

Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

1A-2. Collaborative Applicant Name: Hennepin County

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Accountable Structure and Participation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	6
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	
14.	Law Enforcement	Yes	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	5
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	3
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	2
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	2
	Other: (limit 50 characters)		
46.	Philanthropy	Yes	1
47.	Tribal partner	Yes	1

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

Hennepin CoC invites new members through a transparent, publicly available process that is communicated through an annual cadence and public posting. In addition, Hennepin CoC includes, engages with and welcomes new faith-based organizations and other nontraditional partners throughout the year. Invitations are posted on the CoC's website, shared through regularly sent newsletters, and announced during public board meetings and working committee updates, consistent with the CoC charter. The CoC also hosts an annual community meeting that is open to anyone within the CoC's geographic area, and the invitation to this meeting is widely shared to ensure broad public awareness. The CoC maintains a large and regularly updated subscriber list (6,507 subscribers) to support outreach when soliciting new members for working committees, general CoC participation, and engagement in efforts to prevent and end homelessness. All CoC working committees actively seek membership that reflects the demographics and lived experiences of people receiving services within the CoC. New members are welcomed throughout the year based on identified committee needs, ensuring the process remains open and visible to the public.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

Throughout the year, input is solicited from a broad array of individuals and organizations with knowledge of, or interest in, preventing and ending homelessness. Hennepin CoC uses a transparent, publicly available process to solicit and consider opinions regarding its performance, strategies, and priority setting activities. Opportunities for input are posted on the CoCs website, shared through regularly sent newsletters (distribution list of 6,507 subscribers), and announced during public board and working committee meetings. This includes people with lived experience, service providers, outreach teams, youth organizations, family service partners, housing developers, healthcare providers, school districts, faith based groups, neighborhood associations, advocacy organizations, and local government. The CoC integrates multiple lived experience groups into formal decision making structures. The Lived Experience Advisory Group (LEAG), Youth Action Board (YAB), and Street Voices of Change (SVOC) provide ongoing feedback and direction. Three lived experience groups have voting representatives on the CoC Board. The CoC regularly attends SVOC meetings and other provider led community meetings focused on shelter, outreach, and prevention. Feedback from these sessions has directly informed CoC priorities.

Annually, the CoC hosts a widely advertised community meeting attended by more than 250 participants. This event includes keynote remarks from elected officials, service providers, County leadership, and individuals with lived experience of homelessness. The meeting highlights emerging strategies to make homelessness rare, brief, and nonrecurring, and features six breakout sessions focused on areas such as funding opportunities, affordable housing, and homelessness prevention. Each session is designed to gather feedback, encourage discussion, and identify local needs and trends.

Across Executive Board meetings, working committees, and public forums, the CoC shares Need/Gap analyses, PIT count data, and other planning information to solicit feedback and ensure decisions are informed by current trends and community perspectives. Annual and ongoing engagement processes provide meaningful opportunities for public input, new ideas, and collaborative strategies for preventing and ending homelessness, supported by 8.5 FTE planners who staff CoC committees, conduct outreach, and maintain strong partnerships.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

Hennepin CoC uses a transparent, publicly available process to accept and consider proposals from both existing and new organizations, including faith based groups. All competition materials, timelines, scoring tools, and instructions are posted on the CoC website, shared through newsletters, and announced in public CoC Board and committee meetings. The CoC also advertises the local competition through its NOFO listserv (6,507 subscribers). Coordinator contact information is listed on federal, State, and local websites, allowing organizations to reach staff throughout the year.

The CoC encourages applications from organizations that have not previously received CoC Program funding and conducts targeted outreach each year. For FY2026, Hennepin CoC prioritized outreach to treatment and recovery providers, behavioral health organizations, faith based groups, and other partners outside traditional CoC networks.

As a result of broad targeted outreach (to include faith based organizations), the CoC received 7 new project applications from first time applicants, including Transitional Housing, SSO Standalone, and SSO Street Outreach proposals totaling approximately \$5.7 million dollars in new requests. The CoC hosted a New Projects and e snaps information session and offered multiple one on one technical assistance meetings until all applicants successfully submitted in e snaps.

Hennepin CoC's local criteria and ranking process emphasizes objective criteria using system performance metrics, objective outcomes, and cost effectiveness. In 2026, we created a Support Service participation policy. All proposals are accepted through an open local competition and reviewed using standardized, publicly available scoring criteria. Panels include subject matter experts, County staff, and representatives with lived experience to ensure fairness and consistency. This process ensures that new, small, faith based, and community based organizations have equal access to CoC Program funding and are fully supported in navigating the application process.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

Hennepin CoC identified a gap in the community's ability to use available vouchers under the Melania Trump Foster Youth to Independence (FYI) program through data from the current referral waitlist. The CoC is pursuing strategies to address the needs of youth 18-24 facing homelessness who have previously lived in and/or are imminently leaving foster care, with a goal of ending foster youth homelessness.

Gap: Securing services funding for FYI vouchers was a key objective in the Hennepin CoC Coordinated Community Plan (CCP). According to the Minnesota Promise report, 80% of transition age foster youth in our CoC experienced homelessness by age 24. While original funding was secured, the ongoing engagement with the CCP, including the advisory expertise of the Hennepin County Youth Action Board, has surfaced additional need. Public housing authorities may request additional non-competitive FYI vouchers each year subject to available funding, but without adequate capacity for service providers, non-competitive vouchers risk underutilization. As of July 2026 there were 36 vouchers available; current service provider capacity cannot fill all the vouchers and provide the mandated 36 months of support services, while 19 FYI-eligible youth wait on the referral waitlist. Average wait time is approximately 4-6 months.

Strategy: increase service provider capacity by pursuing funding for current providers to increase caseloads and continue delivering high-quality support services to an increased number of youth to support their self-sufficiency and stability. These support services will focus on independent living skills including financial literacy, resources for pregnant and parenting youth, and partnering with the private sector to provide pathways to success in education and employment.

Quantifiable performance measures: reduction in wait time (from 4-6 months to 90 days), increase in voucher utilization (85% or higher), reduction in number of youth on waiting list.

Timeline: start of 2026 – identify gap; summer 2026 – pursue funding; fall 2026 – secure funding, providers begin hiring / increasing case loads / supporting youth in securing housing; fall 2027 – see measurable results on quantifiable performance measures listed above

Identifying specific funding sources for planned activities: Youth Homelessness NOFO, state Long Term Homeless Supplemental Services Fund RFP

Responsible: Hennepin County Housing Stability

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
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2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	32%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Hennepin CoC is uniquely positioned with a strong and comprehensive treatment and recovery response system that offers a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports. All Hennepin CoC projects provide access to the full range of levels of care, and 18 renewal projects directly provide outpatient treatment for mental health and substance use disorders.

Example 1: Onsite at AICDC's Anishinabe campus, Diversion and Recovery Team (DART) teams use a trauma-informed approach to connect individuals experiencing homelessness and severe substance use disorders with housing, healthcare, and recovery-oriented support. DART teams include case managers, a nurse, a peer recovery specialist, and a vocational service worker.

Example 2: Beacon Interfaith Housing Collaborative's Lydia Apartments project has individual therapy, adult rehabilitative mental health services (ARMHS), and targeted case management (TCM) on site.

Example 3: RS EDEN (4 CoC projects) offers comprehensive outpatient mental health services, including individual talk therapy and group therapy. Services are delivered in flexible formats to meet participant needs, including in-office sessions, telehealth (virtual), and in-home or community-based services within participants' housing environments. This approach reduces barriers and supports engagement and continuity of treatment. In addition, RS EDEN provides outpatient Substance Use Disorder (SUD) programming. These services include structured outpatient treatment that supports individuals in reducing or eliminating substance use, developing coping strategies, and maintaining recovery while living in the community.

Example 4/5: Simpson Housing Services (with 5 CoC projects) and Alliance (2 CoC projects) work with a broad network of providers for mental and chemical health and actively refer for outpatient treatment and/or therapy.

