immediately upon a breach of this agreement by the other party.

e. If this Agreement is terminated, Agency will no longer have access to Minnesota’s HMIS. Wilder and the remaining Agencies will maintain their right to the use of all Client information previously entered by Agency except to the extent a restriction is imposed by the Client or by law.

Signed,

______________________________________________________________              _____________________

Signature of Executive Director              Date

_________________________________________________________

Print name and official title

_________________________________________________________

Agency (Legal name)

_________________________________________________________

Email Address

(_______)_________ - ___________________________ X ______________________

Phone

_________________________________________________________

Street Address

_________________________________________________________

City, MN Zip Code

_________________________________________________________

Mailing Address – Leave Blank If Same As Above

_________________________________________________________

City, MN Zip Code
EXHIBIT A

Minnesota’s HMIS Data Privacy Notice & Consent to Enter Information Into HMIS

We collect personal information about the people we serve in a computer system called Minnesota’s HMIS (Homeless Management Information System). Many social service agencies use this computer system.

Why?
- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota’s HMIS?
- People who work for this agency will use it to help provide services to you or your family.
- Auditors or funders who have legal rights to review the work of this agency, which may include representatives from the US Department of Housing and Urban Development or the State of Minnesota.
- Organizations that run, administer, and work on the system, such as Wilder Research (in St. Paul) or a Local System Administrator. When these organizations administer or work on the system, they may see information about you. They may also use your information to conduct research related to homelessness and housing programs. Your name, social security number or other information that would identify you personally will not appear on a research report.
- People using HMIS information to write reports. Researchers must sign an agreement to protect your privacy before seeing HMIS information. Your identified information will never appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others.
- Others, when we are required by law to provide information, including officials with a valid subpoena, warrant, or court order.

We will not release your information for any other use unless you permit us, in writing.

Your Rights
- If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker. This agency will not refuse to help you for denying this.
- You have the right to a copy of the Minnesota’s HMIS information about you. (Unless we cannot give it because of certain legal proceedings or for other lawful purposes.)
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota’s HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to Minnesota Coalition for the Homeless, HMIS Grievance, 2233 University Ave W, St Paul, MN 55114.

Signed Consent To Enter Information Into HMIS
Each adult and unaccompanied youth should sign for self. A parent/guardian should sign for children under 18.

For: ________________________________________________________________
Print First and Last Name – use back of page for children’s names & birth dates

Date of birth

My signature shows that I permit you to enter my personal information into Minnesota’s HMIS.
(You do not have to sign this form to receive services from this agency, but not sharing your information may affect the ability to quickly and appropriately identify services for you.)

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of witness Date

Minnesota’s HMIS
Minnesota’s HMIS Release of Information

For: ________________________________________________________________ ___________________
Print First, Middle, and Last Name Date of Birth

Please check (✓) a box:

☐ DO NOT SHARE: I do not want any of the information about me in Minnesota’s HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me. (Data security = Closed)

☐ SHARE: I __________________________ (insert client’s name), understand that ______________________ (Agency), located at _________________ (insert address) is a partner agency in Minnesota’s Homeless Management Information System (“HMIS”). I understand that there are many other partner agencies in Minnesota’s HMIS. The agencies that participate in Minnesota’s HMIS may change from time to time. A copy of the current list of agencies is available upon request.

I authorize the information collected about me to be included in Minnesota’s HMIS. I authorize the following information to be shared through Minnesota’s HMIS, administered by the Wilder Foundation, located at ________________, and for Minnesota’s HMIS to share the information with other partner agencies in order to improve services to me and the services offered to others.

Information that might be shared could relate to:

• Family/Household Information
• Name, date of birth, Social Security Number
• Services you receive
• Your income and income sources
• If you are homeless or not
• Reasons for seeking services
• Living situation and housing history
• Educational background and employment information
• Military history
• Health information, including physical health, HIV, behavioral health

When you sign this form, it shows that you understand the following.

• We will not deny you help if you do not want us to share your personal information.

• If you permit us to share your data, this consent is valid until canceled by you.

• If you permit us to share your data, you may change your mind and cancel this consent at any time. If you cancel this consent, your data will not be shared except to the extent it has already been shared.

• If you consented to have your information entered into HMIS, but do not consent to have the information shared with other homeless providers or agencies, Wilder Research and the other limited people listed on the Notice & Consent to Enter Information into HMIS may see your information in HMIS, but the information will not be shared with other homeless providers or agencies.

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of agency witness Date

☐ Please treat information about my children age 17 or younger the same as mine.

Minnesota’s HMIS
We collect personal information about the people we serve in a computer system called Minnesota’s HMIS (Homeless Management Information System). Many social service agencies use this computer system.

We use the personal information to run our programs and to help us improve services. Also, we are required to collect some personal information by organizations that fund our program.

You do not have to give us information. However, without your information we may not be able to help you. Also, we may not be able to get help for you from other agencies.

You have a right to review the personal information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint if you feel that your data privacy rights have been violated.

Please tell our staff if you have questions. If you need a grievance form or a complete copy of our privacy policy, please ask our agency staff.
EXHIBIT C
Minnesota's HMIS
User Policy, Responsibility Statement & Code of Ethics

For: ___________________________ from: ___________________________
User (print name) (print Agency Name)

USER POLICY

Agencies who use Minnesota’s HMIS and each user within any Agency is bound by various restrictions regarding the Client information.

