

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-501 - Saint Paul/Ramsey County CoC

1A-2. Collaborative Applicant Name: Ramsey County

1A-3. CoC Designation: CA

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

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.	
-------	--	--

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
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	7
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	4
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	0
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	6
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	8
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	2
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	2
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.	Philanthropy	Yes	1
47.	Public health department	Yes	0

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

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)

The Ramsey County CoC shares opportunities to join the CoC annually through our open nominations process to our Governing Board and Steering Committee, by publishing information about joining the CoC online, and widely distributing information via a large email distribution list. 13 members of both the Governing Board and Steering Committee are elected by the CoC. The nominating committee works annually to conduct outreach and recruit candidates from inside and outside the CoC who may be interested. The Lead Agency prepares a ballot of these candidates in advance of the spring annual CoC meeting and posts it on the CoC website. The CoC votes on new members from this ballot in each spring,

In addition to inviting new members to join the CoC through the election process, the CoC has 7 workgroups. These workgroups are open to the public and meeting schedules and attendance information is posted publicly on the CoC website. Information about workgroups and how to join and participate in the CoC is shared regularly to the 300+ member email distribution list as well as monthly through the CoC newsletter. The lead agency actively recruits new members to participate in the CoC and represent a variety of viewpoints and expertise.

The Lead Agency issues a public invitation to a full CoC meeting every spring and every fall. These meetings are a place for the CoC to learn, conduct business, and provide feedback to the lead agency. Both CoC members and non-members are welcome to join these meetings

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
-------	--	--

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.

(limit 2,500 characters)

The Ramsey County CoC solicits opinions and feedback during CoC and workgroup meetings, the biannual needs assessment, and regular public meetings and events. It is CoC policy to require community feedback on any policy changes, scoring tool changes, monitoring policy, and strategic planning.

Regularly scheduled full CoC meetings occur at least twice a year and are open to the public. These meetings are shared on the CoC website and shared via the CoC newsletter and email distribution list. The full CoC meetings are an opportunity for people to provide feedback, share ideas, and set priorities as a community.

The CoC's 7 workgroups are additionally open to the public and meeting information is shared on the CoC website. Workgroups focus on specific topics like family shelter, prevention, or coordinated entry and invite interested members into the conversation to strategize and discuss how the system is working. The Ramsey County Housing Stability Department, as Lead Agency, and CoC leadership work to recruit a wide variety of individuals and organizations to participate in these meetings. Current members of the CoC and workgroups include housing developers, nonprofit service providers, local government, law enforcement, faith-based organizations, public housing authorities, school districts, the VA, workforce development, healthcare providers, domestic violence advocates, philanthropy, elected officials, and substance use treatment providers.

The CoC conducts a needs assessment every 2 years which covers the entire continuum. The needs assessment is an extensive process that involves surveys and interviews and service providers, individuals experiencing homelessness, and CoC staff. A variety of opinions are explicitly sought out and included in this important CoC document that is used to set policy, prioritize funding, and set the direction for the CoC.

The current CoC strategic plan, which sets goals, action steps, and priorities for the continuum was developed with extensive public input from both CoC members and nonmembers. Opinions were solicited via workgroup meetings and public surveys to structure the strategic plan and direction of the CoC, as well as priorities over the next 3 years.

Finally, to ensure the solicitation of public opinion, CoC policy requires open discussion of policy changes, strategic planning, and the scoring tool used in the local CoC competition.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
-------	--	--

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)

The Ramsey County CoC is dedicated to recruiting new funding applicants and ensuring the CoC funding process is accessible to all organizations through extensive communication, pre-application presentation, technical assistance, and CoC orientation. Faith-based organizations are explicitly invited to apply for funds.

The lead agency offers orientation to interested new organizations throughout the year to explain how the CoC works, what CoC funding is, and how new organizations can prepare to apply for funds. When the CoC NOFO is available, the CoC shares all information and local competition process and deadlines with the entire email distribution list as well as posting it publicly on the website. This communication makes clear that new organizations are welcomed and encouraged to apply, and that eligible applicants includes faith-based organizations.

The CoC holds a pre-application presentation that is also communicated publicly on the website. This presentation is open to all interested applicants and explains what the CoC is, how the funding can be used, requirements for funding, and HUDs priorities. After the presentation and throughout the local competition, the CoC offers technical assistance to new applicants. Technical assistance can help new applicants understand the competition process, get access to esnaps, properly follow HUD regulations, and learn how to meet threshold requirements.

The ranking committee works to review and score all submitted projects that meet threshold requirements, and gives all new projects and new organizations a fair consideration during the ranking process. For the FY2026 NOFO, the process to accept and consider proposals from previously unfunded organizations was very successful. There were 6 new organizations who applied for funds and 3 are included in our priority listing.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
------	--

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)

Ramsey County's CoC incorporates comprehensive strategies for reducing homelessness through a structured process that identifies system gaps, analyzes needs, and implements targeted interventions aligned with 42 U.S.C. 11386b(d).

The bi-annual Heading Home Ramsey needs assessment, developed with the CoC lead agency and stakeholders, IDENTIFIED A SIGNIFICANT GAP: limited coordinated support for unsheltered residents with complex needs and insufficient access points for youth, families, and veterans. These findings, supported by stakeholder feedback, inform updates to the CoC's three-year strategic plan, last completed in 2025, which ESTABLISHES PRIORITIES, TIMELINES, AND ACCOUNTABLE PARTIES FOR ALL STRATEGIES.

The strategic plan OUTLINES TARGETED INTERVENTIONS FOR KEY SUBPOPULATIONS, including families with children, unaccompanied youth, and survivors of domestic violence, and incorporates HUD-incentivized approaches such as permanent supportive housing, rapid rehousing, transitional housing, flexible subsidies, and income-building services under §11386b(d). TO ADDRESS THE IDENTIFIED GAP, the CoC will expand treatment-aligned housing options, increase transitional housing and supportive service-only capacity, and strengthen outreach and Coordinated Entry.

QUANTIFIABLE PERFORMANCE MEASURES in the strategic plan include written policies and procedures, the implementation of programs, expanded available trainings, improved participant income, and shorter lengths of time homeless. Each action step includes defined timelines and identifies responsible oversight bodies, including Ramsey County Housing Stability, CoC membership, and CoC Workgroups, ensuring shared accountability across the continuum. TIMELINE for the gap identified includes increasing access points in Q4 of 2026 and Q1 of 2027. Coordinated support and support service only programs will be expanded starting in 2027. Outcomes of these programs will be measured quarterly by the System Performance Workgroup.

The CoC also identifies funding sources for planned activities, including HUD CoC Program funds, ESG, state homelessness program funds, and private philanthropic support. Since the 2025 plan launch, multiple action steps have been completed, guided by ongoing monitoring among providers, behavioral health agencies, the VA, and county departments. Through these COORDINATED, DATA-DRIVEN STRATEGIES, Ramsey County's CoC closes system gaps and achieves measurable, community-wide reducti

1B-5a Confirmation of Plan Coverage.

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
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:

- 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

	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?	17%

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)

The Ramsey County CoC is not a rural CoC.

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)

The Ramsey County CoC is closely connected to the county's behavioral health system and coordinates to ensure people experiencing homelessness can access outpatient mental health and substance use disorder (SUD) treatment across all levels of care. The CoC makes referrals and integrates behavioral health partnerships across the entire continuum. Central to this network are Certified Community Behavioral Health Clinics like the Ramsey County Mental Health Center, the Wilder Foundation, and People Incorporated. These clinics offer therapy, psychosocial interventions, crisis stabilization, suicide-risk assessment, medication management, care coordination, peer recovery supports, and withdrawal management. Ramsey County Mental Health Center provides trauma-informed care, Wilder offers drop-in care, same-day SUD assessments, therapy, and psychiatry. People Incorporated adds mobile teams, outpatient clinics, and crisis stabilization services.

CoC-funded programs embed outpatient supports directly. Women's Advocates provides on-site licensed therapy, Seeking Safety groups, and SUD assessments through partners such as YourPath. Emma Norton's Living Room is a peer-run crisis alternative operating daily with de-escalation, suicide-risk support, telehealth, transportation, and resource navigation. Model Cities' Families First offers crisis intervention, chemical health supports, and counseling for families. YWCA St. Paul, through an onsite location of Open Cities Health Center, provides behavioral health services including therapy, medication support, recovery services, sliding-fee access, and interpreter services. Avivo's Mental Health Clinic delivers on-site therapy and weekly Licensed Alcohol and Drug Counselor services at Beacon's Kimball Court.

The CoC's outreach teams play a key role in connecting unsheltered individuals to appropriate outpatient care. Outreach workers conduct mental health screenings, de-escalation, and safety planning. They coordinate diagnostic assessments and complete warm handoffs to agencies such as Partners Behavioral Health and Amethyst Recovery. Weekly unsheltered response calls bring together shelters, outreach teams, and behavioral health providers to match individuals with outpatient, SUD, psychiatric, or crisis-stabilization services.

Through these partnerships, the Ramsey County CoC ensures access to outpatient mental health and SUD services that support stabilization, recovery, and long-term housing success.