Example 6: The Link (4 projects) contracts with Sutton Outpatient Services to provide chemical dependency and substance use services to youth in the program. The services that are provided are education on drugs and alcohol, individual therapy sessions, substance use disorder assessments, and direct referrals to inpatient treatment.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Thirty-eight of Hennepin CoC's projects provide access to peer recovery specialists or other forms of peer support and recovery navigation. The Minnesota Department of Human Services manages training and certification of Certified Peer Specialists in our CoC.

Example 1: RS EDEN (4 CoC projects) has peer recovery specialists onsite that facilitate groups and events and provide individualized or family-based supports for recovery and sobriety.

Example 2/3: Alliance (2 CoC projects) partners with Touchstone Mental Health(service provider for 3 CoC projects) to employ peer specialists as part of their teams in programs, and staff help residents navigate referrals, schedule appointments, reconnect with providers after disengagement, access benefits and transportation, and identify community-based recovery resources. Touchstone Mental Health encourages residents to develop natural supports and connection within their community, hosts Alcohol Anonymous meetings, and connects residents with peer support resources.

In 2026, Hennepin CoC will expand peer support and recovery partnerships through 40% New Transitional and Support Service only projects, which will expand recovery partnerships.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Hennepin CoC identifies individuals experiencing Serious Mental Illness with services from Health Care for the Homeless, case management, street outreach, drop-in center, emergency shelter, transitional housing, and permanent supportive housing staff. Hennepin CoC projects connect households with the services necessary to promote stability. Staff are trained to connect individuals with the following services:

- 1) The Hennepin County Mental Health Center, a Certified Community Behavioral Health Clinic (CCBHC) that supports individuals with an assessment/evaluation, therapy, education, medication services, and support with other priorities like employment.
- 2) The County's Community Outreach for Psychiatric Emergencies (COPE) mobile mental health crisis response program (e.g., onsite at shelter)
- 3) The County's walk-in Behavioral Health Center to address immediate needs and get connected to long-term support.
- 4) Health Care for the Homeless clinics embedded in emergency shelters and drop-in centers to connect individuals with therapy, medication, a diagnostic assessment, and community mental health support.
- 5) One of Hennepin CoC's five Assertive Community Treatment (ACT) teams.

For example, RS Eden (4 CoC projects) supports individuals experiencing Serious Mental Illness by identifying behavioral health needs through ongoing participant engagement, formal service assessments, case management, and collaboration with service providers. Service needs are assessed during program intake through participant interviews, review of available documentation, and coordination with existing providers. Needs are then reevaluated on an ongoing basis, at a minimum every six months, to identify changes in behavioral health needs and ensure participants remain connected to the services and supports that best promote stability. Through regular assessment, participant-centered advocacy, intensive service coordination, and strong partnerships with behavioral health providers, RS Eden helps individuals experiencing Serious Mental Illness access and maintain the services necessary to achieve housing stability and improve overall well-being.

As part of our FY2026 application, Hennepin CoC will expand mental health service rich partnerships through 40% New Transitional and Support Service only projects, which will expand recovery partnerships.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

Hennepin CoC has partnerships with providers, including Touchstone Mental Health (service provider for 3 CoC projects) and RS Eden (4 CoC projects) who provide services in connection with the Hennepin County District Court specialty courts serving individuals with mental and substance use disorders, including criminal mental health, drugs, DWI, and veterans.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Touchstone Mental Health works to coordinate with behavioral health and corrections staff, treatment providers, probation officers and others involved in Drug Court, Mental Health Court, and other courts. Staff provide information about housing-related needs, assist with appointments and community-based treatment requirements, and communicate changes in treatment and/or level of care. Their staff have worked with clients who have been petitioned for these courts and provide reports to support commitments and report adherence as needed, as well as advocating for needs of individuals.

RS Eden has an internal treatment resource that can offer all levels of care and has a specialty of treating individuals with a history of justice involvement. Licensed Alcohol and Drug Counselors and other staff have experience working with individuals in drug court and often work within the drug court system by:

- Weekly communication with agents, lawyers and other members of the drug court team with updates and sending documentation of progress to support the completion and requirements of drug court
- In house urinalysis testing which is always required when someone is in the drug court process. This is critical for participants, particularly so they don't risk not completing the drug court process because of the logistics of completing all the required testing.
- Letters and appearances in court to advocate for participants and speak to individual's progress in the program.
- Forensically endorsed Certified Peer Recovery Specialists, staff who have specialized training in the justice system, are embedded into RS Eden teams, including housing.

As part of our FY2026 application, Hennepin CoC will expand mental health service rich partnerships through 40% New Transitional and Support Service only projects, which will support housing stability and movement towards independence, including by leveraging court orders.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Hennepin CoC partners with Greater Twin Cities United Way, the 988 Minnesota Lifeline Center for Hennepin County and the County's Community Outreach for Psychiatric Emergencies (COPE) team for 24/7 mobile crisis and outreach services. COPE staff are available for face-to-face (in shelter), phone, and video visits. Within Hennepin CoC, the City of Minneapolis's Behavioral Crisis Response team is dispatched by 911 within Minneapolis for crisis intervention, counseling, and resource referral.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	79

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

Hennepin CoC has multiple partnerships including Hennepin County's Mental Health Center, a Certified Community Behavioral Health Clinic (CCBHC), and the following SAMHSA Projects for Assistance in Transition from Homelessness (PATH) providers: Hennepin County (3 CoC projects), Avivo (1 CoC project), RS Eden (4 CoC projects), Tasks Unlimited, and Touchstone Mental Health. Touchstone is the service provider for 3 CoC projects; in one project, Touchstone's PATH team manages the CES referrals.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

MN Adult & Teen Challenge is a new CoC project applicant that operates sober housing in Hennepin CoC. Minnesota has a robust sober house and recovery housing industry. Affordable options are promoted through the State's Housing Benefits 101 directory (www.hb101.org), and the MN Association of Sober Homes hosts a directory of market-rate options (www.mnsoberhomes.org). Both include sobriety rules, peer accountability, in-house recovery support & expectations for treatment & employment/education.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

To facilitate warm hand-offs to stable housing providers, Hennepin CoC coordinates with Projects for Assistance in Transition from Homelessness (PATH) teams working with homeless individuals to connect with ongoing support such as targeted mental health case management, Certified Community Behavioral Health Clinics (CCBHC), Assertive Community Treatment (ACT) teams, housing case managers, community support programs, peer recovery support workers, and individualized community-based resources such as food shelves, substance use supports (recovery meetings, groups), clothing closets, community meals, faith based organizations.

Through PATH, Touchstone Mental Health works with individuals experiencing homelessness to connect them to behavioral health services, benefits, and housing. When needed, Touchstone Mental Health provides services in connection with Drug Court, Mental Health Court, and other specialty courts. Once housed in supportive or sober housing, residents continue to receive housing-focused support and assistance connecting to outpatient mental health and substance use treatment, crisis services, medication management, benefits, and community resources.

Touchstone Mental Health staff maintain the relationship through the transition into housing and coordinate with providers when residents need increased support, including ACT, crisis, residential, or inpatient services. Hennepin CoC partners know that 988 and the County's Community Outreach for Psychiatric Emergencies (COPE) team can support in a crisis. This continuity from outreach to housing to ongoing treatment and recovery supports helps prevent gaps in services and reduces the risk of housing loss or return to homelessness.

As part of our FY2026 application, Hennepin CoC will expand mental health service rich partnerships through 40% New Transitional and Support Service only projects, which will support housing stability and movement towards independence.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$20,692,199
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$11,941,863
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	58%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$6,834,955
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	91%

1C-3.

Participation Requirements for Supportive Services.

You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?

100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

Hennepin CoC consults regularly with ESG recipients, the City of Minneapolis and Hennepin County, to ensure ESG funds are planned and allocated in alignment with local needs, system gaps, and trends identified through CoC analysis. As required, consultation occurs directly with these entitlement jurisdictions, not subrecipients.

