

2005 Application Summary

Continuum of Care (CoC) Name: Washington County Housing Collaborative, Washington County, Minnesota

CoC Contact Person and Organization: Tina O'Malley Bayonet, Washington County Community Services

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Continuum of Care Geography Table:

Geographic Area Name	6-digit Code
Washington County, Minnesota	279163

Exhibit 1: Continuum of Care Narrative

1. Your community's planning process for developing a Continuum of Care Strategy

a. Identify the lead entity:

The Washington County Housing Collaborative guides the process for development of the Continuum of Care plan to end homelessness for the Washington County Continuum. Washington County Community Services, Housing Unit, serves as the lead entity for implementing the plan in addition to facilitating the planning process. The Housing Coordinator develops the work plan meeting dates, facilitates the process; communicates with Collaborative and Continuum of Care members of issues of homelessness within the community. Additionally, the Housing Coordinator provides the written Exhibit One document with participation of Continuum members.

Washington County Community Services provides an administrative structure promoting planning and accountability for planning efforts. This is a collaborative effort with the participation of several people and organizations throughout the Continuum of Care region in Washington County.

b. Describe the CoC planning process:

The Washington County Housing Collaborative does year-round planning and has met for ten years to share information, plan and develop a coordinated service delivery system, and address the concerns and issues of homelessness and people experiencing chronic homelessness.

In March 1995, concerned persons from private, non-profit, human services agencies, and county departments met to discuss issues of homelessness. The Washington County Housing Collaborative was formed as a result of shared concerns about homelessness and the lack of affordable housing in Washington County. Housing Collaborative subcommittees include the Continuum of Care Exhibit One Group, the Family Homeless Prevention and Assistance Program Work Group (FHPAP, a State of Minnesota competitive grant), and the Executive Committee. In order to facilitate consistent participation, the Collaborative meets the second Wednesday of every month with special scheduling of subcommittees as needed. The Continuum of Care Group's specific tasks are focused on writing the Exhibit One document while the larger Collaborative is focused on planning efforts to end homelessness. The Family Homeless Prevention and Assistance Work Group is charged with working on issues related to homeless prevention for families, youth, and single individuals. The Executive Committee reviews by-laws, sets the agenda for meetings, is responsible for ranking and subsequent monitoring of projects, and participates in development of strategic planning for the Collaborative. The following facts demonstrate that the work of the Collaborative represents a well-coordinated process that is in place with no duplicative results:

- Consistent monthly meetings of the Collaborative as a whole, including broad representation of all stakeholders in the system serving people experiencing homelessness, including the chronic homeless. Subcommittee meetings are held to focus on particular topics or issues on a regular and as needed basis.
- The Collaborative is the recognized "one stop" for consultation and coordination of funding requests to a variety of organizations including state, federal and foundation sources.

- The Collaborative is officially recognized by the lead agency, Washington County, as the designated organization for the coordination of issues related to people experiencing homelessness in the County.
- The Collaborative is a working, year-round organization where members and community members bring information about needs, resources, plans for discussion, and decision-making on future efforts to address people experiencing chronic and other homelessness.
- Members of the Collaborative have reviewed and ranked applications for federal and state funding; several of these applications have been funded (including HUD funding).
- The ongoing development of the Continuum of Care Plan demonstrates an active planning effort that endorses all stakeholders in the community focused on people experiencing chronic and other homelessness. Prior Continuum of Care plans have received relatively high scores by HUD review teams and HUD has funded projects reviewed and prioritized by the Collaborative. This planning process includes:
 - o A listing and review of resources and services related to homelessness on a consistent basis. An ongoing discussion and prioritization of needs, gaps, and priorities for future service development. A systematic collection of gaps and needs data using a single point in time for data collection according to HUD guidelines.
 - o Reaching out to the broader community through ongoing invitations to monthly Collaborative meetings. An annual special community meeting focused exclusively on community input to the Continuum of Care Plan including a discussion of needs and available resources. Monthly speaking forum to allow providers, advocates, and community members to describe their programs and/or educate on relative topics to the Housing Collaborative membership.
 - o Educational speaking engagements throughout the county with a variety of populations and organizations regarding the issues and needs of those experiencing homelessness with ongoing solicitation efforts regarding membership in the Collaborative. Ongoing workshops conducted with the community and Washington County Administration.
 - o Focus group sessions as well as individual survey opportunities were conducted in April 2005 with forty-seven (47) focus group participants, with the majority having a history of homelessness, or experiencing a housing crisis at that time. Focus groups and survey participants included persons living in shelters; persons experiencing mental illness or other disability; and persons who had experienced living on the street, in cars, or camping in parks. There are several important findings as a result of the focus group and survey process. Participants reported needs for emergency shelter, transitional and permanent (with supportive services) housing with an emphasis on affordability. Increasingly, issues regarding barriers to housing such as criminal history, bad credit, and prior poor rental history were reported.
 - o A cross discipline survey of public health, economic assistance, probation and social services workers to assess their populations of service and the housing needs/homelessness issues their clientele are experiencing.
 - o Recent development of the Family Homeless Prevention and Assistance Program (State funded), to address prevention and state funding alternatives looking at innovative approaches to prevention and housing issues for families, youth and singles not experiencing chronic homelessness. It is anticipated that the Family Homeless Prevention and Assistance Work Group as a subgroup to the Housing Collaborative, will be successful in obtaining funding in two years to provide innovative programming in Washington County under this funding resource.
 - o Continued participation on a regional effort to address homelessness in the seven county metro area with representation at the Continuum of Care/Housing Collaborative meetings.

c. List the dates and main topics of meetings since June, 2004

Dates of Meetings	Main Topics
June 1, 2004	Metro-wide Engagement on Shelter and Housing Board meeting
June 9, 2004	CoC subcommittee meeting after Housing Collaborative -Ranking meeting Review of 2003 Continuum of Care planning process/HUD training and meeting with Two Rivers Community Land Trust
June 11, 2004	HUD Training
July 12, 2004	Housing Collaborative/Continuum of Care meeting - Final Draft Review Presentation from Crisis Nursery and agency updates
August 11, 2004	Housing Collaborative/Continuum of Care meeting: presentation by East Metro Women's Council, project updates from HSI, development of data collection methods for Point in Time, Treasurer's report, CDBG updates, and agency updates
August 12, 2004	St. Croix Emergency Fund meeting
August 13, 2004	Meeting to discuss data collection
August 30, 2004	HMIS Implementation Group meeting
September 2, 2004	Sex Offenders and Housing meeting
September 8, 2004	Washington County Housing Collaborative/Continuum of Care meeting: presentation by Minnesota Coalition for the Homeless – Registering the homeless to vote, discussion of the AHAR report and agency updates
September 10, 2004	Regional Continuum of Care coordinators meeting to discuss discharge planning, funding alignment and services
September 22, 2004	Metro-wide Engagement on Shelter and Housing Board meeting
October 8, 2004	Jail Discharge Planning meeting
October 13, 2004	Washington County Housing Collaborative/Continuum of Care meeting: presentation by MHFA representative discussion regarding recent HMIS conference and impact, development of networking strategy for institutional discharge planning/homelessness, discussion of goals and strategies to end homelessness and agency updates
October 28, 2004	Consolidated Planning meeting
November 1, 2004	HMIS Implementation Group meeting
November 9, 2004	CoC subcommittee meeting
November 10, 2004	Washington County Housing Collaborative/Continuum of Care meeting: presentation by HSI with update on projects, working group on Logic Model, discussion of legislative issues, HMIS update and agency updates
November 15, 2004	Consolidated Planning meeting
November 17, 2004	Metro-wide Engagement on Shelter and Housing meeting
November 19, 2004	Executive Committee of the Housing Collaborative meeting
November 29, 2004	HMIS Implementation Group meeting
December 2, 2004	Sex Offenders and Housing Group meeting
December 3, 2004	Regional Continuum of Care meeting
December 6, 2004	CDBG Community Advisory Committee meeting