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)

The Ramsey County Continuum of Care has peer support available through MULTIPLE projects and programs. Peer recovery specialists are available in THE MAJORITY OF OUTPATIENT TREATMENT PROGRAMS in Ramsey County and on MULTIPLE MENTAL HEALTH AND HOMELESS OUTREACH TEAMS. Organizations such as Minnesota Community Care, Community Medical Services, Radius Health, and Ramsey County Public Health have peer recovery specialists available while working directly with individuals with substance use or severe and persistent mental illness. Each of these providers, in coordination with Ramsey County Social Services, is a PARTNER WITH THE COC AND ASSISTS WITH RECOVERY NAVIGATION. These organizations ensure referrals are COMPLETED QUICKLY AND individuals can access the treatment and mental health supports they need. CoC projects that provide access to peer recovery specialists and peer support include CATHOLIC CHARITIES, BEACON INTERFAITH, AND EMMA NORTON. Catholic Charities has peer support available at it's drop-in center which is on site at their Permanent Supportive Housing program. This EXPANDS ACCESS to Peer Support and DECREASES BARRIERS TO LONG-TERM RECOVERY. At Beacon Interfaith, their service provider, Avivo has newly employed a staff person in a peer recovery role called "Navigator." This role will provide cross-team support to support clients directly when warranted and also provide resources, learning, and support to case management staff. Also, one of Avivo's current case managers has Certified Peer Recovery Specialist training and brings that perspective to the work at Kimball Court. Additionally, Avivo's fortunate to have many partnerships with recovery-focused teams, including Avivo's internal Intensive Outpatient program, as well as Community Medical Services (CMS), Radius Health behavioral health teams, Indigenous People's Task Force, and Clinic 555 (Ramsey County Public Health). Finally, Emma Norton has AN ONSITE DROP-IN MENTAL HEALTH CRISIS CENTER run by peer supports that's free for anyone to use. Individuals meet with a Peer Support Specialist to process their current situation and receive recovery-based support. From these providers and partnerships the Ramsey County CoC is able to provide peer support and recovery navigation across the homelessness response system to connect people with the services they need to support long-term recovery.

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)

The Ramsey County Continuum of Care identifies individuals experiencing Serious Mental Illness and connects them to necessary services through a DIRECT REFERRAL process with mental health professionals. These individuals are identified through CROSS-SYSTEM COLLABORATION between outreach workers, staff within emergency shelters, and drop-in centers/day programs. Once individuals are identified a network of action and referral becomes available to QUICKLY AND EFFECTIVELY connect them to EVIDENCE-BASED CLINICAL PRACTICES. The first referral is the mental health clinics in Ramsey County to complete REQUIRED EVALUATIONS to determine needs. The assessment from these clinics informs the referrals to available services to COORDINATE TREATMENT AND PROMOTE stability. These include ARMHS workers, PATH teams, IRTS, and ACT teams.

For example, PATH outreach works to engage individuals with SMI/CD needs to get them into appropriate care. Teams have a Psychiatric Nurse Practitioner that connects individuals with needed EVIDENCE-BASED supports such as psychiatric medication and appropriate referrals.

An example of EVIDENCE-BASED supports is getting individuals connected with a monthly injectable antipsychotic medication when people have a difficult time holding onto medication bottles, have difficulty remembering to take their prescribed medication, or when they often get stolen. Another example is getting individuals started on things like buprenorphine or Suboxone to start to address their needs around their substance use.

An example of our continuum of services is getting WARM HANDOFFS to ACT services from the PATH outreach team when appropriate so participants have needed ongoing mental health supports once housed. These referral pathways and coordination IMPROVES the EFFECTIVENESS of response to severe mental illness and ensures COMPREHENSIVE TREATMENT.

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)

The CoC is connected to the entity providing services in Drug Courts through RAMSEY COUNTY. Ramsey County Social Services is responsible for the COORDINATION of those in TREATMENT or DRUG COURT with necessary services. There are five treatment courts within Ramsey County and all of them use Ramsey County Social Services to connect people with mental and substance use disorders with services. These departments within the county use CROSS-SYSTEM COORDINATION to work with community partners.

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)

The CoC Coordinates with Ramsey County Social Services and Ramsey County Corrections to support housing stability by PARTNERING and SUPPORTING HOUSING NAVIGATION for individuals in treatment court. The Treatment Courts in Ramsey County recognize and affirm the need for individuals to have stable housing in order FOR SUCCESSFUL TREATMENT AND LONG-TERM RECOVERY. The Ramsey County Treatment Courts have recently RESTRUCTURED PROCEEDS. The new structure ensures individuals in treatment court meet with MENTAL HEALTH JUDGES who are focused on connecting them with the EVIDENCE BASED CLINICAL PRACTICES as a part of court orders. The Court partners with Ramsey County Social Services and Ramsey County Corrections to form a team around the individuals in court. These partnerships mean that individuals in court have a network of people they can turn to as they work their way through the orders of treatment court. The COORDINATION of service providers improves EFFECTIVENESS and moves individuals towards INDEPENDENCE AND LONG-TERM RECOVERY. Ramsey County Social Services and Ramsey County Corrections work in PARTNERHSIP with the COC and COORDINATED ENTRY to determine available housing options to PROMOTE MEANINGFUL SELF-SUFFICIENCY outside of treatment. The social services team works on the BASIC SKILLS people need to stay stably housed following treatment. Together, this partnership in the CoC is foundational to assisting those in treatment court maintain housing stability and move towards independence.

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)

The Ramsey County CoC partners deeply with Ramsey County Mental Health and Crisis Services THROUGH CARE COORDINATION, PROVIDER PARTNERSHIPS, ENCAMPMENT OUTREACH, AND COORDINATED ENTRY ACCESS. Crisis staff provide mobile crisis services and in reach at multiple day centers, encampments, and shelters. The CoC ensures coordinated entry assessments are available at Mental Health Urgent Care and coordinates individuals care with the crisis team on a weekly unsheltered homelessness meeting.

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.	0
--	---

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?	No
---	----

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)

The Ramsey County CoC has a formal partnership with the Amherst Wilder Foundation, which is a CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC. In addition to the formal partnership that ensures smooth referral and effective collaboration with Wilder, they also operate a CoC-funded PSH program and a CoC-funded RRH program.

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)

We currently have no CoC-funded projects operating sober housing under 24 CFR 578.93(b)(5). However, 1 Day at a Time offers non-CoC-funded sober housing and is now applying for a CoC-funded SSO project that WILL REQUIRE PARTICIPATION IN SUBSTANCE USE TREATMENT for some participants. Ramsey County outreach staff and shelters refer individuals to LOCAL CERTIFIED SOBER HOUSING including Recovery First Sober Homes, Elite Recovery, and RS Eden.

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)

The Continuum of Care works with the programs included in questions 1C-1a through 1C-1i to facilitate warm handoffs to stable housing providers by PROMOTING TRANSPARENCY AND COORDINATION. The Continuum of Care includes PROVIDERS ACROSS SOCIAL SERVICE SECTORS and CONNECTS AGENCIES ACROSS PROGRAMS. The programs serving people experiencing homelessness are actively recruited to be a part of the CoC either through workgroups, the steering committee, or the governing board. This CROSS SECTOR RECRUITMENT PROMOTES connection and strengthens relationships between providers. These connections mean that providers are familiar with each other and able to WORK TOGETHER TO PREVENT ENTRY INTO HOMELESSNESS for individuals and families. The partnership and coordination is supported by the CoC, its governance structure, and regular meetings to assist with rapport building. Furthermore, the CoC and the COORDINATED ENTRY SYSTEM act as central locations for REFERRALS and WARM HAND-OFFS between programs. Each provider described in questions 1C-1a – 1C1i is working to ensure that multiple options are available for the individuals and families they are working with to COORDIANTE SERVICES AND PREVENT HOMELESSNESS.

1C-2.	Supportive Services Investment.	
-------	---------------------------------	--

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$8,456,163
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.	\$6,567,516
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	78%
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.	\$422,825
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).	83%

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)?	55.00%

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)

The Ramsey County CoC maintains ongoing consultation with ESG recipients THROUGHOUT PLANNING, ALLOCATION, AND OVERSIGHT of ESG funds. Under the Joint Powers Agreement between the City of Saint Paul and Ramsey County, the County administers ESG dollars, ENSURING COC PARTICIPATION is embedded in all funding decisions. The CoC works closely with the City of St. Paul to carry out the responsibilities of ESG planning and allocation through the staff position of an ESG Planner at Ramsey County, within the CoC lead agency.

The CoC meets with City staff on a BI-WEEKLY BASIS to review funding, reporting, and HUD policy requirements. These standing meetings allow the CoC and City to JOINTLY TROUBLESHOOT issues related to invoicing, subrecipient reporting, and annual solicitation processes. The CoC also COLLABORATES with the City in DEVELOPING ITS ANNUAL CONSOLIDATED PLAN, ensuring ESG priorities align with CoC system needs. Each funding cycle, Ramsey County convenes a ranking and evaluation panel made up primarily of CoC members who review ESG applications and make funding recommendations. The ranking and evaluation panel also includes participation from people with lived experience of homelessness.

Consultation is STRENGTHENED through active participation of ESG providers in CoC governance. Recipients Ain Dah Yung Center, Model Cities, and Catholic Charities serve on the CoC Governing Board, while ESG recipients Lutheran Social Service of Minnesota, Face to Face, and Salvation Army serve on the Steering Committee. Their leadership roles ensure ESG-funded organizations help shape system goals, resource alignment, and policy decisions.

Ramsey County also holds QUARTERLY MEETINGS WITH ESG SUBRECIPIENTS to review invoicing, spend-downs, compliance, and HUD updates. These sessions reinforce shared expectations for targeting those with the greatest needs and improving housing stability. Going forward, the Ramsey County CoC will continue consulting with the City of St. Paul, the ESG recipient, in prioritizing and allocating funds.

