

# CROSSROADS TO

Minnesota's New  
Pathways to Housing,  
Racial and Health  
Justice for People  
Facing Homelessness

December 2023 – 2027





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# OVERVIEW

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Across Minnesota, communities are realizing that housing instability and homelessness impact not only the families and individuals in crisis, but the health of the entire community. Over the last several decades, talented, committed providers and public servants have made enormous strides preventing and ending homelessness. Thousands of Minnesotans have been connected to safe and stable homes. Nevertheless, the problem has persisted and become increasingly complex. The growing gap in housing that is affordable, insufficient incomes, persistent institutional racism, lack of adequate healthcare, and increasingly dangerous and highly addictive substances have created an even more challenging environment to tackle the issue. In the face of these challenges, the Walz-Flanagan Administration has prioritized the goal of housing stability and is committed to partnering with local communities, to centering the expertise of individuals with lived expertise, and to scaling resources to meet this challenge better than ever before in Minnesota's history.

In 2022, after the shared experience of working with partners across Minnesota to protect and support people facing homelessness during the pandemic, while confronting the racism and injustice in our systems following the murder of George

Floyd, Governor Walz and Lieutenant Governor Flanagan tasked the *Minnesota Interagency Council on Homelessness* with developing a strategic plan focused on justice. They sought a housing, racial and health justice approach for people facing homelessness in Minnesota to guide the work of state government on this issue for the remainder of their second term.

This plan is the culmination of a year-and-a-half-long process that was co-led by 10 paid Justice Consultants, all people with lived experience of homelessness representing different experiences and different parts of the state.

While this plan certainly builds on previous Minnesota strategic plans to prevent and end homelessness, it goes further than any previous effort to center the voices and expertise of people with lived experience. Further, we will measure our progress not only by reducing the number of people who are experiencing homelessness in the state, but also by reducing the disproportionate number of Native, Black and Brown Minnesotans who experience homelessness. Our confidence in the impact of executing this plan is fueled by the enormous investment the 2023 Legislature has made in housing stability.





# THE JUSTICE CONSULTANTS

## THE VISION FOR THE WORK AHEAD

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### We, the Justice Consultants,

were hired for this process to pull from our personal lived experience to build a strategic plan focused on housing, racial and health justice from brainstorming to implementation. Our 12–10 person cohort brings different perspectives and a spectrum of expertise that have led to innovative action steps that cannot be formed without firsthand experience with the systems that we are working to change. The people within in the Minnesota Interagency Council on Homelessness (MICH) have taught us how they contribute to the work, and we have taught them how the systems interact with or actively harm communities they are supposed to be serving. This exchange has made it so we know how to incorporate our insight to bridge the gap between people-in-power positions and people within community. This process has proven that our personal experience is valid on its own without formal education. And that slowing down the processes so we can understand is not a liability and helps everyone analyze on a deeper level.

People with lived experience need to be in permanent paid positions with access to health care to be able to get and stay stable. We need to be stable in order to do our best work. For the future of this work, we want to see ongoing collaboration between people with lived experience and all government and Tribal entities throughout rural and metro areas. We want consultants to be given resources that help us continue to pave the way toward transformative action and intentional care. With that, power will actively shift into the hands of people with lived experience making decisions for their communities. We need to be vulnerable and expansive to build a strong government foundation that communities can trust.

This has been a learning experience for the state agency staff and consultants alike. We have all come out with more knowledge and connections than we came in with. Being in this position has not been without its hardships. Drawing from our traumas to contribute to this work is exhausting. Working with people who have never experienced anything close to what we have is draining. The intellectual, emotional and spiritual labor that we put into this work is unique to us.

Trauma doesn't just go away after permanent stable housing, but it's the first step to healing and equity. We are in this for the long term. Our incentive to do this work is not just the money or the access to power. Our incentive is to create meaningful change for us and our communities to benefit generations to come. We Justice Consultants hold hope for a more equitable and imaginative future.