Dates of Meetings	Main Topics
December 8, 2004	Washington County Housing Collaborative/Continuum of Care meeting: presentation by HRA to discuss strategic planning and directives, Washington County Consolidated Plan and input for homelessness strategies, discussion and planning regarding Point in Time for January 27 th , discussion regarding the Minnesota Coalition for the Homeless – Annual Homeless Memorial Service and March, Executive Committee of the Housing Collaborative meeting and agency updates
January 5, 2005	Regional Continuum of Care meeting to discuss regional work
January 10, 2005	CDBG Community Advisory Committee meeting – Consolidated planning
January 12, 2005	Washington County Housing Collaborative/Continuum of Care meeting: Review organizational structure, identify financial resources and funding plan, Consolidated Plan discussion and input, Continuum of Care subcommittee meeting, review strategies for Point in Time survey and agency updates
January 19, 2005	Metro-wide Engagement on Shelter and Housing Board Meeting
January 24, 2005	CDBG Community Advisory Committee – Consolidate Plan discussions
January 28, 2005	Offender housing meeting
January 31, 2005	HMIS Implementation meeting
February 7, 2005	CDBG Community Advisory Committee – Ranking of proposals
February 15, 2005	Jail Meeting to discuss Housing Training for inmates
February 9, 2005	Washington County Housing Collaborative/Continuum of Care meeting: presentation by MN Coalition for the Homeless – How to make a law, Continuum of Care Exhibit One Debriefing and Point in Time survey results, Consolidate Plan report and impact statement regarding vouchers and agency updates
February 22, 2005	CDBG Community Advisory Committee – Project proposal interviews
March 9, 2005	Washington County Housing Collaborative/Continuum of Care meeting: Continuum of Care planning process: review and work on action plans; ranking process, Public notice and Request for Proposals, presentation by MHFA and funding resources on a local level, FHPAP development meeting and agency updates
March 11, 2005	HMIS Meeting
March 16, 2005	Metro-wide Engagement on Shelter and Housing Board Meeting
March 18, 2005	Family Homeless Prevention and Assistance Program strategic planning
March 28, 2005	HMIS Implementation Group meeting
March 29, 2005	Housing and Offenders Group meeting
April 7, 2005	HUD SuperNOFA web cast meeting
April 13, 2005	Washington County Housing Collaborative/Continuum of Care meeting: CoC planning process: review and development of components Exhibit 1, agency updates, Focus group development plan and Focus Group and survey completion
May 2, 2005	Exhibit One Writing workshop

Dates of Meetings	Main Topics
May 11 2005	Washington County Housing Collaborative/Continuum of Care meeting: Continuum of Care planning process review for Exhibit 1, mainstream resources workshop, Executive Committee of the Housing Collaborative meeting, Focus Groups and survey discussion, Public Hearing regarding housing and homelessness issues and Mainstream Resources Fair
May 16, 2005	CDBG Community Advisory Committee Consolidated Plan meeting
May 23, 2005	HMIS Implementation Group meeting
June 8, 2005	Washington County Housing Collaborative/Continuum of Care meeting: ranking priorities process for project applications completed and review of Continuum of Care Exhibit 1 process for final review

d. Description of local and/or state elected officials are involved in the process:

Washington County Housing Collaborative routinely presents before the Washington County Board of Commissioners to update the County Board members on efforts to end homelessness within the Continuum. Additionally, members of the County Board and the Mayor of Stillwater receive monthly minutes from the Continuum meetings to keep them abreast of Continuum activities. District Court Judge Elizabeth Martin facilitates monthly meetings of the County Corrections work group that is monitoring implementation of discharge protocols to ensure that people being discharged from the county jail are not being discharged into homelessness. Washington County Collaborative members meet with state and federal elected officials periodically to discuss issues like Section 8 funding and local housing and homeless service needs. Members participate in a Housing Day on the Hill at the Minnesota Capital to advocate for increased funding for new housing that meets the needs of people experiencing homelessness within the Continuum.

Finally, the State Director for Ending Homelessness recently attended the Continuum meeting as a representative of the State of Minnesota to update the Collaborative of the implementation of the State plan to end homelessness.

e. List the membership:

Exhibit 1: Continuum of Care Planning Process Organizations

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Sub-populations Represented	Level of Participation
Local Government Agencies:			
Washington County Board of Commissioners Myra Peterson, Board Representative on the Collaborative; Bill Pulkrabek; Dennis Hegberg; Nile Kriesel; Gary Kriesel; Richard Stafford	Countywide		10% includes quarterly Collaborative updates & monthly meeting minutes. Presentations and workshops as needed
Stillwater Mayor – Jay Kimble	City of Stillwater	SA	10% meeting participation &

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Sub-populations Represented	Level of Participation
			monthly minutes –
State Agencies:			
Jamey Burden, Minnesota Housing Finance Agency	Statewide	SMI, SA	100% Collaborative/CoC participation
Federal Agencies:			
Sarah Bergen, HUD representative	Countywide		5% Limited meeting participation & monthly minutes
Washington County Staff:			
Tina O'Malley Bayonet, Housing Coordinator	Countywide	HIV/AIDS, Youth	Facilitator and Chair of Housing Collaborative and Continuum of Care process – 100% attendance at all meetings and sub-committees
Dani Mulvaney, Housing Specialist	Countywide	SMI	100% Collaborative and CoC meetings – Secretary
Mary Farmer-Kubler, Housing Supervisor	Countywide	Vets	90% Collaborative/CoC participation
Diane Elias, CDBG Planner	Countywide	SA	75% Collaborative/CoC participation
Jodi Hilber, Children's Mental Health Worker	Countywide	Youth	75% Collaborative/CoC participation
Jon Larson, Veteran's Service Director	Countywide	Vets	10% meeting participation & all monthly minutes
Jacque Boever, Economic Assistance Representative	Countywide	SMI	100% Collaborative/CoC participation
Judge Elizabeth Martin	Countywide	SMI, SA	10% meeting participation & all monthly minutes
Public Housing Authorities:			
Barbara Dacy, Executive Director, Washington County Housing Redevelopment Authority (HRA)	Countywide	DV	25% meeting participation & all monthly minutes
Richard Malloy, Deputy Director, Washington County HRA	Countywide	Vets	25% meeting participation & all monthly minutes
Non-profit Organizations:			
Christy Snow-Kaster, Metro-wide Engagement for Shelter and Housing (MESH)	7-County Metro Area	SA	100% Collaborative/CoC participation
John Petroskas, MESH	Countywide	HIV/AIDS	75% Collaborative/CoC participation
Josephine PuffPaf, MESH			
Andy McMahon, Corporation for Supportive Housing	Statewide	SMI	75% Collaborative/CoC participation

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Sub-populations Represented	Level of Participation
Arba Della-Beck, Executive Director, Family Means	St. Croix Valley	Youth	20% meeting participation & all monthly minutes
Terry Hildebrandt, The Salvation Army	Countywide	SA	25% Collaborative/CoC participation
Brenda Driscoll, Tubman Family Alliance (TFA)	South County	DV	100% Collaborative/CoC participation
Judy Brown, TFA	North County	DV	45% Collaborative/CoC participation
Mike Davey, Minnesota Coalition for the Homeless	Statewide	SA	100% Collaborative/CoC participation
Dawn Campbell, RAP	South County	SMI	30% Collaborative/CoC participation
Jennifer Fariss, St. Croix Food Shelves	St. Croix Valley	SA	50% Collaborative/CoC participation
Trisha Kauffman, East Metro Women's Council (EMWC) Pam VerBout, EMWC	South County	DV	100% Collaborative/CoC participation Executive Committee
Julia Althoff, Southern Metro Regional Legal Services	Countywide	SA	75% Collaborative/CoC participation
John Savereide, Human Services, Inc.	Countywide	SMI	100% Collaborative/CoC participation Executive Committee – Treasurer
Business/Business Associations:			
Teresa vanderBent, Two Rivers Community Land Trust	Countywide	HIV/AIDS	100% Collaborative/CoC participation Executive Committee
Debbie Wallace, WHY-USA Realty	Countywide	DV	100% Collaborative/CoC participation
Mike Hamp, Westpoint Management	Countywide	SA	10% meeting participation & monthly minutes
Debbie Feist, Forest Lake Chamber of Commerce	North County	SA	75% Collaborative/CoC participation
Homeless/Formerly Homeless Persons:			
Kim K.	South County	Youth	50% Collaborative/CoC participation
Sharon B.	Central County	SA	100% Collaborative/CoC participation
Other:			