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)

The Ramsey County Continuum of Care coordinated with shelter providers to connect individuals and families with CoC assistance through POPULATION-SPECIFIC SHELTER TEAMS that CONNECT INDIVIDUALS AND FAMILIES TO EMERGENCY SHELTER AND THE COORDINATED ENTRY SYSTEM. The CoC has two primary ways that individuals are connected to shelter providers. The first is the Single Adult Shelter Entry and Diversion (SHED) team. This team works with individuals in need of shelter to connect them with AVAILABLE SHELTER BEDS AND COC ASSISTANCE. The team COORDINATES DIVERSION SERVICES to divert individuals in need of other services away from shelter. This team is INNOVATIVE AND PROMOTES FAMILY AND COMMUNITY REINTEGRATION. In addition to the SHED team, the CoC has the Family Shelter team. This team is responsible for assisting families experiencing homelessness with accessing shelter. Similarly, this team works with connecting homeless families with available shelter beds. Both teams work in DIRECT PARTNERSHIP WITH EMERGENCY SHELTER PROVIDERS to connect homeless individuals and families with COC ASSISTANCE. The team CONNECTS INDIVIDUALS AND FAMILIES with the services they need to either access shelter or remain stably housed. These are the primary connections between shelter providers and CoC assistance. In addition, THESE TEAMS HAVE STRONG PARTNERSHIPS WITH THE COORDIANATED ENTRY SYSTEM. They assist with connecting individuals in shelter with Coordinated Entry to be referred to AVAILABLE HOUSING UNITS. For single adults, the SHED team works with those who are eligible for a coordinated entry assessment TO COMPLETE AN ASSESSMENT AND BE PLACED ON THE PRIORITY LIST. Similarly, for families the Shelter Entry team works with eligible families to connect them with Coordinated Entry and the priority list. These teams work in TANDEM WITH THE EMERGENCY SHELTER PROVIDERS for their populations to QUICKLY identify new individuals or families in shelter and CONNECT THEM WITH COC ASSISTANCE.

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)

The Ramsey County Continuum of Care shares PIT, HIC, HMIS, and System Performance data REGULARLY with state and local government through CoC meetings, a public facing data dashboard, and a bi-annual needs assessment. The Ramsey County Continuum of Care has a local government, Ramsey County, as the Lead Agency so all CoC data is shared with the Housing Stability Department. The PIT data is presented to County Commissioners on an ANNUAL BASIS. Additionally, members of local governments in Ramsey County INCLUDING ELECTED OFFICIALS ARE MEMBERS OF THE COC as a part of the Governing Board. HMIS and System Performance data is REGULARLY SHARED at CoC meetings so members of LOCAL GOVERNMENTS are able to review data and ask questions. In 2025, a PUBLIC FACING DATA DASHBOARD was created by the Lead Agency to showcase CoC data. The DATA DASHBOARDS INCLUDES PIT, HIC, HMIS, and SYSTEM PERFORMANCE DATA. It is updated MONTHLY and available to everyone. The PIT and HIC data is SHARED ANNUALLY with members of Minnesota Housing and the Minnesota Interagency Council on Homelessness. The members of state and local government are able to make HMIS data requests to the HMIS administrator, the Institute of Community Alliances (ICA). Data is shared with these government officials according to the data sharing practices and policy of ICA. Finally, a bi-annual needs assessment is conducted by the Continuum of Care that includes a review of PIT, HIC, HMIS, and System Performance data. This assessment is led by the CoC and its findings are also made available to the general public. In all of these ways, data from the Ramsey County CoC is routinely shared with members of state and local governments as permitted by law.

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)

The Ramsey County Continuum of Care utilizes other data sources including the Minnesota Assistance Information System (MAXIS), admission, discharge, and transfer data, and law enforcement and corrections systems data to IMPROVE CARE AND COORDINATE RESPONSES. For both the single adult and family shelter reservation teams, access to MAXIS data affects timely information and care coordination. In MAXIS, the teams can KEEP TRACK OF BENEFITS AND CASE MANAGEMENT within other County and local government departments. They can clearly determine benefit programs individuals and families have access to, their case histories, and garner information about their eligibility for additional programs. This improves care by INCREASING EFFICIENCY AND TIMELINESS OF SERVICES. The teams are better able to determine what services and resources are already being provided to the individual or family to decrease run-arounds. The CoC additionally utilizes Minnesota Judicial Branch Court Records (MNCIS), and County Jail Rosters to COORDINATE SERVICES AND IMPROVE OUTREACH. These data sources assist outreach teams with tracking warrant status and upcoming court cases. Outreach workers partner and coordinate with the Ramsey County Jail Rule 20 Discharge team and community providers like Justice Point to coordinate community-based care. Finally, releases of information are obtained by outreach teams for individuals who have experienced hospital/medical care. These teams often assist hospital social workers in facilitating referrals to medical respite settings, Transitional Care settings, Treatment, Group Homes, and/or Crisis Centers. Together these data sources alongside HMIS promote CROSS SYSTEM COORDINATION and improve care in the Ramsey County Continuum of Care.

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)

The Ramsey County CoC and funded providers MAINTAINS STRONG PARTNERSHIPS with employment and workforce development organizations to ensure participants have access to JOB TRAINING, EDUCATION, AND EMPLOYMENT OPPORTUNITIES that support long-term housing stability. The CoC's primary workforce relationship is with Hired, which serves on the CoC Steering Committee and provides direct insight into workforce trends, barriers to access, and employment resources available.

Ramsey County operates the local Workforce Innovation Board, which oversees Workforce Solutions and CareerForce. Ramsey County Workforce Solutions leads workforce development for the entire county and PARTNERS DIRECTLY WITH COC-FUNDED PROGRAMS while also contracting with providers like Hired to provide additional workforce programs. The CoC collaborates with Workforce Solutions through the lead agency, Ramsey County Housing Stability, to ALIGN HOUSING AND WORKFORCE STRATEGIES AND TO ENSURE ACCESS TO EMPLOYMENT SERVICES.

CoC-funded agencies maintain additional workforce partnerships that PROVIDE EASY ACCESS TO WORKFORCE SERVICES for participants experiencing homelessness. 1 Day at a Time partners with Hired, Hubbs Center, and Workforce Solutions. CommonBond works with CareerForce for career counseling, Project for Pride in Living for career pathways and job placement, and Goodwill-Easter Seals for job training, digital literacy, and employment services. Lutheran Social Service partners with Hired to support employment readiness for youth. Salvation Army partners with Hired, WildFlyer, TreeTrust, and YouthBuild to provide on-site coaching, cohort-based training, and paid work experiences. Solid Ground partners with Aerotek for skilled labor recruitment and resume development and works with Minnesota Training Partnership to refer participants to job training.

These partnerships ensure CoC participants can ACCESS JOB SEARCH ASSISTANCE, SHORT-TERM TRAINING, ADULT EDUCATION, PAID INTERNSHIPS, AND CAREER PROGRAMS THAT SUPPORT LONG-TERM HOUSING STABILITY. The Ramsey County CoC will continue strengthening collaboration with Hired, Workforce Solutions, and other workforce agencies to improve income growth and self-sufficiency for people experiencing homelessness.

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)

The street outreach projects in the Ramsey County Continuum of Care COOPERATE with first responders and law enforcement FREQUENTLY through their work doing street outreach to individuals and families experiencing unsheltered homelessness. The outreach teams in Ramsey County have CONSISTENT, POSITIVE INTERACTIONS with law enforcements. The City of St. Paul, the largest city in the CoC, has two outreach teams, the HOMELESS ACTION RESPONSE TEAM (HART) and FAMILIAR FACES, which regularly work with unsheltered individuals. These teams collaborate directly with first responders and law enforcement in their work to increase housing and service engagement. As the HART team responds to encampments, law enforcement is onsite to assist with clean up and build rapport with residents sleeping in tents and places not meant for human habitation. From these regular interactions, OUTREACH WORKERS HAVE BUILT STRONG RELATIONSHIPS with members of the St. Paul Police Department, St. Paul Fire Department, Ramsey County Sheriffs Office, and Metro Transit Police Department. The Metro Transit Police Department, which operates on the transit system within Ramsey County has a Homeless Action Team or HAT. The officers on the Homeless Action Team ride transit in the late evenings with TEAMS OF OUTREACH WORKERS. The Metro Transit Police Department's Homeless Action Team has housing vouchers and resources available to unsheltered individuals using transit as a place to sleep and stay warm. The presence of this team has led to rapport building between outreach teams and law enforcement further IMPROVING POSITIVE INTERACTIONS. Additionally, the Ramsey County Sheriff's office has been a KEY PARTNER as temperatures drop in Minnesota during the winter time. Over the past three winters the Ramsey County Sheriff's Office has opened the lobby in a couple of their buildings to be available to unsheltered people to stay warm. Outreach teams have spread the word of this available space, and each winter over 30 people use the Law Enforcement Center lobby as a place to stay warm. This demonstrates the relationship and cooperation between street outreach and law enforcement and INCREASES POSITIVE INTERACTIONS IN ORDER TO INCREASE HOUSING AND SERVICE ENGAGEMENT. Altogether, the street outreach projects in the Ramsey County CoC have strong relationships with first responders and law enforcement which increase housing and service engagement and promote CoC services.

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)

The Ramsey County CoC and funded agencies support family reunification through CASE MANAGEMENT, REFERRALS, COORDINATION WITH CHILD WELFARE, TRANSPORTATION SUPPORT, AND FAMILY COUNSELING. Family reunification services are always participant centered and focus on strengthening safe and natural support networks.

At the system level, people experiencing homelessness who are seeking family reunification can access support from a variety of sources. Families experiencing homelessness who need housing to reunify with their children can be referred to FAMILY REUNIFICATION PROGRAM (FUP) vouchers through their child protection workers at Ramsey County Health and Human Services. CoC providers support families on this path through ASSISTANCE WITH DOCUMENTATION, APPLICATIONS, AND HOUSING NAVIGATION.