Hennepin County, the CoC's Collaborative Applicant, works in partnership with the City through Joint Powers Agreements (JPA) to oversee funding and contract directly with providers delivering ESG funded services. Through this partnership, Hennepin CoC helps shape ESG funding priorities for City and County funds, and informs decisions by sharing data on system performance, unmet needs, and opportunities for increasing exits from homelessness and reducing length of time homeless. Hennepin CoC also consults with both ESG recipients to develop five year Consolidated Plans, ensuring CoC priorities and data are reflected in strategic planning.

Hennepin CoC will continue to consult with ESG recipients in the future. Every quarter, CoC staff review spending for City and County ESG to ensure spending is on track. Additionally, staff monitor provider performance. Every year, Hennepin CoC consults with City and County ESG leads to help determine allocations that support the CoC, City, and County's joint goals of connecting people experiencing homelessness to services and time-limited housing to rapidly end their homelessness and increase their self-sufficiency.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Hennepin CoC coordinates with shelter providers to connect individuals and families with CoC assistance through our Coordinated Entry System (CES). Individuals and families need a CES assessment to be considered for CoC funded transitional and permanent supportive housing. Shelter providers and housing-focused case managers (1 CoC project) are responsible for assessing or connecting individuals and families with a partner assessor. Currently, all families are assessed by the partner assessor Agate Housing + Services Next Step Assessors; individuals are assessed by trained shelter staff, housing-focused case managers (1 CoC project), street outreach teams, and mobile CES assessors (1 CoC project); and individuals and families fleeing domestic violence are assessed by the partner assessor Domestic Abuse Project (1 CoC project). Starting January 2027, families in shelter will be assessed by Hennepin County shelter staff and the County will contract with a provider (\$425,000/year) to improve access to CES assessments for both families and individuals.

Hennepin CoC partners with Hennepin County's shelter planners to monitor individuals and families in shelter without a CES assessment. The County's shelter planners host 6 case conferencing meetings each month with shelter providers to strategize and connect individuals and families with CoC funded permanent supportive housing. As of September 2026, our by name list shows that 464, or 61% of, individuals with a disability in shelter and 161, or 80% of families in shelter have an active CES assessment.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

Hennepin CoC shares PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government, as permitted by law and HMIS policy, to understand trends, evaluate programs, and inform the homelessness response system.

Statewide data sharing: Minnesota's HMIS is a shared system. Through the Institute for Community Alliances (ICA), the CoC contributes to aggregated, non identifiable dashboards and reports. After HUD finalizes each CoC's PIT and SPMs, ICA produces statewide and county level visualizations and distributes them to CoCs and state partners. Personally identifiable information remains local, and a consented HMIS Release of Information (ROI) allows authorized users to view client records in HMIS for legitimate business purposes. Separate consent is required for disclosures outside HMIS, and all sharing follows HMIS policies plus applicable state and federal law.

Local government: At each quarterly Heading Home Hennepin (HHH) Executive Committee meeting, which includes State of Minnesota, Hennepin County, and City of Minneapolis government representatives, Hennepin CoC presents aggregate information on homelessness prevention outcomes, shelter usage, housing placements, # of households on the CES Priority List, maintaining functional zero in veteran homelessness, addressing homelessness among special populations, returns to homelessness, and length of time to permanent housing move-in. Meeting attendees can ask questions, request additional data, and make recommendations. Annually, the CoC also presents the Needs and Gaps analysis and PIT results.

State government: Hennepin CoC shares HMIS data with state government through a partnership with the Minnesota Interagency Council on Homelessness (MICH). MICH and its member agencies use HMIS data across CoCs to understand trends and inform state policy, legislation, and funding. For example, this year the state Family Homelessness Prevention Assistance Program (FHPAP) is utilizing cross-CoC HMIS data in a research project to improve access to rental assistance for households experiencing or at risk of homelessness.

Governance & data quality: Hennepin CoC is an active partner on the statewide HMIS Governing Board. A County staff co chairs the End User Advisory Committee. The Hennepin CoC and state government partners have historically collaborated on data quality initiatives to jointly monitor projects on the completeness, accuracy, and timeliness of their HMIS data entry.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

Hennepin CoC pairs HMIS with other data sources to improve care through Hennepin County partnerships.

The County Public Health department combines HMIS and Minnesota Department of Health data sets such as infectious disease data to coordinate care for clients by locating clients in need of critical health services & determining gaps in service coverage. This practice also supports the department in finding patterns that inform policy & service protocols. County Public Health data from 2024 showed that about 15% of people with HIV and 32% of people with syphilis received at least one permanent supportive housing or homeless service since 2017. They also use HMIS to connect to death records to identify people who died of an opioid overdose while homeless. This data is reviewed annually with County leadership across Behavioral Health, Public Health, & Housing Stability.

The County Integrated Data and Analytics team uses HMIS data with Human Services, Child Welfare, & Corrections data. In December 2025, of the 2,349 individuals in emergency shelter, 1,318 were also receiving financial assistance and 154 were engaged in the corrections system, including on probation. This data allows Hennepin CoC to broadly understand the overlap between various programs and homelessness services to identify new programming, areas of collaboration, & exploratory data analyses.

Coordinated Entry System staff & some County housing-focused case management staff (1 CoC project) use MAXIS, the statewide public benefits eligibility system, as an additional data source beyond HMIS to verify a client's eligibility for a housing referral & close benefit gaps. This practice has contributed to improvements in the success rate of CES referrals & reduced the amount of time it takes from referral to housing move-in.

Health Care for the Homeless staff use the electronic health record system EPIC in tandem with HMIS for care coordination. EPIC tracks all clinical data, including progress notes, labs, prescriptions, follow up, and scanned patient documents, while HMIS tracks where the household may be staying & where additional coordination is needed.

County homeless prevention staff are conducting a pilot that pairs HMIS data and County Human Services data to develop a proof of concept for targeting homeless prevention resources, creating an algorithm risk score of homelessness & offering upstream care coordination & eviction prevention programming to those of highest risk.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Hennepin CoC partners with Hennepin County's Dept. of Workforce Development Employment & Training Services program to connect individuals experiencing or transitioning out of homelessness to individualized workforce services. In 2025, 436 referrals were made with 344 cases served. Hennepin CoC also partners with local CareerForce centers and Workforce Innovation and Opportunity Act (WIOA) Adult, Youth, and Dislocated Worker programs governed by the Hennepin-Carver Workforce Development Board.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Hennepin CoC's street outreach projects cooperate without interfering with first responders and law enforcement. Street outreach projects address individuals' immediate basic needs and offer system navigation to emergency shelter, treatment, and/or permanent housing to increase housing and service engagement and promote use of CoC services.

Example 1: Hennepin County (Housing and Redevelopment Authority / Regional Rail Authority Security) does not allow tents or camping on their property, and County Security enforces this policy. Any time County Security engages an individual who is camping, they refer them directly to street outreach projects, including the County's Streets to Housing (S2H) team. S2H is a housing focused street outreach model that addresses immediate needs while working on long term, permanent solutions to unsheltered homelessness through coordination with community provider agencies. S2H provides full geographic coverage for Hennepin County and quickly responds to concerns of people sleeping outside within the CoC. The S2H team has exited 3,206 residents since it began in August 2022 (as of August 2026) and of those with known exit information, 91% exited into shelter, treatment, or housing.

Example 2: Metro Transit Police Department has a specialized street outreach project, Homeless Action Team (HAT). This team spends their nights on light rail vehicles, building trust by providing food, clothing, and other assistance. They partner with CoC partners, including S2H, to address unsheltered issues on and around the transit system. In Q2 2026, HAT conducted 31 hours of outreach in both Hennepin and Ramsey CoCs. Officers responded to 182 HAT calls for service. HAT has begun utilizing the new 'Bring It Home' housing choice vouchers from Metropolitan Council's Housing and Redevelopment Authority. There are currently eight recipients in the process for those low barrier vouchers. During Q2, HAT made 235 contacts during outreach and provided many different services and supplies.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Hennepin CoC prioritizes family reunification and preservation from the moment individuals experiencing homelessness access services. As the entry point into the homeless response system, individuals and families that are 18+ and seeking shelter access the Hennepin Shelter Hotline (HSH). HSH's goal is to keep people out of shelter when possible. HSH staff partner with callers to understand if they can stay with family or friends instead of using shelter services. In 2025, 11% of all households seeking shelter were diverted to stay with family or friends through support-network reunification efforts, and 4% of literally homeless households seeking shelter were diverted to stay with friends/family through support-network reunification efforts.