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Sub-populations Represented	Level of Participation
John Walker, South Washington County Coalition	South County	SMI	50% Collaborative/CoC participation
Deb Kratz, Family Literacy Program	Countywide	Youth	10% meeting participation and all meeting minutes
Mike Conoboy, St. Paul Foundation	County Representative	SMI	10% meeting participation and all meeting minutes
Tara Woods, Crisis Nursery	Countywide	Youth	10% Collaborative/CoC participation
Helene Shear, HBS Consulting	Countywide	HIV/AIDS	50% Collaborative/CoC participation
Phyllis LeTendre, League of Women Voters	Countywide	DV/Vets	10% meeting participation and all meeting minutes
Gloria, Senior Federation	South County	Seniors	100% Collaborative/CoC participation
Medical			
Kim Barnhardt, Lakeview Hospital Social Worker	Central County	SA	75% meeting participation and all minutes
Foundations:			
Saint Paul Foundation Hugh J. Andersen Foundation	Countywide		10% meeting participation and all meeting minutes

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Exhibit 1: Continuum of Care Goals and System

1. Your community's CoC goals, strategy and process

The Washington County Housing Collaborative has historically developed goals and strategies specific to the unique qualities of Washington County. Washington County consists of suburbs to the Twin Cities of St. Paul and Minneapolis. The majority of persons who are experiencing homelessness are historically residents of Washington County. These residents are experiencing housing crisis because of the land development costs and exorbitant rental amounts. Additionally, those experiencing homelessness in Washington County tend to have lower wages as they are working in the service industry. Some suffer from chronic and debilitating health issues and have poor life skills. Some in Washington County experience episodes of homelessness because of evictions, financial crisis, or the effects of domestic violence. Finally, mental health and chemical dependency oftentimes are a factor in an individual's homelessness. Specifically, methamphetamine use is on the rise in Washington County and has become a major aspect in people losing their housing and become homeless.

All of these elements are taken into consideration by the Continuum when putting together our strategies for ending homelessness. Given these factors contributing to homelessness within the Continuum, the Collaborative has created a multifaceted strategy for ending homelessness.

The Collaborative's first priority is to ensure the creation of housing for the lowest income individuals including those experiencing homelessness. The Housing Collaborative has been working with the county to prioritize housing for the lowest income people through the Community Development Block Grant funding resources.

The second priority of the Collaborative is to ensure that there are adequate services available to people experiencing homelessness that have a severe and persistent mental illness as well as those with physical disability or chemical issues. For this reason, the Collaborative has been working with its service providers to ensure that mental health needs are being addressed. Additionally, Washington County receives Projects for Assistance in Transition from Homelessness (PATH) program funds that have been used to provide emergency shelter, first month's rent, and damage deposits for those peoples experiencing mental health issues and are homeless.

The third priority of the Collaborative is to ensure that there is a full and accurate count of people experiencing chronic homelessness within Washington County. As such, the Collaborative has worked to get 100% of HUD-funded programs participating in the Homeless Management Information System (HMIS). In addition to HUD-funded agencies, the Collaborative is working to get non-HUD-funded agencies to participate in HMIS, including faith-based programs and food shelves to ensure that the Continuum is able to account for all those experiencing chronic homelessness who may not be engaged in the traditional homeless services delivery system.

Finally, the Continuum is working with providers to coordinate outreach and access to mainstream services for those experiencing chronic homelessness. The Collaborative has been fortunate to have access to the Salvation Army's HOPE outreach worker who is connecting people experiencing chronic homelessness to mainstream resources like Social Security benefits and programs. The Collaborative has benefited by a "one stop shop" clearinghouse model with the County's Housing Unit to advocate, refer and coordinate mainstream resources for those experiencing homelessness.

a. Chronic Homelessness Goals/Strategy

(1) Past Performance

a. Specific actions on the part of our community over the past year towards ending chronic homelessness:

The Washington County Housing Collaborative has continued to evaluate the issue of persons experiencing chronic homelessness and how persons experiencing chronic homelessness are identified, assessed, and provided service in Washington County. The Collaborative has continued involvement in statewide strategies in HMIS and has plans to incorporate non-mandated programs. The Collaborative is also involved in statewide task force strategies in ending homelessness by 2012.

The Washington County Housing Collaborative, supported by Washington County and a number of private and public agencies and individuals, plays a major networking and collaborative role in Washington County, Minnesota. Improving service coordination of providers and mainstream resources, providing a continuity of access and service provision, and providing resources and services to Washington County residents who are experiencing homelessness are all a part of this ongoing role. The following is a summary of major accomplishments in which the Collaborative has participated:

- Increased use CDBG funds (\$144,000) to assist individuals and families experiencing homelessness for first months rent, damage deposit, eviction prevention, and mortgage foreclosure prevention to ensure stable housing.
- Continued to fund the Housing Specialist position, whose role is to assist those in emergency shelter, application follow-through for mainstream resources, and provide housing assistance.
- Successfully advocated that the Five Year Consolidated Plan increase the importance of housing for people experiencing homelessness and those at 30% Metro Median Income as part of application to CDBG funds.
- Participation in Corrections to Community Collaborative, a correctional work group focusing on offenders with mental health issues and who are homeless to look at discharge planning policies, service provision and the needs of this specific population.
- As a result of participation in Corrections to Community Collaborative, creation of a Housing 101 tenant education program for people coming out of corrections to assist in transitioning into the community.
- Participation in sponsoring and funding a Housing First Conference in order to provide continual alternatives to housing models.
- Increased use of HomeStretch (100 households served), an education-based program for first time homebuyers, many of whom had previously been homeless.
- Increased participation in tenant education programs for youth at high risk for homelessness. Forty-three (43) youth were served in 2004 through Solid Ground, an independent living skills group for youth with mental health issues.
- State funding applied for and obtained by a private developer for 32 units of mixed income and affordable housing, two of which are specified for people experiencing homelessness.
- Engagement on a regular basis of community and organizational entities to brainstorm gap issues in providing housing alternatives for persons experiencing homelessness recognizing funding, development and definition barriers.
- Continued participation in the Metro-wide Engagement on Shelter and Housing (MESH) as well as the Regional Work Group to End Homelessness, a network of county staff and providers in the metropolitan area focusing on consistent policy, and service provision to people experiencing homelessness in the seven county metro area, including Washington County.
- Continued involvement in the Minnesota HMIS Implementation Group to implement HMIS statewide and on a local level in Washington County.
- Involvement in the Working Group - Governor's Task Force on Homelessness.
- Continued use of Minnesota AIDS Project's scattered site voucher program to assist those persons diagnosed with HIV/AIDS and who may be experiencing homelessness to live in the community with support.

b. Any Remaining obstacles to achieving this goal

One of the fastest growing homeless populations in Washington County is people with substance abuse problems, particularly the use of methamphetamine. This poses a particular obstacle in ending chronic homelessness because of the devastating effects of meth use and the lack of resources available to address this type of chemical dependency.

Another ongoing obstacle for ending chronic homelessness within Washington County is the lack of Section 8 and other rental subsidies to provide for affordable housing. In 1992, Washington County Housing Redevelopment Authority (HRA) received its first allocation of 25 Section 8 vouchers. Since

that time, the HRA has not been able to secure additional vouchers, even though in the course of 11 years it has requested a total of 990 additional vouchers. The lack of Section 8 vouchers prevents the HRA from meeting the affordable housing needs for the lowest income and homeless residents in the County and puts the county at a competitive disadvantage with other jurisdictions who have more vouchers. Washington County HRA currently has 90 vouchers, compared to a neighboring and similar county's 2,168 vouchers. Because of the extremely low number of Section 8 vouchers, people get stuck in a cycle of homelessness due to the very few rental subsidies available to assist with housing costs.

c. Describe any changes in the total number of chronic homeless persons reported in 2004 and 2005

As indicated in the charts below, Washington County has remained fairly stable in regard to the number of chronic homeless persons reported in 2004 and 2005. What should be noted, however, is the number of chronic homeless individuals is above and beyond available bed space for housing the chronically homeless. The individuals addressed in 2005 in the point-in-time count consist mainly of single individuals with chemical issues not yet addressed in the treatment system. Also included are individuals with mental health. The number of changes in our count is low enough to not present a trend but rather the need for mainstream resources and outreach efforts focused on providing chemical dependency and mental health treatment options.