CoC-funded providers work towards family reunification when program participants identify that as a goal as a part of individualized support service plans. Across programs, providers SUPPORT FAMILY REUNIFICATION BASED GOALS, PROVIDE DOCUMENTATION OF HOUSING STABILITY AND TENANCY, AND COORDINATE WITH CHILD PROTECTION AND TREATMENT WORKERS. CommonBond offers community space for visitation, helps parents purchase needed items like furniture for reunification with children, and facilitates moves to larger units when families expand. Face to Face provides FAMILY OR INDIVIDUAL THERAPY TO YOUTH AND THEIR FAMILIES WHO ARE WORKING TOWARDS REUNIFICATION, to ensure youth safety in the process. Lutheran Social Services provides space for youth to meet with their families and work towards relationship repair AS A PART OF LONG-TERM STABILITY PLANNING. Beacon Interfaith works to support reconnection with non-custodial children and follow through on child protection cases. Women's Advocates recognizes that domestic violence can fragment kinship networks, and helps participants explore alternative kinship support that can be used as reunification pathways.

In the Ramsey County CoC, working towards family reunification is A STANDARD PART OF SUPPORT SERVICES when it is identified as a goal. Outreach workers and case managers across the CoC help locate family members, provide mediation, and connect people experiencing homelessness to the services they need to stabilize. The CoC combines COORDINATED SERVICES, FUP VOUCHERS, AND INDIVIDUALIZED SERVICE PLANNING to strengthen family networks and reunify families when safe.

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)

The Ramsey County CoC does NOT INTERFERE OR IMPEDE local efforts to quickly clear tents or encampments and COOPERATES with first responders to provide services to homeless individuals living in encampments. The CoC is notified of plans to clear tents and encampments by the St. Paul Department of Safety and Inspections (DSI). DSI is the PRIMARY AGENCY that implements the CLOSURE AND CLEARING OF TENTS AND ENCAMPMENTS. This department works ALONGSIDE law enforcement and first responders in the implementation of their plans. The CoC COORDINATES RESOURCES AND HOUSING OPTIONS for those living in encampments through its outreach teams. There are STRONG PARTNERSHIPS between service providers, outreach teams, and first responders to ensure those who are living in encampments are provided with resources and connections to services. The providers within the CoC DO NOT INTERFERE OR IMPEDE THESE PLANS, instead they work alongside first responders and law enforcement agencies. The teams from within the city of St. Paul, such as the Department of Safety and Inspections and outreach teams from other agencies come together to discuss the plan for clearing encampments. They share knowledge about the people living inside the encampments, promoting CROSS-SYSTEM COORDINATION. The teams work in partnership to make sure persons inside the camp are aware of the plans and have a next step identified. These partnerships extend to other areas of the CoC including Coordinated Entry, shelter entry teams, Ramsey County Social Services, and Ramsey County Community Corrections, and substance use treatment providers. This COORDINATION is how the Ramsey County CoC assists first responders with providing services to homeless individuals.

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)

Ramsey County ordinances MAKE SUCH ENCAMPMENTS ON COUNTY PROPERTY ILLEGAL and there are steps taken to QUICKLY CLEAR TENTS AND ENCAMPMENTS. The Ramsey County Parks and Recreation Ord. at §§ 1 (“Park Hours a. Parks are open 5:00 a.m. to 11:00 p.m. ... c. Entering or remaining in any locked building, or any park area that is closed to the public, is not allowed.”), 3(c) (“The use of or encroachment on park property for personal or private use, such as storing equipment, erecting structures, installing objects, posting signs, or placing utilities, is not allowed.”), 18 (“Camping a. Setting up a tent or other temporary shelter or maintaining a campsite or temporary lodging or sleeping place is not allowed in any Park.”); Ramsey County Right-of-Way Ord. at § 1.09 (“no person may obstruct, or excavate any right of way without first registering and having obtained the appropriate right of way Excavation or Obstruction permit from the County to do so.”).

The CoC uses these policies and ordinances to quickly clear tents and current encampments and prevent the creation of new encampments. The outreach teams from the City of St. Paul, specifically the Homeless Action Response Team (HART), IDENTIFIES CURRENT TENTING OR ENCAMPMENTS SITES. They connect with outreach teams at CoC providers and in partnership with law enforcement provide appropriate services to people residing in the camp. All encampments receive a 30-day notice prior to closure unless safety concerns prohibit advanced notice. A COORDINATED APPROACH is then taken to ensure every resident at the camp has identified a clear next step for housing and HAS BEEN CONNECTED WITH COC ASSISTANCE.

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)

The current status of tents and encampments in the Ramsey County CoC's geographic area is TWO IDENTIFIED ENCAMPMENTS in St. Paul. This is the largest city in the CoC, and IS A DECREASE FROM THREE CAMPS EARLIER IN 2026. In 2025, there was SIGNIFICANT PROGRESS IN DECREASING TENTS AND ENCAMPMENTS in St. Paul. The Homeless Action Response Team (HART) has identified that A TOTAL OF SEVEN ENCAMPMENT SITES WERE CLOSED, with residents referred to shelter or appropriate housing options. In 2026, the St. Paul, in coordination with the CoC closed the largest encampment in the city at Pigs Eye park, which included over 200 individuals. The residents were similarly given a 30-day notice of the closure. Outreach teams from within the CoC worked in CROSS SYSTEMS COLLABORATION with Ramsey County services, first responders, and law enforcement to provide residents with next steps and housing plans. Ramsey County launched a response team that BROUGHT TOGETHER SERVICE PROVIDERS FROM ACROSS RAMSEY COUNTY DEPARTMENTS TO TRIANGULATE RESOURCES being provided to those living at the encampment. Following the closure of the largest encampment, resources from the City of St. Paul, the County, and the CoC County were deployed to increase the number of available shelter beds. The CoC also increased onsite support available to unsheltered members of the CoC living at the two remaining encampment sites. The two sites are receiving services from the aforementioned teams, and St. Paul in collaboration with the CoC is working to determine a plan to close the sites within the calendar year.

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)

The local laws or policies in the Ramsey County CoC HELP the CoC's ABILITY TO DECREASE the public use of illicit drugs. Minnesota law outlaws the use and possession of controlled substances, including in public, and provides even more serious consequences for public drug use in certain areas like parks, public housing, and school zones. See, e.g., Minn. Stat. ch. 152; <https://www.ag.state.mn.us/consumer/Publications/DrugFreeZones.asp>. The CoC QUICKLY CONNECTS individuals who are using illicit drugs in public with APPROPRIATE TRAUMA-INFORMED SERVICES through the expanded team of chemical and mental health experts that are routinely conducting outreach. These include those involved in the PATH teams across Ramsey County and the certified alcohol and chemical health counselors that are a part of the Ramsey Community Wellness Response team. Additionally, the State of Minnesota has a robust repository of available treatment beds through the Safepoint system. This system shows where beds are open and the wait time for an assessment or to begin treatment. Thus, the referral process for substance use treatment is EXPEDITED AND EFFICIENTLY connecting those using illicit drugs with EVIDENCE-BASED CLINICAL PRACTICES quickly. For those that are arrested and criminally convicted for their drug use, the treatment courts and programs within the Ramsey County Continuum of Care have identical partnerships and connections. These policies and practices together led to a DECREASE in the public use of illicit drugs.

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)

Overdoses and illicit public drug use has been DECREASING in the Ramsey County CoC over the last calendar year. The Ramsey County public health department tracks the number of overdose related calls and opioid related deaths. The NUMBER OF OVERDOSE RELATED CALLS HAS DECREASED IN 2026. Calls related to overdosed have been on average 19% lower than overdose calls during the same time period in 2025. Similarly, the opioid related deaths in Ramsey County were lower over the first two quarters in 2026 compared to 2025. Statewide, the Minnesota Department of Health analyzed fatal overdoses among people experiencing homelessness or housing instability using the CDC's State Unintentional Drug Overdose Reporting System (SUDORS). The Department of Health found that fatal overdoses among people experiencing homelessness in Minnesota decreased 37% from 2023 to 2024. From 2019-2024, there were 24 fatal overdoses among people experiencing homelessness or housing instability in public places (e.g., fields, parks, alleys, and bus stations). The current status of overdoses and illicit drug use in public spaces is DECREASING in the Ramsey County Continuum of Care due to the local policies and practices that HELP the CoC QUICKLY connect individuals with appropriate services.

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)

Minnesota statute chapter 253b ESTABLISHES STATEWIDE CRITERIA FOR INVOLUNTARY COMMITMENT and §253B.09 helpfully PROVIDES CLEAR THRESHOLDS FOR DETERMINING WHEN SOMEONE IS A DANGER TO THEMSELVES OR OTHERS. Additionally, §253B.051 allows crisis to place individuals on a 72 hour hold when necessary. Finally, the Duty to Warn statute §148.975 helps mental health practitioners understand when confidentiality must be breached in order to prevent specific violence to others. These laws HELP the CoC's ability to address individuals who are danger of themselves or others.