In addition to the efforts of Hennepin Shelter Hotline, Hennepin CoC ensures that case managers in shelter, and street outreach workers attempt to identify support-network reunification opportunities once individuals and families are connected to services. In 2025, 7% of households who exited the family shelter system, exited to stay with family/friends through support-network reunification efforts.

Family reunification is part of goal planning for many families. Projects in Hennepin CoC supports parents in working with the courts, following through with supervision and home visits, and resolving barriers to reunification.

To prevent returns to homelessness among those who have reunified with family or friends, Hennepin County, the collaborative applicant for Hennepin CoC funds multiple rental assistance and housing navigation programs designed to support families who are at risk for homelessness and residing temporarily with family or friends to stabilize in their current housing or access a new sustainable housing situation.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

Hennepin County is the collaborative applicant for Hennepin CoC. The County Sheriff's Office, County Attorney's Office, and County embedded social workers work alongside all city law enforcement agencies. Hennepin CoC respects these organizations' roles and authority within local law enforcement efforts, cooperates as needed, and does not interfere. Instead, we work in coordination whenever possible, which advances the objectives below and provides services to homeless individuals. For example, on September 16, 2025, City of Minneapolis police, the County Sheriff's deputies, and City regulatory service officials were present as city crews cleared a homeless encampment on Lake Street in Minneapolis. At least six different service providers, including the County's Streets to Housing team, visited this encampment regularly to offer services to homeless individuals, five days per week.

The County facilitates the Criminal Justice Coordinating Committee, which prioritizes reducing system barriers and creating opportunities through programs and policies by creating the most effective service models for those experiencing both public safety and human service needs. Successes of the group include, expanding countywide embedded social workers in police departments, tracking and engaging the work of 911 Mental Health Task Force, and collaborating with the Youth Justice Council. In 2026, the group is redefining their strategies with a continued focus on behavioral health and community supports for youth.

The County's Behavioral Health team has strong partnerships with local 911 Emergency Communication Centers, law enforcement agencies, and city partners, helping increase positive interactions between residents and law enforcement and supporting improved housing and service connection for homeless individuals. Hennepin County's Criminal Justice Coordinating Committee (CJCC) prioritizes the integration of public safety and human services.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Hennepin CoC aims to reduce the number of people who are camping in public, and through partnerships connects people in tents and encampments with shelter, services, and long-term solutions. Key partners, such as Hennepin County and the City of Minneapolis, do not permit encampments or camping on their property or surrounding public property, which results in tents and encampments being cleared quickly. No restrictive policies prevent the clearing of tents and encampments.

County: The County (including the Housing and Redevelopment Authority / Regional Rail Authority Security) does not allow tents or camping on their property. The policy is titled, "Camping in public space," and has been effective since April 2024. When tents or camping pop-up on County property, County Security enforces this policy by offering services while enforcing the policy.

City: The City has increased anti-camping, anti-loitering enforcement following a special order issued by the Police Chief in January 2025 directing patrol officers to proactively prevent the formation of encampments on City and private property. In December 2025, the Mayor vetoed Ordinance 2025-061, citing serious safety concerns and warning that the measure would push Minneapolis backward by encouraging dangerous encampments instead of accelerating proven pathways to shelter and housing. This is supported by Minneapolis City Code § 244.60, which restricts camping on public or private property. While the City has been proactively closing encampments before they grow, their website outlines a plan for steps that occur before, during, and after an encampment closure, including notification to the County, Hennepin CoC's collaborative applicant. The City was involved in the closure of 10 encampments so far in 2026.

Service connection: Street outreach projects, including but not limited to the County's Streets to Housing (S2H) and the City's Homeless Response Team (HRT) are available to connect individuals to shelter, treatment, and housing. In Q2 of 2026 (most recently available data) there were 2 encampments closed that met the City's threshold for closure; HRT engaged unsheltered residents 683 times, offered shelter every time, and made 87 housing referrals.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Hennepin CoC monitors the current status of tents and encampments in our geographic area using reports from (1) the City of Minneapolis's encampment closure reports and (2) through active collaboration with community partners using HMIS for care coordination.

1. The City is directed by ordinance to report on any City-sponsored encampment closures and collaborates with Hennepin County, Hennepin CoC's collaborative applicant, to report on housing outcomes for unsheltered individuals. The City closes encampments when they meet a threshold due to risk to public health, public/life safety, community livability, and environmental and external factors. According to reporting from the City, since the Minneapolis Police Department issued a special order directing patrol officers to proactively prevent the formation of encampments on City and private property in early 2025, there has been a shift in the visibility and structure of unsheltered homelessness. In the first two quarters of 2026 (the most recently available data), the City closed 10 encampments; two of those closures were in Q2 (April – June). Outreach and engagement efforts from the City's Homeless Response Team and its Mobile Medical Unit remain intensive even as unsheltered homelessness changes; in Q2 2026 HRT engaged unsheltered residents 683 times, offered shelter every time, and made 87 housing referrals.

2. Partners working to support and house unsheltered individuals meet on a regular basis for coordination and planning, including sharing data. HMIS is used to track persons' unsheltered status and their location via the Current Living Situation element; By Name Lists support care coordination, tracking whether persons have obtained vital documents, connected to benefits, or been referred to housing. From January 2026 to August 2026 outreach partners in HMIS reported more than 509 exits from the streets to permanent housing. As of September 2026 there were 202 individuals on the By Name List who were unsheltered and engaged with an outreach team.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Hennepin CoC supports the reduction of the public use of illicit drugs and the quick connection of homeless individuals with services. On our website, our CoC has a policy titled, “Advancing recovery by prohibiting illicit drug enablement.” This policy prohibits housing projects funded by our CoC from: 1) Operating drug injection sites or safe consumption sites in violation of 21 U.S.C. 856(a)(1); 2) Knowingly permitting the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2); or 3) Knowingly distributing drug paraphernalia in violation of 21 U.S.C. 863.

Additionally, our local jurisdictions support this goal. In early July 2026, the City of Minneapolis and their partners announced a coordinated effort to increase enforcement on open-air drug markets operating in Minneapolis. Efforts include installing cameras to monitor activity, adding more patrolling officers, and citing and arresting more drug sellers and users according to the city ordinance (Title 11, Chapter 223). This new effort prioritizes swift service connection for individuals who are using illicit drugs in public, including connecting to “Rule 25” chemical health assessments to screen for access to treatment.

The Hennepin County Streets to Housing, the City’s Homeless Response Team, and other projects continue to offer shelter, treatment and services to connect individuals to services. As an example, the City’s Mobile Medical Unit, funded by over \$1 million in opioid settlement dollars, delivers healthcare and substance use treatment directly to residents. One of their priorities is to increase accessibility to medications for opioid use disorder, including injectable buprenorphine. In its first year of operation, over 4,000 individuals were engaged with 600 referrals made to other services, including mental health and substance use treatment, housing and social services, and medications for opioid use disorder. For individuals in housing, all Hennepin CoC projects provide referrals to a range of treatment options, with a subset of projects directly providing outpatient treatment for mental health and substance use disorders.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC’s geographic area.

(limit 2,500 characters)

Hennepin CoC data shows that opioid-involved emergency and hospital visits (2023: 12,230 visits, 2024: 12,050 visits) and opioid-related deaths (2023: 382 deaths, 2024: 264 deaths) are decreasing. However, in early July 2026, the City of Minneapolis reported higher rates of drug use in outdoor sites, referred to as “open air drug markets.” This resulted in enhanced coordination between Hennepin County and City of Minneapolis agencies to increase enforcement on open-air drug markets operating in Minneapolis. Efforts include installing cameras to monitor activity, adding more patrolling officers, and citing and arresting more drug sellers and users according to the city ordinance (Title 11, Chapter 223). Data from the City about incidents that were reported to 911 from the public show that in 2025 there were 4,277 calls related to narcotic (drug) activity. As of September 22, 2026, there have been 3,831 calls, which is more calls than this time in 2025 (3,303).