Individuals Chart

Number of Chronic Homeless Individuals	
Point in time count	
2004	10
2005	8

Beds Chart

Number of permanent beds for housing the chronically homeless			
	Permanent beds as of January	Permanent beds Net Change	End of Year TOTAL
2004	8	0	8
2005	8		

(2) Current Chronic Homelessness Strategy

The Washington County Housing Collaborative has continued to struggle with specific actions related to ending chronic homelessness. This struggle has resulted in three main components including: 1) Identification of who fits the definition of “chronically homeless” and who are residing in Washington County; 2) Provision of outreach and services to those who are appropriately defined; and 3) Development of appropriate housing services to address the needs of the chronically homeless population in Washington County.

Identification of persons who fit the definition of “chronically homeless in Washington County”: In Washington County, the chronically homeless are often “hidden,” and not visible to the general public. They are people experiencing domestic violence, chemical or mental health issues, or HIV/AIDS.

Current data and ongoing work continues to indicate that the number of persons who may be defined as chronically homeless is minimal compared to the overall homeless population seen on a daily basis in Washington County. For example, 128 families and individuals were listed as “homeless” during 2003 in Washington County, not including the domestic violence shelters. During the point-in-time survey, 68 total individuals and persons in families were in emergency shelter. Of those, 32 were in the domestic violence shelter, 14 families and 4 individuals were sheltered using motel/hotel vouchers through the Washington County Housing Unit. Only four individuals sheltered with the motel/hotel voucher program and six individuals sheltered in the domestic violence system were considered chronically homeless. Five additional families and three individuals had experienced an episode of homelessness, but would not qualify under the HUD definition because they had no disability. These households were staying with family and friends and either obtained housing fairly quickly or chose not to be sheltered at that time. These numbers are the actual record count of the number of persons who were sheltered and unsheltered and who had contact with housing service providers, the Washington County Housing Unit, or Economic Assistance.

In order to obtain the most accurate count of those experiencing chronic homelessness, and those experiencing episodes of homelessness, the Washington County Continuum of Care will continue to work with providers, both mandated to participate and those not, to increase participation in the Homeless Management Information System (HMIS) to ensure that data collected is as comprehensive as possible so as to identify all those defined as chronic homeless within the Continuum. Additionally, the Collaborative will work to increase education in the community and with service providers regarding the definition of “chronically homeless”, thereby offering swifter service provision for those individuals who are eligible. Participation in the Collaborative is strongly encouraged and where the brunt of community education is done. Ongoing County Administration education and workshops as well as periodic public relations measures are also instigated and will continue to provide the general public information regarding those experiencing chronic homelessness. This includes ministerial workshops, involvement in schools, and public forums. Also, Washington County has participated in statewide strategies including the Governor’s Group on Homelessness and the Regional Working Group on Homelessness that serves as a metro endeavor and is a subgroup of the Metro-wide Engagement for Shelter and Housing (MESH).

Provision of Outreach: Washington County Community Services, as well as the Collaborative, continues to provide focused services to those residents who are the most vulnerable individuals who present with mental illness or physical disability. Families with children and persons experiencing mental and chemical health issues, the elderly, those fleeing domestic violence, and those with substance abuse issues are seen as particularly vulnerable and are provided shelter, if needed. Unfortunately, the largest population experiencing homelessness in the Continuum is consistently families with children who struggle with disabilities not within the HUD definition. Although the Continuum has, through McKinney-Vento funding, increased its capacity to serve individuals experiencing chronic homelessness, the Continuum has not been able to increase capacity for homeless single adults, youth, and families - the fastest growing populations of people experiencing homelessness.

In order to address the needs of the chronically homeless and those experiencing episodes of homelessness, the Washington County Housing Collaborative/Continuum of Care has developed strategies to provide access to services and outreach into the community. Yearly, contact is made specifically to the County’s park system staff to inform them of resources for addressing the issue of homelessness for families and individuals who may be homeless and staying in the parks. Park staff are encouraged to refer those individuals and families who have reported that they are homeless or if there

appears to be a housing problem to the Washington County Housing Unit. The Housing Unit provides services, housing information, and assistance with accessing alternative services as well as assessing for chronic homelessness and referral into appropriate programs.

Local law enforcement agencies have partnered with the county to implement a plan for officers who come into contact with people experiencing homelessness. Rather than then take an individual to jail for sleeping outside or other minor infractions, the officers make referrals to the Washington County Housing Unit in order to connect the person to housing and other resources within the community. Washington County also has contracted with the American Red Cross to provide after-hour, holiday, and weekend coverage for the provision of emergency social services. Additionally, the Washington County Housing Coordinator can be contacted at anytime, even after hours, by pager for emergency services. This system of outreach allows for provision of emergency shelter and services for chronically homeless and families with children who become homeless.

Finally, the Washington County Housing Unit works with the Salvation Army's Homeless Outreach Project that is connecting people experiencing homelessness to SSI benefits in Washington County and the metro area. Through this relationship, the Continuum is able to provide outreach services and referrals to the Salvation Army to connect people to mainstream resources and assist with alleviating their housing crisis.

Creating alternative housing opportunities: Housing and services for those experiencing chronic homelessness has been a major and ongoing focus for the Washington County Housing Collaborative/Continuum of Care. Development costs, land acquisition costs, and community opposition have forced the Continuum to look at alternative housing opportunities. Shelter Plus Care has been invaluable to addressing the affordability and service needs of those who are chronically homeless with mental health or chemical dependency issues. Shelter Plus Care has also allowed for providing housing on a scattered site basis that provides maximum community integration without the community opposition.

Washington County Housing Collaborative/Continuum of Care is also working with providers to identify developers who are interested in developing permanent supportive housing for chronic homeless individuals within the County. In fact, one such developer is in the process of developing a 32-unit mixed-use development that will include at least two rental subsidies for people experiencing homelessness through the State of Minnesota.

Faith-based programs provide two transitional housing programs for women with and without children, thus meeting a service and housing need within the Continuum. Most referrals come from the Washington County Housing Unit in order to transfer individuals sheltered through the motel/hotel vouchers into the faith-based programs and back into the community.

The Continuum works with local landlords to create alternative housing opportunities. One such model is a private home that has been converted into an SRO (single room occupancy) for single men who have experienced homelessness. Working with landlords has enabled programs to house traditionally hard to house single adults. Another model works with persons experiencing chronic homelessness who want to commit to sobriety. This housing model charges minimal rent and is operated with private dollars.

Finally, Washington County works with an HIV/AIDS foster care program that houses people living with HIV/AIDS and who may have been homeless. Additionally, Washington County participates in the Minnesota AIDS Project Transitional Housing Program, providing Certification of Consistency to their scattered site tenant based rental assistance for those Washington County residents who are experiencing chronic or episodic homelessness who also have a diagnosis of HIV/AIDS. This program allows residents to live in their community under a rental subsidy program that serves an eleven county metro area, including Washington County.

- (3) **Coordination:** No separate strategy to end chronic homelessness is being developed or developing in Washington County’s CoC area.