With these laws in place, the CoC COORDINATES DIRECTLY WITH THE RAMSEY COUNTY PRE-PETITION SCREENING TEAM when it is believed someone meets the criteria for civil commitment. CoC staff like outreach workers and shelter staff can reach out to mobile crisis teams for assistance, who can USE THE LAWS LISTED ABOVE TO PREVENT IMMINENT DANGER. The Familiar Faces St. Paul city outreach team uses the Minnesota Court Information System to review previous commitments and best connect individuals with Serious Mental Illness to the correct services and supports. Between 2016 and 2025, Ramsey County opened 3,723 commitment cases and 2,942 (79%) were ordered, which demonstrates the frequency with which the CoC and others are coordinating with the commitment system. While shelters and housing providers cannot directly initiate emergency holds, this allows for IMPROVED COORDINATION BETWEEN PROVIDERS AS STAFF ARE TRAINED TO RECOGNIZE SIGNS OF DANGER, DE-ESCALATE, AND QUICKLY CONNECT WITH CRISIS RESOURCES and Mental Health Urgent Care.

The Ramsey County CoC will continue to build a strong relationship with mobile crisis and the providers who support our county mental health court. Defendants in this court include those who are under commitment, who are SUPPORTED BY COMMITMENT CASE MANAGERS AT COC-MEMBER AGENCIES like Radian Health and Guild. The CoC will leverage these policies through cross-systems collaboration with mental and behavioral health providers to improve communication, make referral more efficient, and ensure services are available for long-term recovery and community reintegration.

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)

Minnesota has operated a Sex Offender Registry since 1991, and Ramsey County CoC members, including those with law enforcement or other related agencies, REGULARLY SHARE INFORMATION, INCLUDING LOCATIONS, WITH THE REGISTRY. Per the U.S. Department of Justice, Minnesota is either compliant with SORNA, or “does not substantially disserve the purposes of the SORNA Requirements,” in a majority of SORNA standards. See Feb. 1, 2022 MN DOC Predatory Offender Statutory Framework Working Group Report to the MN Legislature, available at (POR-Working-Group-Combined-Report-Final-PRINT (1) re SORNA at p 18.pdf).

Minnesota Statute §299C.093 permits disclosure of predatory offender status to child protection workers to assist with family safety assessments. The Ramsey County CoC follows statute §299C.093 and USES IT'S AUTHORITY TO COORDINATE WITH CHILD PROTECTIVE SERVICES AS NEEDED when permitted by law and privacy rules. Additionally, Minnesota Statute §243.166 clarifies that shelters are not considered primary or secondary addresses, which helps the CoC safely share shelter information with individuals. These laws HELP the CoC comprehensively share information in accordance with SORNA. The CoC understands the magnitude of the sex offender registry as Minnesota's registry includes almost 20,000 individuals and Ramsey County accounts for about 10-12% of the Minnesota population. Ramsey County has 77 publicly notifiable registrants.

The CoC will work to MAP HOUSING RESTRICTIONS FOR SEX OFFENDERS AND EDUCATE COC PROVIDERS ON HOUSING OPTIONS that are registry compliant. If needed, the CoC will educate CoC providers on SORNA to ensure all agencies are aware of legal obligations as well as confidentiality obligations under the law. CoC providers ARE COMPLIANT WITH REQUISITE LAWS and work to notify registrants of their legal requirements, assist in housing navigation in appropriate areas, and ensure safety is a part of service planning.

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)

The Ramsey County Continuum of Care's strategy to outreach to all individuals and families experiencing homelessness is **STRENGTHENING THE COORDINATION BETWEEN LOCAL GOVERNMENT, COC PROVIDERS, AND OUTREACH WORKERS**. There is **ALREADY A NETWORK OF OUTREACH PROVIDERS AND PROGRAMS** that provide services in both **URBAN AND SUBURBAN** Ramsey County. These teams work with singles, families, and youth. For single adults, **PATH** providers such as Radius Health, Avivo, Handy Help, and Catholic Charities work with individuals experiencing homelessness with severe and persistent mental illness. Single Adults also have outreach workers from organizations like Community Medical Services, People Incorporated, Minnesota Community Care, the St. Paul Homeless Action Response Team (HART), the St. Paul Familiar Faces program, and Ramsey County Public Health. These organizations **REGULARLY COORDINATE** to locate individuals across the county and connect them to CoC Assistance. Additionally, there are regular drop-in hours at libraries, clinics, and drop-in spaces for homeless individuals to be connected. If single adults are not able to access services in person, they can also call the Ramsey County Single Adult Shelter and Diversion Team (SHED), to connect to services. This coordination **EXPANDS ACCESS** for individuals experiencing homelessness. The CoC will strengthen this coordination by **PROVIDING MORE RESOURCES FOR DEVELOPING CONNECTIONS BETWEEN TEAMS AND THE INDIVIDUALS THEY SERVE**. For youth, there are youth dedicated outreach workers through the Streetworks Collaborative and a youth-specific Drop-in Center, SafeZone. Safezone has submitted an SSO project to support and expand their drop-in. Families experiencing homelessness have dedicated outreach teams through school programs such as Project Reach at St. Paul Public Schools. In this program, families experiencing homelessness are connected through their McKinney-Vento liaison to shelter and wrap-around support. Additional outreach to families is conducted through Ramsey County Social Services. Furthermore, the Minnesota Assistance Council for Veterans has a veterans-specific outreach team that has a rapid-response van to connect with homeless veterans in Ramsey County. Through all of these programs, the Ramsey County Continuum of Care **MAINTAINS A STRONG STRATEGY TO OUTREACH TO ALL INDIVIDUALS EXPERIENCING HOMELESSNESS** across Ramsey County and **WILL CONTINUE STRENGTHENING COORDINATION BETWEEN OUTREACH TEAMS**.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
--------	---	--

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	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	No

6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	Youth mentoring	Yes

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
---------	---	--

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)	No
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)

The Ramsey County CoC has A COMPREHENSIVE POLICY ON ENSURING ACCESS TO EDUCATIONAL SERVICES that is required for all CoC-funded projects. The policy applies to all recipients and sub-recipients of CoC funds that are serving families with children or young adults aged 18-24. Program may adapt the CoC policy individually as long as it meets all federal requirements.

The purpose of the policy is to ensure that participants in the Ramsey County CoC are helped TO UNDERSTAND THEIR EDUCATIONAL RIGHTS established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act; to ensure that children and young adults ARE IMMEDIATELY ENROLLED IN SCHOOL AS REQUIRED BY FEDERAL AND STATE LAW; and to ensure that they are connected to transportation and educational services to help them succeed in school.

Through the educational access policy, CoC programs are REQUIRED to ensure that all applicable program participants are informed of their educational rights at intake and as necessary thereafter. Programs must ENSURE ALL CHILDREN ARE ENROLLED IN SCHOOL IMMEDIATELY, WITHIN 2 DAYS OF PROJECT ENROLLMENT, whether or not they have all records and documents. Programs must advocate when necessary to ensure that homeless students can attend their school of origin, and advocate to secure children receive the transportation resources they are entitled to. PROGRAMS MUST ADVOCATE TO ENSURE STUDENTS DO NOT FACE BARRIERS TO ACADEMIC AND EXTRACURRICULAR ACTIVITIES, advocate to ensure students receive credit for coursework, ensure students receive information about college readiness, and advocate for students TO RECEIVE ALL NECESSARY SCHOOL SERVICES THEY ARE ELIGIBLE FOR as provided to other students. Additional policies include the expectation that CoC programs help students contact their district homeless liaison, and that unaccompanied students are assisted with school enrollment.

This policy was adopted by the Ramsey County CoC Governing Board in July of 2023 and immediately shared with all CoC providers.

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)

The Ramsey County Continuum of Care coordinates with foster care or child welfare systems THROUGH PARTNERSHIPS between Ramsey County Children and Family Services (CFS) and the Coordinated Entry for Youth (CEY) team. Youth transitioning from public systems of care must have an approved plan with their team from CFS before exiting care. Youth that are in need of additional support after exiting foster care may be connected to the Successful Transition to Adulthood for Youth (STAY) program. Through this program, they stay connected to a team from CFS and work on INDEPENDENT LIVING SKILLS, EDUCATION, EMPLOYMENT, AND PERMANENT SOCIAL CONNECTIONS. This program is an option for youth leaving foster care as well as the Family Unification Program (FUP). The COORDINATED ENTRY FOR YOUTH priority list manager in Ramsey County works closely with Ramsey County CFS and the Public Housing Authority (PHA) to determine youth who have or plan to exit foster care that are eligible for the FUP program. If those options are exhausted, the CFS case manager or outreach worker working with the youth COORDINATES WITH THE COORDINATED ENTRY FOR YOUTH PRIORITY LIST MANAGER to determine other housing options. Youth housing providers across Ramsey County are familiar with this process and serving former foster youth. A CoC funded provider mentioned that do not turn away youth referrals who are coming out of foster care or are a part of the child welfare system. They have had several youth, past and present, who are aging out of foster care, eligible for extended foster care, and youth who have been in and out of the child welfare system. Often times, if a youth is active in the foster care system (most commonly through extended foster care), the program partners with their social worker/case manager to get them through our intake process, maintain housing, and encourage the youth to stay compliant with their extended foster care benefits program. The partnership with Ramsey County CFS and the COORDINATED ENTRY FOR YOUTH team ensures that youth transitioning from public systems of care are assisted to PREVENT HOMELESSNESS.

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)

The Continuum of Care (CoC) coordinates with RHY-funded providers, including street outreach, basic center program, transitional living programs, and maternity group homes through COORDINATED ENTRY, CROSS-SYSTEM COLLABORATION, RESOURCE SHARING, AND ONGOING PARTICIPATION IN YOUTH-FOCUSED PLANNING AND SERVICE COORDINATION EFFORTS. The CoC connects RHY-funded providers through the COORDINATED ENTRY FOR YOUTH team and regular CoC meetings such as the YOUTH ADVOCACY WORKGROUP. In this workgroup there are multiple RHY providers who are regular attendees. The group serves as a place for these providers to consistently come together, problem solve, and COORDINATE available services. Partners discuss system trends, identify service gaps, address barriers, and strengthen access to housing and supportive services for youth and young families experiencing homelessness. RHY-funded providers also benefit from the perspective and recommendations of the Youth Advisory Board (YAB), which helps inform system planning and improve service accessibility for young people.