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Hennepin CoC follows the civil commitment process for homeless individuals who are a danger to themselves, or others outlined in Minnesota statute 253B. Hennepin CoC encourages projects to utilize Minnesota's Civil Commitment Training and Resource Center for training and information regarding the Civil Commitment and Treatment Act. Prepetition screening during the civil commitment process is conducted by Hennepin County Human Services' Prepetition Screening Program, whose clinical team evaluates whether the individual meets criteria before any petition is forwarded to the County Attorney's Office.

In March 2026, Minnesota Management and Budget's Results Management Team (MMB) published a Civil Commitment Journey Mapping and Descriptive Analysis report. In that report, they found that in Hennepin County, 67.5% of individuals who had at least one commitment hearing were eventually ordered committed. This rate is slightly higher than the overall rate statewide (statewide, two thirds of individuals with a commitment hearing are eventually ordered committed). They further found that the proportion of civil commitment respondents involved in competency proceedings has increased nearly five percentage points since 2020. The report is the first in a planned series offering new insights into Minnesota's civil commitment process. In 2026, MMB will expand the analysis to examine post-commitment steps, including treatment in DCT and community facilities and outcomes after discharge. The goal is to generate insights into how the state could work to improve both access to and the quality of care in Minnesota's behavioral health system. Hennepin CoC will closely watch for further reporting from this analysis project, participating in data collection where relevant, and apply any lessons learned to continue leveraging beneficial policies and practices and mitigate the effects of restrictive policies.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Hennepin CoC follows the State of Minnesota's statutes and codes relevant to the implementation of the Sex Offender Registry and Notification Act. In a 2024 review by the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART), the State of Minnesota was found to have substantially implemented SORNA in 14 of its 19 dimensions, including meeting all of the minimum requirements in the categories of "Offenses and Offenders Included" and "Tracking and Penalizing Absconders". In the category of "Information Sharing", the State met the requirements for its statutes and codes related to providing registration information to law enforcement and prosecution agencies, in immediate notification of changes in offenders' information, and in immediate notification to NCIC / NSOR. The State maintains a Predatory Offender Registry pursuant to Minnesota Statute 243.166. Under Minnesota law, information about non-compliant registrants and registrants at risk level 3 is made public. When information is not publicly available for a given individual experiencing homelessness and seeking housing through the CoC's Coordinated Entry System (CES), it can cause issues or delays in supporting that individual in finding housing that is available to them and in ensuring public safety. Hennepin CoC works to overcome these negative effects by building trust with individuals throughout the assessment and referral process, so that they can self-disclose and the CoC's CES can still meet the housing needs of the individual and the safety needs of the community.

Hennepin CoC will continue to coordinate with the Hennepin County Sheriff's Office, Minneapolis Police Department, and other local law enforcement agencies to ensure public safety.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Hennepin CoC has a broad coalition of community-based agencies and other partners that, through direct engagement and in partnership with the CoC ensure that all individuals and families experiencing homelessness across the geographic area are engaged. Hennepin CoC's outreach strategy is highly collaborative, housing focused, and data-driven.

Hennepin Shelter Hotline (HSH): Hennepin CoC uses a single point of entry model for adults (18+) and families in Hennepin CoC seeking emergency shelter or housing crisis support. HSH's approach is solution-focused, cost effective, and available to people across Hennepin CoC. Aside from connecting callers to local resources and offering diversion and other services, HSH is funded (\$1 million/year) by Hennepin County to help provide qualifying callers with limited 1x supports such as stipends for security deposits/first month's rent, gift cards for food and other essentials, transportation, or other family reunification expenses. The County has a "shelter all" policy for families with children younger than 18, which means that qualifying families are never turned away.

Coordinated Entry System (CES): Assesses, refers, and houses people regardless of where they are located within the CoC. There are 100+ embedded, trained CES assessors from 30 agencies (3 CoC projects), completing 2,500+ assessments annually. Assessors are outreach, housing-focused case management, drop-in center, emergency shelter, DV shelter, and youth shelter staff. Assessments can be requested by phone or online and can be completed by phone or in person. Information about CES is available across the homeless response system and on the CES website.

Street Outreach: multi-disciplinary outreach teams work with people before, during, and after they transition out of an encampment or other unsheltered situation in an engagement model that was designed with people with lived experience of unsheltered homelessness. Teams leverage HMIS to coordinate care across the CoC and use Current Living Situation to track clients' locations and support their care no matter where they are. 1 project is funded with City of Minneapolis ESG funding (\$300,000/year).

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	PSOP	Yes

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Hennepin CoC, along with all MN CoC's entered into a Collaborative Agreement with the MN Department of Education (MDE) on 9/1/2022, which is updated annually. This Agreement outlines roles of CoCs and MDE for efforts to ensure families and youth experiencing homelessness are informed of their rights under McKinney Vento and have access to resources they need to be stably housed. In the agreement, MDE provides training to CoCs on how to use MDE aggregate public data, a list of training offered to District and School Homeless Liaisons, contact information by county and encourage Liaisons to communicate with their CoC. By October each year CoC's will provide MDE a current list of CoC contacts, info on how to become members of a CoC, and invite MDE and education entities to become members of the CoC. Together, MDE and the CoC commit to collaborate to distribute a bimonthly MN Homeless Education with training dates, resources, and connections to assist local education agencies with serving the needs of youth.

Policies/Procedures: All families in Hennepin family shelters are required to adhere to an engagement and school attendance policy. The engagement policy includes regular check in's with staff regarding housing progress including communicating about school status for all children in the household. The School attendance policy requires all children between the ages of 5-18 to attend school regularly. This is monitored through the above-mentioned engagement policy. School attendance is verified by shelter staff and/or through communication with the school district if attendance is a concern. Documentation may be collected/required for children who are enrolled in non-traditional educational settings, such as homeschooling, online school, or GED programs to ensure compliance with state department of education statute.

Shelter case management: Families in shelter work with case managers to ensure compliance with school attendance policy. This includes connecting new shelter families with the appropriate school district to ensure education is not disrupted as a result of shelter entry. Case managers work with McKinney-Vento liaisons and school social workers/other educational support staff to set up transportation as soon as children transition into a new shelter.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Hennepin CoC coordinates with foster care and child welfare services to assist youth transitioning from public systems of care to housing.

Cross-System Care Coordination Meetings: Staff convene weekly housing-focused care coordination meetings with child welfare staff focused on goal planning, referrals, and barrier removal for households involved in the child welfare system experiencing or at risk of homelessness, including youth exiting foster care and youth in family shelter.

Foster Youth to Independence (FYI) voucher: Staff partner with the Extended Foster Care team and a myriad of youth service providers to identify FYI-eligible youth, 4 public housing authorities to connect youth to a FYI voucher, and 8 FYI service providers to connect youth with ongoing services. Use of FYI vouchers is outlined as a key objective in our YHDP Coordinated Community Plan. There are currently 93 FYI vouchers in use. Memorandums of Understanding (MOU) between Hennepin County, Hennepin CoC's collaborative applicant, and service providers exist.

Family Unification Program (FUP): Staff partner with the Extended Foster Care team to identify FUP-eligible youth and two public housing authorities to connect youth to a FUP voucher. Staff meet with the public housing authority and Extended Foster Care team quarterly to discuss FUP. There are currently 16 youth-specific FUP vouchers in use. MOUs between the County and public housing authorities exist.

Community-based independent living services (ILS): Two agencies, Connections to Youth Independence (1 CoC project) and YMCA of the North, provide community-based independent living services for youth in foster care ages 14 – 21. ILS aim to catch young people before they age out of foster care to prepare them for living independently as adults with services in Education, Employment, Financial Wellness, Housing, and Personal Wellness. ILS agencies communicate regularly with youth's foster parents, social workers, attorneys, and Guardian ad Litem to ensure a smooth and successful transition to adulthood. Once out of foster care, agencies strive to connect young people to resources for former Fosters, including Foster Independence Grants, Education and Training Vouchers, FYI and FUP for Youth housing vouchers, and other resources beneficial to them and their families.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

Hennepin CoC coordinates with RHY-funded providers to ensure youth who are experiencing homelessness are connected to appropriate emergency shelter, housing, and supportive services.