Chronic Homelessness Goals Chart

(4) **Chart:**

Goal: End Chronic Homelessness	Action Steps	Responsible Person/Organization	Completion Date
<p>Goal 1: At least 75% of service needs for permanent supportive and transitional housing projects for persons experiencing chronic homelessness will be funded through mainstream state, local, and private service and treatment dollars.</p>	<p>a. Persons meeting the definition of chronic homeless will be made aware of eligibility to resources and services.</p> <p>b. The Washington County Collaborative will review funding strategies and network funding availability to appropriate applicants.</p> <p>c. Mainstream resources will be available to assist with supportive housing services.</p>	<p>a. Tina O’Malley Bayonet, Washington County Housing Coordinator</p> <p>b. Teresa vanderBent, Two Rivers Community Land Trust</p> <p>c. John Savereide, Human Services Inc.</p>	<p>a. June 2006</p> <p>b. June 2006</p> <p>c. June 2006</p>
<p>Goal 2: Persons experiencing chronic homelessness who come into contact with financial assistance workers, mental health workers, or any other county agency staff or community provider, will know how and where to access shelter, housing, and services and will be referred to the Housing Unit.</p>	<p>a. Service providers and county agency staff will participate in training specific to definition of chronic homelessness in order to assess and refer to appropriate services those people experiencing chronic homelessness, including referral to the Housing Unit.</p> <p>b. Service providers and mainstream resources providers (Social Security</p>	<p>a. Tina O’Malley Bayonet, Washington County Housing Coordinator, and Mary Farmer-Kubler, Supervisor of the Washington County Housing Unit</p> <p>b. Jon Larson, Division Manager, Veteran’s Service Organization;</p>	<p>a. June 2006</p> <p>b. June 2006</p>

Goal: End Chronic Homelessness	Action Steps	Responsible Person/Organization	Completion Date
	Administration, Veteran's Administration, and Emergency Assistance) will educate the Washington County Housing Collaborative regarding their specific programs and eligibility requirements.	Mary Farmer-Kubler, Supervisor, Washington County Housing Unit; and Brenda Driscoll, Tubman Family Alliance	
<p>Goal 3: The Housing Collaborative will work to collect the most comprehensive data available within the Continuum on those experiencing chronic homelessness.</p>	<p>a. Increase participation in HMIS by non-HUD funded agencies.</p> <p>b. Ongoing education and information processing to the Collaborative membership.</p>	<p>a. Teresa vanderBent, Two Rivers Community Land Trust</p> <p>b. Tina O'Malley Bayonet, Washington County Housing Coordinator</p>	<p>a. June 2006</p> <p>b. June 2006</p>
<p>Goal 4: The community will increase its awareness regarding the definition and issues related to chronic homelessness on a global and local scale.</p>	<p>a. The community will have access to information on a governmental Web site.</p> <p>b. Trends of what providers are seeing with their clients who are experiencing homelessness will be discussed at monthly Collaborative meetings in order to work towards addressing the changing issues and gaps in services.</p> <p>c. Review of Housing Collaborative Brochure and update service providers listed.</p>	<p>a. Tina O'Malley Bayonet, Washington County Housing Collaborative</p> <p>b. Kristin Titcombe. Minnesota Coalition to End Homelessness</p> <p>c. Josephine Puffpaf, Metro-wide Engagement for Shelter and Housing</p>	<p>a. September 2005</p> <p>b. June 2006</p> <p>c. August 2006</p>

b. Other Homeless Goals Chart

Goal: Other Homelessness	Action Steps	Responsible Person/Organization	Completion Date
<p>Goal 1: Persons experiencing homelessness will have prompt access to mainstream resources and assistance for which they are eligible.</p>	<p>a. Housing services and resource information will be made available to the community through public speaking, Web site information, and training activities.</p> <p>b. Eligibility criteria for economic assistance programs will be made available to housing services providers and other pertinent providers and advocates.</p>	<p>a. Tina O’Malley Bayonet, Washington County Housing Coordinator</p> <p>b. Mary Farmer-Kubler, Washington County Housing Unit</p>	<p>a. June 2006</p> <p>b. June 2006</p>
<p>Goal 2: Persons experiencing homelessness will have access to employment resources and training to enhance their housing affordability.</p>	<p>Those consumers who access housing and economic assistance services will be referred to the Workforce Center and other related service providers for assessment of employment opportunities and needs.</p>	<p>Robert Crawford, Washington County Workforce Center</p>	<p>July 2006</p>
<p>Goal 3: The Housing Collaborative will work to collect the most comprehensive data available within the continuum on those experiencing homelessness.</p>	<p>a. Increase participation in HMIS by non-HUD funded agencies.</p> <p>b. Ongoing education and information processing to the Collaborative membership.</p>	<p>a. Teresa vanderBent, Two Rivers Community Land Trust</p> <p>b. Tina O’Malley Bayonet, Washington County Housing Coordinator</p>	<p>a. June 2006</p> <p>b. June 2006</p>

Goal: Other Homelessness	Action Steps	Responsible Person/Organization	Completion Date
Goal 4: Youth experiencing or at risk of homelessness will be given resources and service provision to assist in stabilizing their housing issues.	a. Education regarding life skills and housing related issues will be provided to youth in our community	a. Terry Hildebrandt, Salvation Army	a. June 2006
	b. Youth with disability will be provided a structured educational component to teach life skill activities and provide advocacy and support.	b. Jodi Hilber, Washington County Children's Mental Health	b. June 2006
	c. Develop strategies for development opportunities to provide housing for homeless youth.	c. Cynthia Neudecker, Human Services, Inc.	c. June 2006
Goal 5: Pre-development of housing for families and individuals experiencing homelessness will be increased by 20%.	Organizations will be solicited and given resources for pre-development activities. This will include ministerial, developers, and other mainstream entities.	Diane Elias, Washington County CDBG	June, 2006

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Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

Publicly Funded System(s) in CoC Geographical Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care				Yes
Health Care		Yes		
Mental Health				Yes
Correctional				Yes

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2004 that are not yet under contract (i.e. signed grant agreement or executed ACC)

Project Number	Applicant Name	Project Name	Grant Amount
MN46B111001	Human Services Inc.	SHARE Home	\$609,000
			Total \$609,000

Form HUD 40076 CoC-E

Exhibit 1: Continuum of Care Service Activity Chart

Fundamental Components in CoC System – Service Activity Chart
<p><u>Component: Prevention</u> <u>Services in place:</u></p> <ul style="list-style-type: none"> • Information and Referral System (I&R) – All members of the Washington County Housing Collaborative/Continuum of Care provide information and referral to anyone seeking services within Washington County. This includes a spectrum of referrals from the non-profit agency providers to the business community. The Continuum prides itself on our networking capacity and is constantly improving and enhancing I&R services. Often, community issues are funneled through the Community Services Department, which, in turn, are referred to the Housing Unit and Economic Assistance Unit in a clearinghouse approach for consultation and service provision. • Housing education services – Members of the Continuum and service providers provide public education regarding housing and homelessness issues to clients and policy makers, ministerial associations, schools, and the community. A number of providers and organizations also provide education and prevention services to transitional housing participants as well as service provision to scattered site housing participants. Domestic violence provides resource information for abusers and victims in order to prevent abuse, including Rent Wise classes and eviction prevention to shelter participants. This includes violence prevention education in the local high schools as well as provision of in-home services, counseling, and support groups for men, women, and children. Counseling organizations provide a variety of educational opportunities from coping with stress to dysfunctional family services as well as crisis funding to prevent homeless crisis. • Youth – Youth strategies include developing programming related to self-sufficiency to youth (aged 16 to 21) through collaboration with a ministerial-based youth advocacy program. • Rental Assistance – Washington County Housing and Redevelopment Authority provides Section 8 voucher case management as well as a resident advocate working with public housing tenants. • Services through rental subsidies - Case management of Bridges vouchers for persons experiencing serious and persistent mental illness. • Eviction prevention – Emergency assistance funds are used, case management follow-up, and monitoring to prevent homelessness through referral to other appropriate services. Various other providers also support prevention strategies to enhance self-sufficiency on the part of their participants, providing a wide array of service provision aimed at preventing homelessness from crisis funding to energy assistance. • Foreclosure Prevention – Washington County Housing Unit provides foreclosure prevention that

Fundamental Components in CoC System – Service Activity Chart

includes a wrap-around service provision earmarked by use of Community Development Block Grant funding.

Service Providers: Washington County Community Services and Economic Assistance, Washington County Housing Unit, Washington County HRA, East Metro Women’s Council, Tubman Family Alliance, The Salvation Army, Community Action Partnership of Ramsey and Washington County, Human Services Incorporated, Young Life, Family Means, Workforce Centers – Twin Cities Community Voice Mail, First Call for Help/United Way, and HousingLink.

Component: **Outreach**

Outreach in place:

1. Describe the outreach activities for homeless persons who are living on the streets and how they are connected to services and housing.