One RHY provider, LifeHaven, a Maternity Group Home, receives referrals through the Coordinated Entry for Youth and Singles (CEYS) process and WORKS CLOSELY WITH ASSESSORS, HOUSING PROVIDERS, AND COMMUNITY PARTNERS to ensure youth experiencing homelessness are connected to appropriate housing and supportive services.

As an RHY-funded Maternity Group Home, LifeHaven COLLABORATES WITH SCHOOLS, MENTAL HEALTH PROVIDERS, CHILDCARE PROVIDERS, EMPLOYMENT PROGRAMS, FAMILY SUPPORT AGENCIES, AND HOUSING PROVIDERS that participate in or coordinate with the broader homeless response system. These partnerships support shared goals of housing stability, educational engagement, employment readiness, family well-being, and long-term self-sufficiency.

The CoC's coordinated system PROMOTES CONTINUITY OF CARE by connecting youth and young families to a range of housing and supportive service options based on individual needs. As participants prepare to exit RHY-funded programs, staff coordinate with housing providers, landlords, subsidy programs, and community-based organizations to support successful transitions to permanent housing and ongoing services. Through COORDINATED PLANNING, REGULAR COMMUNICATION, AND ACTIVE PARTICIPATION IN COC INITIATIVES, RHY-funded providers remain integrated within the broader youth homelessness 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)

Amherst Wilder Foundation operates the CoC-funded ROOF project, a Rapid Rehousing program that EXCLUSIVELY SERVES FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS. The ROOF project integrates a full spectrum of supportive services including childcare, support, onsite mental healthcare, onsite substance use treatment, and income and workforce focused services. These services assist families in building long-term stability and exiting homelessness into self-sufficiency.

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 Wilder Foundation ROOF project, a CoC-funded Rapid Rehousing project that exclusively serves families experiencing homelessness, PROVIDES INDIVIDUALIZED, COMPREHENSIVE, AND INCOME-FOCUSED SERVICES TO INCREASE LONG-TERM FINANCIAL STABILITY. Wilder provides one on one employment coaching as a part of case management, which includes resume writing, interview prep, job search, retention skills, and career path planning. Case managers ensure these services are individualized to participant needs- for those who identify work as a near term goal the services are intensive, and those for whom employment is a larger challenge also receive services to maximize benefits through SOAR. All clients are also CONNECTED TO FINANCIAL LITERACY AND WEALTH-BUILDING RESOURCES BASED ON THEIR FINANCIAL SITUATION- options include the Four Cornerstones curriculum focused on budgeting, credit repair, debt reduction, and consumer protection; Build Wealth Minnesota which works towards home ownership; and one on one coaching through Rondo Land Trust.

In addition to personalized employment search and support, Wilder provides a VAST PORTFOLIO OF WORKFORCE PROGRAMMING AND PARTNERSHIPS. Wilder provides three paid training pathways internally for individuals to become certified Peer Support Specialists, certified Child Development Associates, and a path towards clinical licensure through the Clinical Training Institute. For those who are looking for different employment opportunities, there are external workforce partnerships with Hired, Guild, Hmong American Partnership, Ramsey County Workforce Solutions, and Hennepin Technical College.

While ROOF participants are building their skills and pursuing training, they are also eligible for microgrants tied directly to achievement in income growth. Participants can receive small grants of \$1,000-\$2,000 for COMPLETING VOCATIONAL TRAINING OR ACHIEVING SMALL BUSINESS GOALS. Finally, ROOF participants who have long-term disabilities and cannot work are connected with SOAR trained staff to maximize their SSI or SSDI benefits.

Through a wide array of employment coaching, job training, income supports, financial education, and benefit maximization, families working with the ROOF program HAVE ACCESS TO MULTIPLE PATHWAYS TO INCREASE THEIR INCOMES. This combination of services best positions families to pursue self-sufficiency and stability.

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)

The Wilder ROOF Rapid Rehousing project leverages mainstream family systems with a focus on utilizing these systems to help families STABILIZE AND ACHIEVE MEANINGFUL SELF-SUFFICIENCY while settling into permanent housing and working to increase their incomes.

Case managers conduct comprehensive benefits screenings at intake. Case managers assist families in applying for all mainstream benefits programs they are eligible for, including childcare assistance, the Minnesota Family Investment Program (MFIP/TANF), SNAP, health insurance, and disability benefits. While families are enrolled in RRH, staff assist with paperwork and navigating recertification. Additionally, ROOF EXPLICITLY ALIGNS THEIR RENT CALCULATIONS WITH TANF STATUS. Families whose only income source is SSI or TANF see lower personal rent contributions, in order to prevent cost-burdening families who are still working towards stability and higher income. The ROOF program additionally includes 2 SOAR trained staff who maximize mainstream benefits by ensuring access to SSI and SSDI for eligible families. There is an onsite MNSure Navigator weekly, in order to ensure families obtain health insurance benefits and protect limited incomes.

ROOF maximizes access to mainstream benefits for families experiencing homelessness THROUGH CASE MANAGEMENT, PROTECTING LIMITED INCOMES, AND BUILDING EXTERNAL PARTNERSHIPS.

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)

The Amherst Wilder Foundation ROOF project USES A WHOLE FAMILY APPROACH AND 2-GENERATION PHILOSOPHY, where a parent's housing stability and a child's health, developmental, and educational stability are treated as inseparable. Because of the variety of internal programs at Wilder, including a Child Development Center (CDC) and Certified Community Behavioral Health Clinic (CCBHC), ROOF case managers can MAKE INTERNAL SAME-AGENCY WARM HANDOFFS. This deeply integrates clinical, housing, and child services into the household and prevents siloing from external referrals.

For childcare, ROOF families can connect directly with the Wilder run Child Development Center, a year-round early childhood education and childcare program. The Child Development Center is designed to promote cradle to career success for young people. When children move on to school, families case managers help with SCHOOL RECORDS AND REFERRALS TO TUTORING, AND ROOF STAFF COORDINATE DIRECTLY WITH THE ST. PAUL PUBLIC SCHOOL SYSTEM. On the parenting end of services, case managers BUILD PARENTING EDUCATION INTO ALL INDIVIDUALIZED SERVICE PLANS. Case managers assist with applications for Head Start and Early Childhood and Family Education. Families with infants have access to home visiting and telehealth support through an internal maternal health coalition.

The maternal health coalition also serves as pregnancy support for families in the ROOF program. Beyond pregnancy, Wilder's designation as a CCBHC gives ROOF children and youth direct access — without external referral — to A FULL CONTINUUM OF BEHAVIORAL HEALTH SERVICES, including day treatment, school-based mental health services, outpatient therapy, psychological testing, psychiatry, and medication management. Every household is connected to a primary care provider at enrollment, and a weekly on-site MNsure Navigator supports insurance enrollment and renewal so families can access the coverage that makes this care possible.

Services in the ROOF program are front-loaded in the first 90 days after move-in, the period of highest vulnerability, so childcare, health, and education connections are made while families have the most capacity to use them. Support then tapers as the household stabilizes. Because CDC, maternal health coalition, and CCBHC sit inside Wilder rather than with an outside agency, families avoid the access gaps that most often interrupt continuity of care and learning during a housing transition.

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)

The Ramsey County CoC is closely partnered with the Department of Veterans Affairs through the VA homeless programs. The VA homeless program uses a COMBINATION OF TARGETED OUTREACH, SCHEDULED OUTREACH, AND COMMUNITY COORDINATION TO IDENTIFY AND SERVE HOMELESS VETERANS. A staff member of local VA serves on the CoC Steering Committee. The VA homeless programs have partnerships with all shelters in Ramsey County and work with Coordinated Entry to prioritize veterans for housing resources.

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)

The Ramsey County CoC HAS SEVERAL KEY PARTNERSHIPS with victim service providers and those who serve people fleeing domestic violence, sexual assault, stalking, and trafficking. Women's Advocates has a representative on the CoC Governing Board, operates a CoC-funded DV Rapid Rehousing project, and operates a CoC-funded DV Coordinated Entry project. The CoC also partners with Breaking Free who has CoC-funded PSH, Tubman (serves on the CoC Steering Committee), and 180 degrees.

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)

The Ramsey County Continuum of Care PARTNERS WITH RAMSEY COUNTY CORRECTIONS to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs. Everyone being released must make a re-entry plan with their probation officer or a member of the department of corrections. In the CoC, homeless and housing service providers such as Union Gospel Mission, Ujamma Place, and RS Eden connect with staff in correction to refer clients to their programs.

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)

The Ramsey County Continuum of Care PARTNERS WITH MINNESOTA COMMUNITY CARE to provide specialized supportive services for homeless individuals with a high level of medical needs. Minnesota Community Care has licensed medical providers within clinics and conducting street outreach. These clinics are within shelters and drop-in centers to be accessible to the homeless community. The practitioners work in coordination with outreach to triangulate services for those with high medical needs.

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)

The Ramsey County Continuum of Care PARTNERS WITH CATHOLIC CHARITIES MEDICAL RESPITE at Higher Ground St. Paul. This program provides short-term recuperative care for adults experiencing homelessness, including aging and medically vulnerable individuals who are too ill or injured to safely recover on the streets or in a traditional shelter setting. Individuals are referred to the program by partnering with hospitals and healthcare providers.