It is a Client's decision about which information, if any, is entered into Minnesota’s HMIS and whether that information is to be shared and with any Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether Wilder may use information for research purposes. The appropriate Minnesota's HMIS Client Informed Consent and Release of Information Authorization shall be signed by Client before any Client information is designated for sharing with any Agencies. **If your agency is covered by 42 CFR Part 2 (federally-assisted alcohol abuse or drug abuse program providing alcohol or drug abuse diagnosis, treatment, or referral for treatment), your agency should not share Client data for purposes of sharing with other agencies, as the Release of Information Authorization may not be fully compliant with Part 2.** User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER RESPONSIBILITY

A User ID and Password give a User access to the Minnesota HMIS system. **User must initial each item below** to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota’s HMIS.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>My Password is for my use only and must not be shared with anyone. I must take all reasonable means to keep my Password physically secure.</td>
</tr>
<tr>
<td></td>
<td>I understand that the only individuals who can view information in Minnesota’s HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.</td>
</tr>
<tr>
<td></td>
<td>I may only view, obtain, disclose, or use the database information that is necessary to perform my job.</td>
</tr>
<tr>
<td></td>
<td>If I am logged into Minnesota’s HMIS and must leave the work area where the computer is located, I must log-off before leaving the work area.</td>
</tr>
<tr>
<td></td>
<td>Any hard copies of personally identifiable (client-level) information printed from Minnesota's HMIS must be kept in a secure file, and destroyed when no longer needed.</td>
</tr>
<tr>
<td></td>
<td>If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota's HMIS (Wilder Research at 651-280-2780).</td>
</tr>
</tbody>
</table>
USER CODE OF ETHICS

A. Users must be prepared to answer client questions regarding Minnesota's HMIS.

B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.

C. Users must allow client to change his or her information sharing preferences at the client's request.

D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota’s HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.

E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.

F. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.

G. Users will not alter or override information entered by another Agency.

H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.

I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.

J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 451 Lexington Parkway North, St. Paul, MN 55104). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may not be retaliated against for filing complaints.

I understand and agree to comply with all the statements listed above.

________________________________________________________________________
User signature

________________________________________________________________________
Date

Preferred ServicePoint Login (username): _________________________________

Contact Information

Work phone: ________________ e-mail address: __________________

________________________________________________________________________
Witness signature (MHP or WR)

WR

User’s access level (circle): Case Manager Agency Admin Other: _____________

(if multiple "providers" in agency)

User’s home provider: ________________________________

Other providers this user may enter data as: ________________________________

Minnesota's HMIS
EXHIBIT D
Minnesota's HMIS
Computer Security Guidelines

Security for data maintained in Minnesota’s HMIS depends on a secure computing environment. This document provides guidance on computer security for agencies that are directly accessing Minnesota’s HMIS. Except for the last sentence of section C and section D, this guidance is adapted from relevant provisions of the Department of Housing and Urban Development’s (HUD) “Homeless Management Information Systems (HMIS) Data and Technical Standards Notice” (Docket No. FR 4848-N-01; see http://www.hud.gov/offices/cpd/homeless/hmis/). Agencies are encouraged to directly consult that document for complete documentation of HUD’s standards relating to HMIS.

A. Passwords
Passwords shall be at least eight characters long and meet industry standard complexity requirements, including, but not limited to, the use of at least one of each of the following kinds of characters in the passwords: Upper and lower-case letters, and numbers and symbols. Passwords shall not be, or include, the username, the HMIS name, or the HMIS vendor’s name. In addition, passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards. The use of default passwords on initial entry into the HMIS application is allowed so long as the application requires that the default password be changed on first use. Written information specifically pertaining to user access (e.g., username and password) shall not be stored or displayed in any publicly accessible location.

B. Virus protection
HMIS workstations shall be protected from viruses by commercially available virus protection software.

C. Physical Access to Computers with Access to HMIS Data
Computers that are used to collect HMIS data shall be staffed at all times when in public areas. When workstations are not in use and staff are not present, steps should be taken to ensure that the computers and data are secure and not publicly accessible. These steps should minimally include: Logging off the data entry system, shutting down the computer, and storing the computer and data in a locked room. Computers with secure and activated password-protected screensavers – for example as in Microsoft’s XP operating system – also may be left unattended at the agency’s discretion.²

D. Browser Defaults
Some browsers have the capacity to remember passwords, so that the user does not need to type in the password when returning to password-protected sites. This default should NOT be used with respect to Minnesota's HMIS; the end-user is expected to physically enter the password each time he or she logs on to the system.

² Note that some “password protected” screen savers, such as that included in the Windows 95 operating system, have well-known security loopholes, and should not be considered secure.
**EXHIBIT E**

**Minnesota’s HMIS Data Sharing Requirement Waiver Request**

Minnesota’s HMIS requires participating Agency’s to provide clients with two forms: Minnesota’s HMIS Data Privacy Notice & Consent to Enter Into HMIS and Minnesota’s HMIS Release of Information, which enables HMIS to share client information. An Agency may request a waiver from providing the forms and sharing client information if the Agency demonstrates in writing:

- The clients served by the program have unique needs such that sharing client data could jeopardize the health or safety of the client. The Agency should submit an explanation describing the special needs; or

- There are other reasons, such as data sharing laws specific to the Agency, why strict confidentiality must be maintained for the Agency’s clients.

Wilder will waive the data sharing requirements of HMIS on a case-by-case basis, and such decision will be made by Wilder staff.

Agency Name: ________________________________________________________________

Agency Address:  ______________________________________________________________

Contact Name and Title: _________________________________________________________

Contact phone and email: _______________________________________________________

Waiver request for:

- [ ] Entire Agency (all programs) (Data security = Closed)
- [ ] Specific Program (identify program name) _________________________________

Attach a one page statement indicating why the HMIS data sharing requirements should be waived for Agency. Return this form and your statement to the Wilder Foundation.

Signed: ___________________________  Date: ___________________________

(Executive Director)