- **Networking** - Community resources are networked throughout the county by use of the clearinghouse capacity of the Housing Unit of Washington County Community Services. Agencies, ministerial, and the community are aware of this social services component. Other non-profits receive community outreach referrals specific to their particular forte (for example, the domestic violence agency uses the Allina Day One System of referral to access shelter needs of individuals who are experiencing homelessness due to abuse issues).
- **Community Education** - Ongoing and continual community education on the part of the Housing Unit and other agencies that provide shelter services keep the community aware of current service provision.
- **Law enforcement coordination** - Ongoing networking with city law enforcement and county sheriff department in order to assist with outreach to the homeless contacted through the law enforcement system. Police and deputies are aware of the Housing Unit as well as a 24-hour service component contracted through the American Red Cross for emergency shelter options and next day service provision.
- **County Park Outreach** - Outreach directly to and referral process through the county park system in order to offer housing resources to those who appear at risk of homelessness versus recreational campers.
- **Interdepartmental referral** - to needed emergency services are funneled through the Housing Unit and referred on to more appropriate service provision when appropriate (for example, chronically homeless individuals in need of mental health service provision are referred directly to the Mental Health Unit and Economic Assistance for potential service provision and shelter).
- **Technology** - Web-based community outreach access and a homeless hotline.
- **SSI Outreach** - Outreach to assist persons experiencing homelessness to assess social security benefits.

Service Providers: Local law enforcement and Sheriff’s Department, American Red Cross Emergency Services, First Call for Help, Washington County Housing Unit, Washington County Economic Assistance, Tubman Family Alliance, The Salvation Army Project HOPE, HousingLink, and various ministerial programs and churches

Component: **Supportive Services**

Services in place:

- **Case management** - Services provided by all of the non-profit agencies.
- **Life skills** - Services provided through the mental health collaborative and Children’s Mental Health services.
- **Alcohol and drug treatment** - Rule 25 assessments, court mediation, and support services.
- **Mental health treatment** - Mental health treatment have psychological service provision provided by

Fundamental Components in CoC System – Service Activity Chart

Washington County Rule 29 as well as other organizations.

- ***AIDS-related treatment*** - Supportive services are provided to people experiencing HIV/AIDS within a foster care setting. Other consumers can seek out services through the Minnesota AIDS Project, which provides case management services and access to mainstream resources.
- ***Community Education on Housing retention*** - A number of organizations provide housing related education services including landlord and tenant education workshop series by the Housing Coordinator, The Salvation Army, Ramsey Action Program, Tubman Family Alliance, and other service providers in different capacities (part of an organized and structured service or on an individual, case by case basis).
- ***Employment assistance*** - Three Washington County Workforce Centers (WFC) are strategically located in geographically significant sites that include a variety of employment related services. Job counselors provide case management services. Department of Rehabilitative Services works with people with disabilities. Unemployment compensation application and services; a dislocated worker program; workshops on resume and career building; technology services including fax, computer, network systems, and copiers; and other employment related services are available to the public. The WFC are referral agents to those clients having housing related issues directly to the Housing Coordinator or other appropriate agency. Employment services and support are offered by a number of non-profit organizations and providers listed below.
- ***Childcare*** - Washington County coordinates a subsidized childcare program through the Minnesota Family Investment Program (MFIP - welfare) as well as a sliding fee program to those families not on the MFIP system but who are considered low income eligible. Emergency day care is also provided.
- ***Transportation Services*** – Transportation services are available to eligible residents for medical and other related appointments as a volunteer service in the community. Metro Mobility is used for transportation to and from medical and other appropriately eligible appointments. Case managers in mental health, child and adult protection, and the Housing Specialist also provide transportation services to those clients seeking housing. Other specific providers will provide transportation to their participants.

Service Providers: Crisis Nursery, Hope House, East Metro Women’s Council, Tubman Family Alliance, The Salvation Army, Community Action Partnership of Ramsey and Washington Counties, Moving Forward Together, Minnesota AIDS Project, Human Services, Incorporated, Department of Rehabilitative Services, Washington County Housing Unit and the Workforce Center.

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System – Housing Activity Chart											
<i>Transitional Housing</i>											
Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds			
		Part. Code	# Yr. Round			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds
Current Inventory			Ind	Fam							
Human Services Inc.	Men’s Transitional Housing	A	2		279163	SM				2	2
Human Services Inc.	Women’s Transitional Housing	A	3		279163	Sf				3	3
East Metro Women’s Council	Home Again Transitional Housing	A		22	279163	M			22	0	22
Stillwater Catholic Worker Community	Solanus Casey House	A	1	9	279163	M		3	9	1	10
Stillwater Catholic Worker Community	Queen of Peace House	A	1	9	279163	M		3	9	1	10
Human Services Inc.	Family Transition Housing	A		3	279163	M		1	3	0	3
			TOTALS	7	43		TOTALS	7	43	7	50
Under Development											
Anticipated Occupancy Date											
							TOTALS				
Unmet Need					TOTALS		9	28	13	50	
1. Total Year Round Individual TH Beds											
2. Individual TH Beds in HMIS											
3. HMIS Coverage Individual TH Beds											
4. Total Year Round Family TH Beds											
5. Family TH Beds in HMIS											
6. HMIS Coverage Family TH Beds											
(Divide line 2 by line 1 and multiply by 100. Round to whole number.)						(Divide line 5 by line 4 and multiply by 100. Round to whole number.)					

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoC’s that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative? Yes No

Have you notified CoC members of this initiative? Yes No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: ___%

Form HUD 40076 CoC–H page 1

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	3	5	8	11
2. Homeless Families with Children	14	8	1	23
2a. Persons in Homeless Families With Children	31	24	4	59
Total (lines 1 + 2a only)	34	29	12	70
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless		1	8	9
2. Severely Mentally Ill		7	1	8
3. Chronic Substance Abuse		21	6	27
4. Veterans		0	1	1
5. Persons with HIV/AIDS		0	0	0
6. Victims of Domestic Violence		34	5	39
7. Youth (Under 18 years of age)		0	3	3

Form HUD 40076 CoC-I page 1

Exhibit 1: Continuum of Care Information Collection Methods Instructions

1. Housing Activity Chart

- a. Describe your community's methods for conducting and annual update of the housing inventory including the definition your community used for emergency shelter and transitional housing:

The Washington County Housing Collaborative reviews all current and proposed projects for emergency, transitional, and permanent supportive housing within the Continuum. The Collaborative receives updates on housing programs at each monthly meeting. Most of the shelter, transitional and permanent supportive housing programs are members of the Collaborative and regularly attend the Collaborative meetings. Finally, when the Collaborative does its annual point-in-time count of sheltered and unsheltered count of homeless persons, all housing programs are surveyed on any changes in their program capacity.

Definitions:

Emergency Shelter: Emergency shelter programs provide emergency and temporary sleeping space for a period that ranges from one evening to 30 days and is considered short-term housing where clients may be required to leave in the morning and have no guaranteed bed for the next night or provide beds for a specified period of time, regardless of whether or not clients leave the building. This includes motel/hotel vouchers provided by public or private agencies for the purpose of providing temporary shelter. Battered women's shelters provide emergency shelter for women fleeing abuse until safe housing arrangements can be made. Crisis beds for runaway or neglected children, homeless youth, and vulnerable adults are also included in this definition.

Transitional Housing Programs: Transitional Housing programs have a maximum stay for clients of two years (24-month program) and offer support services to promote self-sufficiency and assistance with obtaining permanent housing. They may target any homeless sub-population such as persons with mental illnesses, persons with AIDS, runaway youths, victims of domestic violence, homeless veterans, etc.

2. Unmet Housing Needs

On a regular basis the Housing Unit and the Collaborative receive updates on all housing programs and waiting lists or unmet need. Determining unmet need for purposes of the Exhibit One was done by examining the waiting lists for various subsidy programs, permanent supportive housing, transitional housing, as well as, emergency shelter along with the numbers from the sheltered/unsheltered count on January 27, 2005.

There is an ongoing need for both transitional housing and permanent supportive housing for families experiencing homelessness and those with extremely low incomes. Based on the survey conducted by Washington County staff, eight (8) indicated that they needed housing, and another ninety-six (96) stated that they were housing needy. As Washington County works toward ending homelessness for all

within the County, increasing the supply of transitional and permanent supportive housing will be a critical component.