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)

The Ramsey County CoC FUNDS A NUMBER OF PSH PROJECTS THAT PRIORITIZE INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS. These include Catholic Charities Higher Ground St. Paul, Amherst Wilder Foundation MN Place, Beacon Interfaith Kimball Court, and CommonBond Wilder Square. Ramsey County Coordinated Entry prioritizes individuals experiencing chronic homelessness, therefore most PSH programs tailor services to those individuals.

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)

The projects identified in 1C-19 provide onsite BEHAVIORAL HEALTHCARE THROUGH A COMBINATION OF PEER SUPPORT, PSYCHIATRY, THERAPY, MEDICATION MANAGEMENT, DAY TREATMENT, AND PSYCHOLOGICAL SCREENING AND TESTING. CoC-funded PSH providers are fully integrated into the local behavioral health system and ensure program participants have access to all necessary behavioral health services.

Higher Ground St. Paul has an onsite clinic with Minnesota Community Care. MINNESOTA COMMUNITY CARE OFFERS INTEGRATED BEHAVIORAL HEALTH ASSESSMENTS WITHIN MEDICAL CARE VISITS, LICENSED THERAPISTS, MENTAL HEALTH CASE MANAGEMENT, AND REFERRALS TO MORE INTENSIVE OUTPATIENT CARE AS NEEDED. Wilder Foundation also runs a Certified Community Behavioral Health Clinic (CCBHC), giving program participants direct access to a full range of behavioral health services including therapy, psychiatry, medication management, and SUD assessments. Because Wilder runs the housing program and the CCBHC, clients have a same-agency warm handoff to services and are more likely to follow-up and continue. Beacon Interfaiths service provider subrecipient Avivo PROVIDES WEEKLY ACCESS TO A LICENSED ALCOHOL AND DRUG COUNSELOR TO RESIDENTS, as well as having a certified peer recovery navigator on staff. At CommonBond's Wilder Square program, onsite mental health and substance use services are offered through certified peer support, support groups, care coordination, and regularly scheduled therapists.

Together, these onsite behavioral health services ENSURE PSH RESIDENTS RECEIVE INTEGRATED SUPPORT, REDUCING BARRIERS TO ACCESSING CARE. These models increase participants engagement in services, improve continuity of care, and promote adherence to treatment. Ultimately, these PSH projects are able to support long-term stability and housing retention through easy access to care.

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)

The Catholic Charities PSH program has a process for identifying program participant need and referring them to a higher level of care through THEIR IN-HOUSE MEDICAL RESPITE PROGRAM AND CONNECTIONS TO ADDITIONAL SERVICES SUCH AS RESIDENTIAL HOUSING SUPPORT.

For the Medical Respite program, individuals are referred to the program by partnering with hospitals and healthcare providers. Referrals are reviewed by the Medical Respite team to DETERMINE ELIGIBILITY AND WHETHER THE INDIVIDUAL'S MEDICAL AND FUNCTIONAL NEEDS CAN BE SAFELY SUPPORTED WITHIN THE PROGRAM. Eligible individuals must be experiencing homelessness or lack a stable living environment, have a medical or behavioral health condition requiring short-term recovery, be medically and psychiatrically stable, and be independent with activities of daily living or have appropriate PCA or home care nursing services in place to support needs beyond the scope of Medical Respite staff.

Once enrolled, guests receive a private room with a hospital bed and access to meals, laundry, showers, clean bedding, and other basic needs. Guests receive NURSING AND CASE MANAGEMENT SUPPORT, including medication support and education, coordination of follow-up medical appointments, connection to primary and behavioral healthcare, transportation and pharmacy coordination, benefits and community resources, Coordinated Entry when appropriate, and housing or shelter planning. PCA or home care nursing services may also be coordinated when additional support is needed.

Throughout the stay, the Medical Respite team works with each guest, healthcare providers, and community partners to develop an appropriate discharge and transition plan. The goal is to provide a safe environment for recovery WHILE IMPROVING MEDICAL STABILITY AND CONNECTING INDIVIDUALS TO THE HEALTHCARE, HOUSING, BENEFITS, AND COMMUNITY RESOURCES needed for a successful transition from Medical Respite.

For those in need of additional higher levels of care beyond medical respite Catholic Charities connects with the Housing Support team or with Ramsey County Social Services. The Housing Support team connects individuals with assisted living and Ramsey County Social Services begins the referral process for residential treatment.

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)

All the projects mentioned in 1C-19 (Catholic Charities, Amherst Wilder, Beacon Interfaith, CommonBond) UTILIZE THE COC-WIDE MOVE UP POLICY TO ASSESS PROGRAM PARTICIPANT READINESS FOR OTHER HOUSING OPTIONS. The CoC policy balances income requirements, demonstrated accountability, and connection to community supports in order to determine when participants are ready to move into other permanent housing.

Specifically, the CoC and PSH projects find that participants need to meet the following baseline requirements in order to Move Up:

Resided in PSH for 2 or more years

Have an ongoing source of income

Paid rent on time and in full for the past 12 months

Connected to mainstream or community resources

When participants meet the baseline criteria, they are eligible for referral to MOVE UP VOUCHERS THROUGH LOCAL PUBLIC HOUSING AUTHORITIES when available. When there are more eligible participants than available vouchers, additional criteria are taken into consideration for referrals. Those criteria include timeliness of utility bill payments, existence of arrears, safe living environment, employment or connection to benefits, and connection to healthcare.

PSH projects use these criteria to evaluate when participants may be ready. The CoC reviews the Move Up policy regularly and makes necessary changes as needed to accurately reflect program participant experiences and stability in post-CoC housing.

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.	
-------	---	--

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.	
--------	--	--

	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.	
--	---	--

You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
--------	--	--

	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.	
--	---	--

You must enter a date in question 1D-2b.

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
--	---	-----

1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
--------	--	--

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.	08/05/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
--------	--	--

	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.	08/05/2026
--	---	------------

1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
-------	--	--

	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)

The Ramsey County CoC follows A DATA-DRIVEN REALLOCATION PROCESS described in its 2026 Scoring and Ranking Policy. Each year, the Ranking Committee evaluates all renewal projects using the scoring tool, which measures grant administrative performance, system-level performance, and alignment with local priorities. The policy states that “HUD expects CoCs to reallocate funds from non- and/or under-performing projects to projects addressing higher priority community needs” and that reallocation may use funds “in whole or in part from existing eligible renewal projects to create one or more new or expansion projects.”

The CoC DETERMINES WHETHER PROJECTS ARE LOW-PERFORMING OR LESS NEEDED using the following thresholds: Renewal projects that receive 60% or fewer points in the local competition will be considered for reallocation, and projects underspent by 20% or more for 2 consecutive operating years will have the unspent amount automatically recommended for reallocation. Additional considerations INCLUDE HMIS DATA QUALITY, UNSPENT FUNDS, APRS, HUD MONITORING FINDINGS, ABILITY TO MEET FINANCIAL MANAGEMENT STANDARDS, AND COMMUNITY NEED. Projects unable to meet stated objectives or address HUD findings will be recommended for reallocation in the next HUD CoC NOFO process. Additionally, projects that receive 60% or fewer points will be required to participate in technical assistance with the CoC lead agency.

This year, the COC DID IDENTIFY LOW-PERFORMING PROJECTS THROUGH THE SCORING AND REVIEW PROCESS. Applying the 60% threshold and underspending criteria, the Ranking Committee identified projects meeting the eligibility for reallocation consideration.

The CoC also reallocated funds this year. Following the reallocation policy, THE COC REALLOCATED FUNDS FROM PROJECTS WITH LOW-PERFORMANCE TO NEW PROJECTS ALIGNED WITH HUD PRIORITIES. These decisions were made using objective scoring and spending analysis.

Because the CoC identified and reallocated from low-performing projects during the 2026 competition, there were no circumstances preventing reallocation.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
--------	---	--

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
--	--	-----

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)	ClientTrack by Caseworthy
--	---	---------------------------

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

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

2A-3.	PIT Count–Methodology Change.	
-------	-------------------------------	--

	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)

For the 2026 Point in Time (PIT) Count, there were significant changes made to unsheltered PIT Count implementation methodology, specifically, the NUMBER OF SITES, VOLUNTEER RECRUITMENT, AND DATA QUALITY MONITORING. In the Ramsey County Continuum of Care, the PIT is collected through paper surveys at sites on the night of the PIT and for a full week after the date of the PIT. In 2026, ONE ADDITIONAL SITE was used collect surveys for the night-of, and ADDITIONAL OUTREACH was done to increase sites for surveys in the days following. These included a hospital emergency department, mental health clinic, libraries, a youth drop-in center, and a drop-in center for single adults.

Another change was in volunteer recruitment, the REQUESTS FOR VOLUNTEERS BEGAN ONE MONTH EARLIER in 2026. The change in timing INCREASED the number of volunteers that were available at sites across Ramsey County completing surveys. These changes in the PIT implementation and methodology had a few key effects.

FIRST, there was GREATER COORDINATION between the Lead Agency, sites, and volunteers. New relationships were developed with sites that were serving people experiencing homelessness, Regions Hospital specifically was able to participate in the PIT for the first time. SECOND, there were more volunteers available to assist with the completion of surveys. Volunteers were better able to manage survey completion and were better positioned to connect with every individual at the survey sites. THIRD, there were changes made to ensure data quality. There was more training available over the course of the 2026 PIT to ensure consistency in how the surveys were completed. The biggest change was having the same CoC staff who presented the training entering the survey data. This change meant that each survey was double checked for accuracy and completeness before the information was submitted to the HMIS Administrator.