RHY-funded Beacon Interfaith Housing Collaborative (2 CoC projects) operates the transitional living program, 66 West in our community. Hennepin County, Hennepin CoC's collaborative applicant, holds a \$105,000 contract with Beacon Interfaith Housing Collaborative to support this project and monitor their performance. They coordinate with Hennepin CoC through Coordinated Entry (CE) to fill all units at 66 West. Hennepin CoC staff met with Beacon Interfaith Housing Collaborative staff for a site visit in July 2026.

Likewise, for RHY-funded The Bridge for Youth, the County holds a \$304,500 contract for Resilience House and a \$170,500 contract for Gloria's Place to support these projects and monitor their performance. The Bridge for Youth coordinates with other youth serving providers via the Youth Services Network (YSN). YSN maintains a tool with real-time shelter availability for youth. It is used by all youth-serving shelters in Hennepin CoC. As of 9/23/2026, there were 7 openings at Resilience House and 0 openings at Gloria's Place. Hennepin CoC staff met onsite with The Bridge for Youth in December 2025.

RHY-funded Lutheran Social Services (1 CoC project) is another key partner bridging the RHY youth and CoC spaces. LSS is a member agency in the Streetworks Outreach Collaborative, which brings together partner agencies (including several other RHY-funded agencies) to coordinate and deliver street outreach services for youth in the metro area. There is overlap and cross-coordination between this group's member agencies and the youth and unsheltered case conferencing and coordination that is led by the CoC lead.

Additionally, Hennepin CoC and the Youth Action Board work closely with the State of Minnesota's Department of Human Services each year to review proposals for Emergency Services Program and Homeless Youth Act funds to assure local priorities and gaps are integrated into our youth homeless response system.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The CoC funded Hennepin County Family Rapid Rehousing project exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b). The project supports over 140 families with minor children who are experiencing homelessness and meet either the HUD Category 1 or 4 definitions of homelessness (in shelter/unsheltered or fleeing/attempting to flee DV).

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Hennepin CoC Family RRH project subgrants funds to Rapid Rehousing providers, using its grantee role to coordinate matching funds from state sources, assure consistent service delivery across subgrantees, and help align programs with CES and CoC expectations and requirements.

Rapid Rehousing subgrantees recognize that increasing income is the key to a quick, stable exit from homelessness. To support income growth, subgrantees regularly connect families to local employment programs, chiefly Twin Cities Rise, as well as Hired, Goodwill Easterseals, Summit Academy, PPL, Urban League Twin Cities, and Takoda. Subgrantees partner with families in RRH to track employment applications, conduct mock interviews, and consider employment opportunities that provide a consistent salary with living wages. For families with disabilities, supported employment may be an option through Tasks Unlimited.

One of its subgrantees, Agate Housing and Services, recently launched an inhouse culinary skills job training program, called the SEED Program. Targeted at families in Rapid Rehousing, the program offers a twelve-week paid training program that results in multiple certifications that help participants to obtain work in a commercial kitchen. The SEED program is also actively building relationships with local food businesses to create an internship and employment pipeline for program graduates. Agate is also partnering with Wildflyer Coffee to leverage their employment training program.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Subgrantees in the Hennepin Family RRH support families to apply for and obtain a wide variety of mainstream benefits within the family service system.

Providers assist clients in applying for benefits using the MNChoices application, a standardized application process across Minnesota, and that allows people to apply for multiple benefits on a single form. This includes access to the TANF funded Minnesota Family Investment Program, Emergency General Assistance (a state level cash benefits program for families), and food stamps. Providers also help clients apply for Minnesota Family Investment Program Housing Grants and unemployment benefits as needed.

Providers help clients apply for SSI and SSDI as needed and based on eligibility. Case managers assist clients with the SSI application process through the Social Security Administration. Providers often refer clients needing help with SSI or SSDI to Disability Specialists at Cooper Law.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Parenting strategies, health care, and education are a key part of Hennepin County Family RRH efforts.

Children have access to a childcare center while in county shelter, paid for using county childcare benefits. Once housed in RRH, childcare benefits can be ported into the community. Primarily through the PICA Head Start program. RRH provider staff also make sure clients are connected to county workers for other childcare benefits and get clients on childcare waitlists.

Family reunification is part of goal planning for many families. Parents are supported in working with the courts, following through with supervision and home visits, and resolving barriers to reunification.

For parenting support, families are referred to projects like Help Me Grow and Parent Support Outreach Program (PSOP). PSOP offers voluntary, early intervention programs focused on a family's strengths and needs. PSOP workers conduct comprehensive assessments of families' needs and strengths and, together with families, make decisions about services or resources. PSOP families must be facing two or more of the following: Poverty, Domestic violence, Alcohol and drug problems, Mental health concerns, History of child protection involvement, and/or Homelessness.

For pregnancy related and child healthcare, clients are referred to Hennepin County Medical Center's Mother Baby Program and to 1800 Chicago's Project Child Program. Project Child specifically supports mothers dealing with addiction, both prenatally and post-partum. More generally, RRH case managers work to document that children have healthcare and a primary care provider.

RRH case managers coordinate with homeless school liaisons, and so that transportation is arranged for school. Case managers assist parents with school enrollment, make referrals for education services, and help families address school attendance issues. One of the Hennepin RRH subgrantees, Simpson Housing Services, has dedicated Early Childhood and Education Support staff who offer home visiting services. This is in addition to case management staff. Families who are pregnant, and/or have infants and preschoolers get help with resources and interventions needed for healthy development and Kindergarten readiness. For families with school-age children, Children & Youth Services staff provide educational tutoring and mentoring for children in grades K-8, field trips, enrichment opportunities, family fun activities, and one-on-one advocacy for parents.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

Hennepin CoC partners with the VA Community Connection and Resource Center, Minnesota Assistance Council for Veterans, Minnesota Department of VAs, and the Minneapolis VA Medical Center to sustain our community's end to veteran homelessness (certified by USICH in Oct 2024). Veteran-dedicated social workers support veterans, facilitate referrals to employment and housing, and manage care coordination. The CoC's system can identify veterans within 30 days of entry and house them within 90 days.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Hennepin CoC partners with the Domestic Abuse Project (DAP) (1 CoC project), the dedicated domestic violence (DV) Coordinated Entry (CE) assessor. DV households are referred to their phoneline to receive a screening and CE assessment in CES Connect, Hennepin CoC's comparable database for DV CE referrals. DAP also provides access to DV specific resources and abuse therapy for all members of impacted families.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Hennepin CoC collaborates with many re-entry partners to assist those transitioning from the justice systems to include FreedomWorks Reentry housing, MN Adult & Teen Challenge, RS Eden Recovery & Reentry housing and other housing, employment and legal service agencies. RS Eden offers 596 units of recovery focused, transformative opportunities for residents to achieve personal goals, increase skills, income and integrate with the community. 95% of re-entry households remained housed for 1 year.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Onsite at Catholic Charities Endeavors PSH there is short term shelter for homeless adults recovering from acute illness or injury. Staff include nursing, social work, and peer recovery. Referrals come from health care, shelter/outreach, or Hennepin Shelter Hotline. Health Care for the Homeless clinics operate across Hennepin CoC in shelters and drop-in centers. They specialize in chronic disease management, referral to specialty care, acute illness/injuries, MI/CD, & social service navigation.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Hennepin CoC partners with: 1) Touchstone Mental Health, the service provider at Minnehaha Commons, a CoC-funded project for aging adults that are 55+ (0% of residents return to homelessness within 365 days of permanent exit and 100% exit with maintained or increased income); 2) Homeless Elders program, operated by Catholic Charities (2 CoC projects), and 3) 1 social worker, hired by Hennepin County (3 CoC projects) for elderly individuals in our homeless response system.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

To meet local needs, Hennepin CoC prioritizes PSH for individuals experiencing chronic homelessness (CH) and TH/SSO for recovery. In 2024, 1,049 CH persons were served in CoC-funded projects with 0% returning to homelessness within 365 days of permanent exit. Projects: Touchstone Mental Health (3 CoC PSH projects, all CH priority, 106 units); RS Eden (4 CoC PSH projects, all CH priority, 113 units); Catholic Charities Endeavors (PSH with CH priority, 28 units).