2. Part 1 and 2 Homeless Population and Subpopulations Chart

a. CoC's methods for completing the sheltered portion of the chart:

The Washington County Housing Collaborative/Continuum of Care was able to use, as part of its methodology for filling out the sheltered portion of the Homeless Population chart, the quarterly survey conducted by the Minnesota Department of Human Services. This survey is sent out to all known emergency shelters, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid for by a public/private agency in Washington County.

The survey was not mailed to agencies serving the following: persons who were living doubled-up in conventional housing; formerly homeless persons who were residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; children or youth who, because of their own or a parent's homelessness or abandonment, resided temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

The survey form incorporated the HUD designed table contained in the 2004 Exhibit One instructions, which asked agencies how many participants were homeless individuals, homeless families with children, and persons in homeless families with children sheltered on the night of January 27, 2005. The Minnesota Department of Human Services, in consultation with the Minnesota Interagency Task Force on Homelessness and the Sheltered Survey planning group, also added questions to the survey asking how many homeless youth were sheltered on that night.

A cover letter was enclosed with the survey form conveying the importance of responding to the survey. Survey respondents were asked to mail or fax the completed form back to the Department of Human Services – Office of Economic Opportunity.

Department staff entered the survey returns in a database, sorted all results by Continuum of Care region, and distributed the results to all Continuum of Care Committees in Minnesota. Continuums were asked to incorporate any subsequent survey returns obtained from agencies that did not originally respond to the Minnesota Department of Human Services.

Additionally, the Washington County Housing Unit conducted a supplemental survey that was distributed to county departments the last three days of the survey week of the Minnesota Department of Human Services Shelter survey (January 25, 26, and 27, 2005). Staff surveyed included: child protection staff, probation staff, economic assistance staff, public health staff, developmental disability staff, and Workforce Center employment counselors. Forty-two (42) staff from the various departments returned the survey that consisted of two parts: the first included questions about homeless clients; the second part consisted of clients that were "housing needy".

Survey results were tallied and reported back to staff, as well as made available to the Washington County Housing Collaborative membership and the community. These results, together with the State's sheltered count, and HMIS data were incorporated into the Homeless Population and Subpopulations chart.

Washington County Housing Collaborative/Continuum of Care has been doing annual counts for the last ten years and plans to utilize the same or similar methods as this year for obtaining its sheltered count in 2007.

b. Describe your CoC's methods for unsheltered portion of the chart:

The Washington County Housing Unit used inter-departmental email in order to send a survey that addressed whether a person was unsheltered or sheltered to determine the unsheltered count for the county. Staff was asked how many clients were homeless, including both single adults and families. The second series of questions dealt with where the client was sleeping - residing on the street, in emergency shelter, leaving a treatment home or correctional facility within 30 days without housing, or in the process of eviction or foreclosure - in order to determine if the clients were unsheltered or sheltered. Additionally, the staff was asked to report the three primary reasons the clients were homeless. Responses included chemical and mental health issues, poor credit or rental history, criminal history, health issues, HIV/AIDS, physical disability, youth aging out of foster care, domestic violence issues, low income, or developmental disability. The final question addressed housing needs of clients that would best address their particular issues including board and lodging, housing subsidies (Bridges/Section 8 vouchers), in-home services (waiver, medication monitoring, independent living services), foster care options, offender housing, shared housing, housing with supportive services, transitional housing, and "other".

The same set of questions were included in the survey regarding "housing needy" clients who were defined as living with parents/relatives (and needing to leave within 6 months or less), paying more than 30% of their income toward housing, doubling-up, lease violations, overcrowding, the housing doesn't meet health/safety standards, and the client is being abused or exploited. Survey results were tallied and reported back to staff as well as made available to the Washington County Housing Collaborative membership and the community.

Finally, to obtain the most comprehensive results of those in Washington County who were unsheltered, a survey was distributed to Intake Offices throughout Washington County, local law enforcement agencies and Economic Assistance staff so as to include clients entering intake offices requesting shelter or financial services on the 27th of January, as well as people identified by the police as unsheltered on the date of the survey. This survey was kept to one page, asking specific questions relating only to those who were unsheltered on January 27, 2005. The Housing Coordinator gathered survey data, followed up with law enforcement, and tallied the results that were disseminated to the Collaborative and community.

Washington County Housing Collaborative/Continuum of Care has been doing annual counts for the last ten years and plans to utilize the same or similar methods as this year for obtaining its unsheltered count in 2007.

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

1. HMIS implementations:

a. Phases of HMIS Implementation

Planning Start Date: Not applicable

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other:

Data Collection Start Date: April 1, 2005 for transfer to Service Point from ACCESS Data System

Date the CoC achieved or anticipates achieving 75% bed coverage in:

Please note that our HUD McKinney-Vento provider has been using ACCESS data as HMIS. This chart reflects involvement in the formal HMIS Service Point system taking into account training dates that the provider will be attending in July 2005. We do have other providers who have participated in training in 2004.

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter	01/2000	
Transitional Housing	01/2000	
Permanent Supportive Housing (McKinney-Vento funded units)	01/2000	
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS	N/A	0%
Other non-housing programs participating in HMIS	1	100%

Form HUD 40076 CoC-J page 1

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

a. Describe in a brief narrative the progress of the HMIS implementation since July 2004,

including the engagement and participation of special populations such as domestic violence providers.

The Washington County Housing Collaborative has been an active member on the HMIS Statewide Implementation Group since early 2002, although formally an HMIS system has been in place since January 2000. In April 2005, Washington County began transition into the HMIS Service Point system, incorporating all shelter and McKinney-Vento funded programs into the new system. When the McKinney-Vento funded providers become trained in July 2005 they will independently input data from their programs into HMIS Service Point. The statewide Advisory Group has met on a regular basis and has engaged the domestic violence providers. This group has extensively worked on appropriate data privacy components to assure domestic violence providers of their clients' safety. The domestic violence shelter provider is an active member of the Washington County Housing Collaborative and Continuum of Care. The other two faith-based programs not receiving Federal or State funds will provide their data directly to the Washington County Housing Coordinator who will, in turn, enter the information into HMIS. The Housing Coordinator uses the HMIS as a case management tool in addition to a data collection system for all clients accessing Housing Unit resources including emergency shelter.

b. Describe any challenges and/or barriers the CoC have experienced implementing the HMIS since July 2004.

The annual user fees for the HMIS are now \$300 plus a one-time training fee of \$50 and set-up fee of \$175. These fees continue to be a burden for our providers, particularly those under no obligation to participate. In order to assist with the fees associated with participation in HMIS, Washington County has allocated \$4,000 to assist in getting provider participation throughout the county. However, the fees continue to be a barrier in getting faith-based providers not receiving HUD funds to participate. As a member of the Statewide Implementation Group, Washington County is working with the other continuums to lower the fees for 2006 and on.

2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, security) and the CoC's strategy to monitor and enforce compliance.

The Washington County Housing Collaborative is an active participant with the Minnesota HMIS Implementation Group and has assisted with the implementation of the data and technical standards, particularly data privacy. Minnesota is using Bowman Internet Systems for its HMIS. Bowman is contractually obligated to implement the HUD data standards. Minnesota has already created data privacy notices for HMIS that were in use in all the Continuums of Care including Washington County and those notices were modified when HUD released the final data standards in July 2004. The Minnesota HMIS Implementation Group sees its role as assisting agencies in implementation and use of HMIS and in that role, will train agencies on data privacy and appropriate use of the system. Since Minnesota's HMIS is and will be in use in agencies that range in size from very small to very large, the Implementation Group feels that working individually with each agency to tailor training and implementation to meet each agency's needs and to provide on-going support through User Groups is the best way to monitor and enforce compliance. User Groups were started in Minnesota in February 2005. User Groups are arranged geographically to encourage attendance. In the fall of 2004, several members of the Minnesota HMIS Implementation Group participated in the National HMIS Conference in Chicago and learned new strategies to work with community agencies on successful implementation of HMIS. We have been implementing many of these strategies like the User Group model. Washington County Housing Collaborative will continue to provide representation on the Statewide Implementation

Group using these strategies and disseminating this information to membership.