These changes had a few noticeable impacts on the PIT results. There WERE LESS DATA FLAGS in the PIT data when entered into HDX because of the change to process for submitting PIT data. There was also a large increase in the count of unsheltered unaccompanied youth. The change in methodology to have additional volunteers and time at the youth drop-in center likely directly contributed to a more accurate count of unsheltered youth and was reflected in that increase. The 2026 PIT was overall MORE COORDINATED and these changes in methodology had noticeable impact.

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)

During 2025, the Ramsey County Continuum of Care reduced encampments by REGULARLY POSTING NOTICES TO ENCAMPMENTS RESIDENTS and SWIFTLY CLOSING SITES WITH TENTS OR LARGE ENCAMPMENTS. The Homeless Action Response Team (HART) through the St. Paul Department of Safety and Inspections, REGULARLY MONITORED AND CLOSED ENCAMPMENTS over the course of 2025. They did this by checking sites on a WEEKLY basis and then TAKING CORRECTIVE ACTION. Every Monday and Wednesday the team would go out to determine what sites were in the city and how many tents or individuals there were. Then, the team would coordinate with the Department of Inspections and post notifications to groups about corrective actions. For sites with a small number of tents, less than 10 or so individuals, THE SITES WOULD BE CLEARED IMMEDIATELY, on the following day. The notification would describe the city camping ordinance and notice to individuals to vacate. The following day, the HART team would conduct ASSERTIVE OUTREACH, remaining present during the cleaning of the site and assisting individuals with services if they had not already cleared or left the site. For larger camps with 15-20 individuals the HART team would post a notice that the camp would be regularly cleaned to dispose of waste and other hazards on a weekly basis. Then, in PARTNERSHIP AND CROSS-SYSTEM COLLABORATION with other outreach teams, and local government leadership, the HART team would post a notice that the camp would be closed. The notice would give those living in the encampment usually two week to 30-day notice to vacate. During the time between the notice and clearing the camp, the HART team and CoC outreach teams would work with the people living in the camp to determine next steps, resources, and service options. Then, the Department of Safety and Inspections in COOPERATION with LAW ENFORCEMENT would work in tandem to clear the camp and clean up the site. Through this process, SEVEN ENCAMPMENTS WERE CLEARED in 2025 and the number of people in encampments decreased.

2A-4a.	Reduce Encampments—Number of Encampments.	
--------	---	--

1. Enter the estimated number of encampments in the beginning of your evaluation period.	10
2. Enter the reduction in the number of encampments during your evaluation period.	7

2A-4b.	Reduce Encampments—Number of People in Encampments.	
--------	---	--

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	148
2. Enter the reduction in the number of people in encampments during your evaluation period.	34

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
--------	---

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)

There has been a reduction in encampments and the number of persons in encampments in our CoC.

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)

The Ramsey County Continuum of Care's plan to decrease the number of individuals and families that become homeless for the first time includes RETAINING THE PRESENCE OF THE COC IN EVICTION COURT, STRENGTHENING RELATIONSHIPS WITH LANDLORDS AND PROPERTY MANAGEMENT PROVIDERS, AND EXPANDING ACCESS POINTS FOR DIVERSION AND HOUSING PROBLEM SOLVING. Currently, the CoC, through the work of the Lead Agency, hosts a financial clinic in eviction court to assist individuals and families with an evictions summons. The financial clinics assists individuals and families by paying rental arrears, past-due balances, or utility bills. By clearing these balances, THE EVICTION FILING IS SETTLED and the individual or family is not evicted or asked to vacate their housing, PREVENTING EVICTION AND HOMELESSNESS. For those working with the financial clinic, over 60% HAVE EXITED TO PERMANENT HOUSING DESTINATIONS. In addition, the CoC plans to decrease those experiencing homelessness for the first time by STRENGTHENING RELATIONSHIPS WITH CURRENT HOUSING PROVIDERS not currently engaged with the Ramsey County Continuum of Care. This includes recruiting landlords and property management agencies to CoC meetings and membership to become a more coordinated and connected system of housing. By strengthening these relationships and expanding housing navigation services, the CoC will be able to prevent the loss of housing, and PREVENT HOMELESSNESS. Finally, the CoC plans on expanding diversion services within the Shelter Entry and Diversion Team (SHED) and the Family Shelter team. The expansion of services for diversion would include INCREASING THE CAPACITY OF THE TEAM to help more individuals and families with rental assistance, deposit assistance, or housing navigation services TO KEEP THEM STABLY HOUSED AND OUT OF EMERGENCY SHELTER. Altogether this plan to maintain successful prevention services, expand coordination, and strengthen diversion services will decrease number of individuals and families that become homeless for the first time in Ramsey County.

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)

The Ramsey County CoC's plan to reduce the length of time individuals and families remain homeless centers on IMPROVING SYSTEM COORDINATION, REDESIGNING ELEMENTS OF THE HOMELESS RESPONSE SYSTEM, AND INCREASING ACCESS TO CREATIVE HOUSING PATHWAYS. The CoC is conducting a Coordinated Entry (CE) evaluation to reduce referral bottlenecks, shorten time from identification to housing placement, and strengthen pathways outside CE. The CoC has also HIRED TECHNICAL ASSISTANCE TO REDESIGN THE SYSTEM to better match current population needs and improve system performance. It is the mission of the Ramsey County CoC for homelessness to be brief, and our strategic plan highlights the plan for reducing the length of time people experience homelessness.

To speed up exits from homelessness for those experiencing long periods of homelessness, the Ramsey County Housing Stability Department has contracted with a dedicated case management provider for individuals living in encampments. This work IMPROVES DOCUMENTATION READINESS, IMPROVES CONTINUITY OF SERVICES, AND EXPANDS HOUSING NAVIGATION CAPACITY. More broadly, the CoC plans to increase access to housing navigation supports across providers, such as through our Move Up program with the St. Paul Public Housing Authority.

The CoC is EXPANDING PREVENTION AND DIVERSION EFFORTS, LIKE PROBLEM-SOLVING CONVERSATIONS, FLEXIBLE FINANCIAL ASSISTANCE, AND EVICTION COURT SERVICES. In 2026, Ramsey County received approximately \$5.2 million additional for prevention efforts through the Family Homelessness Prevention Assistance Program. These approaches reduce system inflow and prevent long shelter stays. The CoC is also reimagining the family shelter system through an RFP seeking new strategies and creative approaches to sheltering families, seeking to eliminate the family shelter waitlist.

The CoC leverages CROSS-SYSTEM PARTNERSHIPS TO SPEED UP HOUSING PLACEMENTS. The City of St. Paul's Familiar Faces program provides ASSERTIVE OUTREACH AND TARGETED HOUSING ACCESS FOR INDIVIDUALS WITH RECURRENT SYSTEM CONTACT. The CoC also works closely with behavioral health providers, benefits programs, and mainstream housing agencies to reduce administrative delays that prolong homelessness. Together, these strategies form a comprehensive plan to reduce the length of time individuals and families experience homelessness.

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?	30.40%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The data for this response was calculated using the following steps in HMIS and RStudio. First, a report from HMIS of all individuals active in HMIS from January 1st, 2025 to December 31st, 2025 was pulled for review. Then, the individuals were filtered to ONLY THOSE WHO EXITED FROM PROGRAMS DURING THE YEAR 2025. Next, the reported was filtered again to only include those exiting from Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Transitional Housing (TH) programs. After, the clients were GROUPED BY EXITED DESTINATION and the number of clients in each of THE FOUR UNSUBSIDIZED PERMANENT HOUSING DESTINATIONS were counted. Finally, the sums for each program type and each destination were added up for the total number of individuals who exited PSH, RRH, and TH programs to unsubsidized permanent housing. This total was divided by the total number of individuals exited from PSH, RRH, and TH to garner the percentage of all exits that went to unsubsidized permanent housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
-------	---	--

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
--	---	------------

2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
--------	---	--

	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
--	--	-----

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
---	-----

2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
--------	---	--

	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
--	--	-----

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
-------	---	--

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	756	171	723	77.99%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	414	9	268	63.36%
4. Rapid Re-Housing (RRH) beds	219	3	206	92.79%
5. Permanent Supportive Housing (PSH) beds	1,513	30	1,298	84.12%
6. Other Permanent Housing (OPH) beds	1,995	0	1,796	90.03%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
--------	--	--

	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)

The Ramsey County CoC will be taking steps with our Emergency Shelter, Transitional Housing, and Permanent Supportive Housing providers currently not using HMIS to improve bed coverage. To improve Emergency Shelter bed coverage, the CoC has entered into an agreement with Union Gospel Mission, the largest emergency shelter provider not currently in HMIS to implement HMIS within the next calendar year. The contract began in AUGUST 2026. The agency HAS COMPLETED HMIS TRAINING and is currently enrolling PRESENT participants into HMIS. This will improve the bed coverage rate for Emergency Shelter beds from 77.99% to 98%, meeting the 85% threshold. For Transitional Housing programs, the CoC will coordinate directly with the providers not using the Homeless Management Information System or a comparable database. These include Union Gospel Mission, Ezperanza United, Esther Homes, MACV, and the Maya Program. The CoC will investigate their capacity to use HMIS or a comparable database and IMPLEMENT A QUARTERLY MONITORING AND COACHING PROCESS in coordination with the HMIS administration to assist staff with data timeliness and quality. The CoC will also investigate the ability of APIs to assist agencies with porting data into HMIS so it is available. The majority of permanent housing beds that are not in HMIS are a part of the VASH program in Ramsey County. The CoC will work with the VA to initiate a HOMES import of VASH program data into HMIS. By completing these steps, the bed coverage rate will increase to at least 85% FOR ALL PROGRAMS.

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?	No
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.
------	---

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		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes		

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required