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

At Touchstone Mental Health's 3 site based PSH projects (Lydia Apts, Minnehaha Commons, Kyle Garden Square) residents have access to on-site behavioral health and supportive services provided by Touchstone Mental Health staff. Services include mental health support, care coordination, crisis intervention, benefits assistance, housing stabilization, community resource connection, medication support and coordination, and referrals to psychiatric, medical, and substance use services as needed. Staff maintain a regular on-site presence and provide individualized support focused on housing retention, recovery, and community integration.

RS EDEN uses flexible service delivery (in-office, virtual, and home visits) to ensure accessibility at their four site-based PSH projects (Alliance Apts, Central Apts, Emanuel Apts, Portland Village). Services include integrated mental health care, substance use treatment, case management, and Certified Peer Recovery Specialists.

Catholic Charities Endeavors PSH has an onsite behavioral health case manager to provide services, in addition to a Healthcare for the Homeless clinic onsite.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Touchstone Mental Health has established procedures for identifying residents whose needs may exceed the level of support available within a PSH setting. Assessments occur during intake, routine service planning, following critical incidents, after hospitalization, or whenever there is a significant change in a resident's functioning or health status. Staff assess behavioral health symptoms, medical needs, safety concerns, substance use, cognitive functioning, and ability to maintain housing with available supports. When a higher level of care may be appropriate, staff work collaboratively with the resident and their care team to explore options and coordinate referrals. Potential referrals may include assisted living, residential treatment, intensive residential treatment services (IRTS), hospitalization, or other specialized services.

RS Eden utilizes the Self Sufficiency Matrix embedded within the service delivery workflow to determine whether a participant may need a higher level of care. The Self-Sufficiency Matrix is a structured assessment tool completed at program intake and every six months thereafter to evaluate participant functioning and stability across multiple domains, including housing, income, employment, physical and behavioral health, substance use, safety, life skills, social supports, and community involvement. Results from the assessment are used by staff to identify participants who may require a higher level of care, such as more intensive behavioral health services, residential treatment, supportive housing, or other specialized supports.

At Catholic Charities Endeavors, if a resident's care team has concerns for the resident's ability to care for themselves or maintain their unit, they are referred to the mental health case manager and/or the high needs consultation group which is led by a licensed social worker who leads behavioral health work and includes clinical staff. The clinical behavioral health manager, a licensed professional, meets directly with the resident to assess their functioning and needs. This staff member coordinates services with the case management staff, works to identify other options for the program participant, and typically engages with adult protection services. Participants have choice in their housing, so some choose to remain in the PSH program, and staff work with them to access community and/or mainstream resources to support them remaining in the program.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Touchstone Mental Health supports residents in pursuing housing opportunities that align with their goals and preferences. Through ongoing case management and service planning, staff assess factors that may support a successful transition to unsubsidized or other permanent housing. Assessments are resident-driven and focused on identifying strengths and resources. When residents choose to pursue other permanent housing opportunities, staff provide transition planning, housing search assistance, landlord engagement, benefits counseling, budgeting support, and connections to community resources to promote long-term housing success.

RS Eden utilizes the Self Sufficiency Matrix embedded within the service delivery workflow to determine whether a participant may be ready to move on to unsubsidized or other permanent housing. The Self-Sufficiency Matrix is a structured assessment tool completed at program intake and every six months thereafter to evaluate participant functioning and stability across multiple domains, including housing, income, employment, physical and behavioral health, substance use, safety, life skills, social supports, and community involvement. By comparing assessment results over time, staff can monitor progress and identify a participant's readiness for increased independence.

At Catholic Charities Endeavors program participants are assessed against several metrics, including complying with their lease (no lease violations), paying rent on time and in full, passing all unit inspections, and staying current on all benefits and rental assistance. When program participants reach those milestones, they are encouraged to move on to other housing. In the past year Catholic Charities has developed step up opportunities for program participants who want to move to a larger unit or out of site-based programs.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. Hennepin CoC has a standard process for reviewing the performance of existing CoC Program funded projects to determine which projects are candidates for reallocation because they are lower performing or less needed. On a quarterly basis the CoC Funding Committee reviews data on participant outcomes from HMIS or a comparable database (income growth, exits to positive destinations, returns to homelessness, housing retention, exits without move-in, CE referral outcomes); annually they also review spending & utilization metrics to get a full picture of project performance. Projects that are low-performing in one or more areas are required to develop a one-year Continuous Improvement Plan (CIP) with support from CoC staff to create a plan that includes goals, activities, & timeline; and to implement that plan. Projects that successfully make measurable progress close their CIP and resume regular monitoring; projects that do not make measurable progress remain on a CIP for a second year and risk further action, including reallocation & the loss of the ability to apply for new projects. The CoC also completes an annual Needs & Gaps analysis that supports our understanding of which projects are most needed in the community.

2. The goal of this process is for targeted intervention & technical assistance to occur outside of the competition timeframe so that projects have time to correct course. This process of regular monitoring, standard intervention with support, & clear further actions if progress is not made has resulted in improved performance for some projects and voluntary reallocation for others: 3 projects were identified and started new CIPs, 3 projects continued existing CIPs this year. In FY2026 1 project on a multi-year CIP chose to voluntarily reallocate its more than \$2m grant and one project on a new CIP reallocated its \$400k grant; as a result, the CoC accepted applications from new providers, including new service rich SSO & TH projects that will restore balance to our CoC.

3. The CoC did not reallocate any projects during its local competition this year due to low performance, however, 5 PSH projects voluntarily reallocated their projects.

4. The process of year-round continuous improvement monitoring resulted in the reallocations mentioned above from projects that had not shown improvement on their CIPs; other projects on CIPs had shown progress & there was not a demonstrated need to reallocate them in this competition.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Caseworthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not applicable for 2026: our CoC did not conduct an unsheltered count in 2026. Between 2024 and 2025, our CoC made a major methodological shift in the implementation of the Unsheltered PIT count by moving to conduct the count primarily in HMIS. In the 2025 unsheltered PIT, 75% of the persons identified in the Unsheltered PIT were counted by their HMIS record. This effort was led by trained staff from outreach teams, shelter access points, libraries, and other community partner agencies. Leading with HMIS and leveraging staff skilled in engagement with people experiencing unsheltered homelessness had the impact of making the PIT in 2025 more efficient, and the results more accurate. We plan to build on the success of the 2025 unsheltered PIT methodology in 2027 to ensure the PIT remains efficient, data-driven, and trauma-informed.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

Hennepin CoC aims to reduce the number of people who are camping in public, and through partnerships connects people in encampments with shelter, services, and long-term solutions. Hennepin County and the City of Minneapolis support the CoC's goal of quickly addressing tents and encampments on public property while ensuring individuals are connected to appropriate services. The County (Housing and Redevelopment Authority / Regional Rail Authority Security) does not allow tents or camping on their property, and County Security enforces this policy. Any time officers engage with an individual who is camping, they connect them directly with appropriate service providers, including County Streets to Housing (S2H) and the City's Homeless Response Team (HRT).

S2H is a housing focused street outreach model that addresses immediate needs while working on long term, permanent solutions to unsheltered homelessness through coordination with community provider agencies. S2H provides full geographic coverage for Hennepin County and quickly responds to concerns of encampment activity within the CoC. S2H team has exited 3,206 residents since it began in August 2022 (as of August 2026) and of those with known exit information, 91% exited into shelter, treatment, or housing.