3. Counting Procedures

- a. **Describe in a brief narrative the CoC’s methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street). If the CoC is currently unable to generate an unduplicated count across all programs within the CoC, describe the strategy for achieving an unduplicated count in the future.**

Washington County Housing Collaborative provides an unduplicated count of individuals served by programs that are participating in the Homeless Management Information System. In some cases, clients served by more than one agency are “unduplicated” at the time of the intake as some agencies are sharing client data, (with appropriate data privacy releases). Other clients are unduplicated only when Wilder Research runs continuum-wide reports on our behalf. When running these reports, Wilder checks for duplicate names, birthdays, social security numbers, and other identifiers as available, to unduplicate records of clients served by more than one program or agency.

The largest potential shortcoming with our ability to unduplicate clients served by programs participating in HMIS is that there are clients who may object to having their data entered into the HMIS. These clients can be entered anonymously into the system that is accounting for less than three percent system wide. When domestic violence and legal services-related programs become involved they will have an option to input clients as “anonymous”. At this time, Washington County has not experienced this issue.

A much larger limitation on generating an unduplicated count of all homeless persons in the region has to do with HMIS coverage. To date the Statewide Implementation Group has been working to incorporate HUD- and state-funded programs into HMIS. In the future, the goal is to recruit agencies that are not required by their funders to participate in HMIS. Some homeless persons may go undetected since their episodes are brief and may be resolved before contact with homeless service providers. Washington County is unique in being a small region that has participation of all providers at the Continuum of Care table. The Housing Unit of Washington County Community Services will continue to act as the central point of contact into service provision and hopes to include food shelves and other faith-based emergency assistance centers.

- b. **List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC**

Total Duplicated Client Records Entered in 2004: _____

Total Unduplicated Client Records Entered in 2004: _____

4. HMIS Lead Organization Information:

Organization Name: Wilder Research Center
Contact Person: Craig Helmstetter
Phone: 651 647-4616

Email:

cdh@wilder.org

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the CoC is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization.

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
Minneapolis/Hennepin County CoC	MN04-500	Coon Rapids/Anoka County CoC	MN04-507
St. Paul/Ramsey County CoC	MN04-501	Moorhead/West Central Minnesota CoC	MN04-508
Rochester/Southeast Minnesota CoC	MN04-502	Duluth/St. Louis County CoC	MN04-509
Dakota County CoC	MN04-503	Scott-Carver Counties CoC	MN04-510
Northeast Minnesota CoC	MN04-504	Southwest Minnesota CoC	MN04-511
St. Cloud/Central Minnesota CoC	MN04-505	Washington County CoC	MN04-512
Northwest Minnesota CoC	MN04-506		

Form HUD 40076 CoC-J page 2

Exhibit 1: Continuum of Care – Projects Priorities Chart

(This entire chart will count as only one page towards the 30-page limitation)

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term Of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
Human Service, Incorporated	Human Services, Inc.	Mosaic Homes	1	\$83,748	2 (yrs)		PH			
Wilder Research Center	Wilder Research Center	HMIS	2	\$18,588	1 (yr)					
**Total Requested Amount:				\$102,336						

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Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart – Washington County is NOT a Hold Harmless Continuum

Continuum of Care Priorities Narrative:

- a. **The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed (Check all that apply):**

Audit APR Site Visit Monitoring Visit Client Satisfaction

- b. **Describe how each new project proposed for funding will fill a gap in your community's Continuum of Care system.**

Washington County's Continuum of Care's pro-rata share for 2005 is \$102,336. The Human Services, Incorporated project is a permanent housing project as a two-year renewal that will continue to provide permanent housing for chronically homeless individuals with serious and persistent mental illness. The new project this year is a HMIS request for funding from Wilder Research Center requesting the balance of Washington County's Continuum of Care's pro-rata share. This request will assist in lowering fees for participation throughout the State of Minnesota's collaborative effort in HMIS.

- c. **Demonstrate how the project selection and priority placement processes for all projects were conducted *fairly and impartially*. In doing so:**

(1) Specify your open solicitation efforts for projects;

Project solicitation efforts: Through its network of organizations and individuals, the Housing Collaborative informed and welcomed all those interested to submit a 2005 Super NOFA program application. An extensive mailing list with over sixty-five names was used to solicit proposals. Public services announcements were made using the local media. A public meeting was held in order to assist in an open forum of discussion regarding McKinney-Vento funding. Newspapers were notified. Notice of the meeting was made to participants in five focus groups held throughout the county. The Collaborative prepared an Exhibit 1 Continuum of Care so that applicant agencies could focus on developing their program applications.

(2) Identify the objective rating measures applied to the projects;

Objective rating measures used by the review committee:

1. Relative priority and consistency of project based on annual progress report, auditing and monitoring activities
2. Reasonableness of budget request compared to number and type of homeless clients served and outcomes expected
3. Capacity of organization to deliver proposed service; history of success in delivering services; knowledge of target group; and, administrative capacity (finance, report writing, evaluation)
4. Efficacy of program design to deliver efficient, effective and responsive services resulting in positive, measurable outcomes

(2) Demonstrate that participants on the review panel or committee are unbiased;

Collaborative members feel confident that the process used gave fair and equal consideration to the proposed projects. One proposed project is a two-year renewal of a successful permanent housing project. The committee discussed the efficacy of a one versus two-year renewal and decided to approve a two-year renewal to allow more available resources for a permanent housing project applicant in 2006.

The other project is the Statewide HMIS funding request of what was the balance of our pro-rata share. Due to the limited funding either with or without a renewal, this felt the most appropriate use of the pro-rata share this year. The process involved these steps at the May 11, 2005 Housing Collaborative meeting with a follow up meeting of the Continuum of Care Committee on June 8, 2005:

- The applicant agency completed a two-page project summary and agencies applying made presentations and answered questions at the meeting.
- Individual Collaborative members participating in an unbiased ranking committee with no conflict of interest issues completed a Program Ranking Criteria sheet to rate each proposal.

(4) Explain the voting system/decision making process used:

Voting system: Members met in stakeholder groups to develop a stakeholder-ranking vote. The three groups determined the final ranking contained in this document. Stakeholder groups were service consumers/faith-based, private non-profit agencies, and government (county, city, state) and were considered unbiased. Applicant agency representatives did not vote in the process to insure fairness and eliminate conflict of interest.

(5) If your CoC receives the hold harmless pro rata need amount and has used the reallocation process to free up PRN to create new projects, please explain the open decision making process used to reduce and/or eliminate projects;

Washington County is not a hold harmless continuum.

(6) If written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved;

The Washington County Housing Collaborative, Continuum of Care Group or the Washington County Community Services Housing Unit has not received any complaints written or verbally in the last twelve months.

Exhibit 1: Continuum of Care Supplemental Resources

Enrollment and Participation in Mainstream Programs

1) Check those mainstream programs for which your CoC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI SSDI TANF Medicaid Food Stamps
 SCHIP WIA Veterans Health Care

2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other:

Exhibit 1: Continuum of Care Project Performance – Housing and Services

A. Housing

1. Permanent Housing

- | | |
|---|---|
| a. What is the number of participants who exited the permanent housing project during the operating year (APR Question 12(a))? | 3 |
| b. What is the number of participants who did not leave the project during the operation year? | 8 |
| c. Of those who did exit , how many stayed longer than six months in the permanent housing? | 3 |
| d. Of those who did not leave , how many stayed longer than six months in their permanent housing? | 8 |

3. Of the total number of participants in the permanent housing project both those who left and those who stayed? (c+d divided by a+b x 100 = e) 100%

2. Transitional Housing

Not applicable to this grant.

B. Supportive Services

Continuum of Care Participation in Mainstream Programs and Employment Chart

Neither of these situations applies to this Exhibit 1 document:

- If there are no applicable renewal projects. **N/A**
- To indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses. **N/A**

1 Number of Adults Who Left (use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 divided by Col 1 x 100)
3	a. SSI	1	33.3%
3	b. SSDI	2	66.7%
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veteran's Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veteran's Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other		

Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

Continuum of Care: Project Leveraging

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	Mosaic Homes	Mental Health Case Management	Washington County Community Services	\$117,600
	Mosaic Homes	Cash Match	Human Services, Inc.	\$20,188
2	Amherst H. Wilder Foundation, Minnesota's HMIS	Grant Contract	State of Minnesota Interagency Task Force on Homelessness	\$4,062
TOTAL				\$141,850