The City of Minneapolis has increased anti-camping, anti-loitering enforcement following a special order issued by the Police Chief in January 2025 directing patrol officers to proactively prevent the formation of encampments on City and private property: this order has resulted in fewer, large-scale encampments. According to data from City of Minneapolis Regulatory Services, there has been a measurable impact on costs related to closures as well as connections to shelter: encampment closure-related costs dropped 81%, from roughly \$330,000 in the second half of 2024 to \$63,000 in the following quarter, while the number of homeless people accepting shelter went from nine to 53, and in Q4 of 2025 (most recently available data) the HRT's continued outreach and engagement made even more significant progress, when they engaged unsheltered residents 247 times, offered shelter every time, and made 66 housing referrals.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	30
2. Enter the reduction in the number of encampments during your evaluation period.	15

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	407
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2. Enter the reduction in the number of people in encampments during your evaluation period.	380
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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable. We saw a reduction in encampments from April 1, 2024 to March 31, 2025.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

Hennepin CoC has a robust homelessness prevention portfolio targeting the 3 most prominent (per local HMIS Prior Living Situation data) pathways into homelessness—evictions, unstable doubled up housing, & unstable exits from justice & human service systems. The CoC tracks new entries into homelessness based on Prior Living Situation in HMIS & has had 5 consecutive quarters of reductions in newly homeless HH from Q1 2025 (2,127 HH) through Q2 2026 (1,154 HH - 46% reduction in newly homeless HH quarter-over-quarter).

Eviction prevention: strategy consists of 3 components—emergency rent assistance, legal representation, & tenant navigation & triage—each playing a critical role in supporting housing stability to avoid first-time homelessness. 2,800+ renter households facing eviction remained in stable housing in 2025 by accessing \$11M in financial assistance through coordinated emergency rent assistance; outcome: 98% of households receiving assistance since 2023 retained stable housing over 12 months. 4,500+ renter households facing eviction accessed no-cost legal representation in 2025, a Hennepin County provision for all households with an eviction filing; outcome: 90% of represented cases led to a settlement agreement or full dismissal.

Unstable doubled up: Families at risk are supported to increase their income, build self-sufficiency, & preserve educational continuity for children while stabilizing housing through navigation, case management, & medium-term rent assistance programs. Households with persistent challenges may gain access to long-term rent subsidies. 500+ at risk families in unstable non-leased housing were served in case management in 2025 with more than \$2.5M in rent assistance administered; outcome: 97% exited to permanent housing.

System involved: Current interventions include behavioral health and housing supports integrated within County justice facilities, permanent housing (e.g. Board and Lodge) and temporary housing (e.g. medical respite) programs for people exiting hospitals, treatment, and incarceration, and rent subsidies for families and youth involved in and exiting the child welfare system (e.g. Foster Youth to Independence (FYI) and FUP). 100+ youth exiting or exited from foster care have been supported to access and stabilize in permanent housing through FYI vouchers paired with case management supports.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

To reduce the Length of Time (LOT) individuals and families remain homeless, Hennepin CoC prioritizes 1) quick connection to a housing-focused case manager (HFCM) while homeless, 2) targeted support to Chronically Homeless Households, and 3) faster housing move-ins. Hennepin CoC regularly tracks average LOT homeless, LOT from coordinated entry (CE) assessment to move-in, and LOT from CE referral to housed. The average and median LOT homeless decreased from the FY24 to FY25 System Performance Measures (47% reduction in median LOT from 86 to 46 days between FY24 and FY25).

1)Hennepin County, Hennepin CoC's collaborative applicant supports 5 teams of HFCMs that focus on subpopulations: 1) short term (<1 year) homeless; 2) long-term homeless; 3) specialized pops (e.g., seniors, veterans); 4) youth (YHDP-funded navigators); and 5) families. Over \$700,000/year in County property tax and City of Minneapolis ESG funds are awarded to shelters for HFCM, resulting in all shelters having at least 1 HFCM. Every week, Hennepin CoC reviews HMIS By Name Lists to identify households in shelter that are not connected to a HFCM. From January – July 2026 there were 928 positive exits from shelter, and 414 of those were to unsubsidized permanent destinations. 2)Hennepin CoC targets Chronically Homeless (CH) Households through a separate By Name List and weekly case conferencing. This initiative has resulted in a 92% housing retention rate for CH households in our CoC, effectively preventing long-term returns to shelter.

3)Hennepin CoC focuses on reducing time from CE assessment to housing, and time from referral to housing. Our CE demonstrated a 12% reduction in time from assessment to housing between 2024 and 2025 (reduced from 181 days to 159 days) and a 27% decrease in average days from referral to Housing Move In from Jan 2025 (average of 66 days) to June 2026 (average of 48 days). Hennepin CoC staff have worked with housing providers on process efficiencies, cutting red tape, and peer learning.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	34.52%

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate data for this response, the Hennepin CoC ran a report in HMIS for the period October 1, 2024 through September 30, 2025. The report was run for all Continuum TH, RRH, and PSH projects. The distinct count of clients (counted by their HMIS Client ID, a person level identifier) who exited a TH, RRH, or PSH program in the period was 1,932. The following are the counts and percentages of clients (counted by their HMIS Client ID) with one of the below values for 3.12 Exit Destination: Staying or living with family, permanent tenure (94, 4.87%); Staying or living with friends, permanent tenure (17, 0.88%); Rental by client, no ongoing housing subsidy (554, 28.67%); and Owned by client, no ongoing housing subsidy (2, 0.10%).

$$94+17+554+2= 667. 667 / 1932 = 34.52\%.$$

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	2,005	67	1,485	71.67%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	323	29	302	85.80%
4. Rapid Re-Housing (RRH) beds	1,032	49	1,081	100.00%
5. Permanent Supportive Housing (PSH) beds	2,452	0	2,026	82.63%
6. Other Permanent Housing (OPH) beds	5,634	0	4,978	88.36%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

PSH: to increase HMIS bed coverage of PSH to 85% or higher Hennepin CoC would need to add coverage for 59 PSH beds. 13 beds at Aeon Lamoreaux have moved to HMIS since the HIC. The CoC will target outreach to agencies that have existing PSH participating projects (Aeon, RS EDEN, AICDC). The CoC and HMIS Lead Agency ICA will set up time with these agencies to develop implementation strategies to get into HMIS: understand their current HMIS data entry structures and what challenges, if any, exist to prevent their adding one additional program apiece to HMIS. If it is an issue of cost for licenses, we will make sure agencies are aware that the cost of licenses is going down in 2027, per recommendation of the HMIS Finance Committee. If it is an issue of staff time the CoC and ICA will provide TA to advise on ways to streamline data entry and regular monitoring.

ES: to increase bed coverage of ES to 85% or higher Hennepin CoC would need to add coverage for 220 beds. The CoC has a large shelter (500 beds) that does not participate in HMIS or a comparable database. The CoC and ICA have continuously attempted to make inroads with this agency and will do so again in Fall 2026 as we begin planning for the 2027 PIT. Prior to the PIT, the CoC and ICA will also work with Victim Service Provider agencies Sojourner, Asian Women United, and Missions Inc to understand their current data infrastructure and their capacity, with the goal of bringing them into a comparable database. The CoC will also engage the state Office of Justice Programs and their statewide connections to Victim Service Providers to support that conversation, including making connections to the statewide domestic violence coalition Violence Free MN. Since the FY24 NOFO, the CoC and ICA were able to work with Cornerstone, a DV provider, to get all their programs in a comparable database.

The CoC and ICA also work closely together to bring new shelters into HMIS when they come online in our community: between the 2025 and 2026 HIC two new housing-focused emergency shelters opened (Agate Valiance and Simpson Shelter and Housing) and these projects are deeply embedded in HMIS, connecting shelter guests through care coordination, Coordinated Entry, and daily shelter check-ins.

3A. Policy Initiatives

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 List of Proj...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f - List of p...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 Support Serv...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Advancing P...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1 Local Compet...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c Hennepin Co...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b Hennepin 20...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1 2996 Certifi...	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP Advancing R...	09/28/2026
11. Other	No		