*Rosalee Abrams Carter*

*Michael Giovanis*

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*Milton Manning*

*Desmond McCloud*

*Kai Miller*

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*Mason Persons*

*Nina Vongpheth*

## THE PROCESS

The North Star that guides this plan is justice. To build a plan centered on justice, the first task was to co-develop with community a definition of justice for people facing homelessness. The Council contracted with Rainbow Research and the Justice Consultants to create unified, operational definitions of housing, racial and health justice for people facing homelessness. Rainbow Research and the Justice Consultants utilized extensive community engagement and participation, with a process that centered people with lived experiences of homelessness. The process involved participation of over 145 people from across Minnesota in five working group sessions and three community conversations between April and June 2022.

The definitions represent a starting point and must be iteratively refined, recognizing that our understanding of justice, and achieving justice, will be enhanced and transformed as injustice is confronted and overcome.



# THE COMMITMENT TO THE WORK AHEAD

Minnesota bears ongoing injuries as a result of structural racism, genocide and economic inequities, which continue to define housing instability and homelessness today. Government policies established through deliberate action and inaction have limited the ability of Indigenous, Black, Brown, and poor populations to create wealth, access opportunity and celebrate heritage. These policies continue to shape every neighborhood and community, as well as individual access to housing, health care, education, employment and opportunity. In this context, only deliberate, bold and systemic action and power-sharing will create a different future for Minnesota and for Minnesotans facing homelessness and housing instability.

**Therefore, the Council is committed to...**



**Repair and transform unjust systems** that have caused and perpetuate housing instability and homelessness.



**Recognize people facing homelessness as relatives** and our collective responsibility to each other is rooted in mutual care and radical hospitality.



**Empower people who have faced homelessness and housing instability** to identify and describe the problems to be solved, design the solutions needed for those problems, and implement and evaluate those solutions.



**Hold each other and systems accountable** in the work to achieve housing, racial and health justice for people experiencing homelessness.

This plan offers a new vision for Minnesota's collective response to homelessness and housing instability and outlines the vision of justice and the bold results that center a set of specific strategies and actions the State commits to. This plan, building new pathways to housing, racial and health justice for people facing homelessness, is a living document that will require continuous improvements and adjustments to ensure we are getting the results we seek. We are committed to working alongside every Minnesotan to realize the vision of housing, racial and health justice and to one day ensure that no Minnesotan must worry about where they will sleep at night.



# THE DEFINITION OF JUSTICE



## HOUSING JUSTICE

Housing Justice for people facing homelessness means that every community and government recognizes and acts on the belief that housing is an essential need, and no one should be without access to housing that is safe, decent, affordable, free of prejudice, with access to community, services and opportunities. With existing shortages of affordable housing that are accessible for everyone, community and government must act to create housing options responsive to each person's needs and interests without exception. Housing justice requires that communities and government should respond, to the greatest extent possible, to needs for housing with appropriate options and without punishment, discrimination or violence. Housing justice for people facing homelessness will be achieved when the laws, policies and practices at all levels of government that have caused harm to people facing homelessness have been acknowledged and transformed through the leadership and guidance of people who have faced homelessness.

## RACIAL JUSTICE

Racial Justice for people facing homelessness means there are no disparities for Indigenous, Black, Brown and poor populations facing homelessness and racism no longer inequitably limits housing options and choices. Public systems must prioritize and invest equitably in culturally grounded and community-based approaches to reduce homelessness. Racial justice requires the leadership of people who have faced homelessness to guide continuous improvement of the system and approach to prevent and end homelessness.

## HEALTH JUSTICE

Health Justice for people facing homelessness means all people's physical, mental, spiritual and environmental health needs are met by integrated public systems, including healthcare, public health, and public safety. Health justice requires that these systems are led, guided, informed and evaluated by people who have faced homelessness. Health justice requires that these systems recognize the dignity of all individuals, reduce stigma, prioritize people facing homelessness, and are redesigned to meet the needs of people who have the greatest barriers to health equity.

**HOUSING JUSTICE** for people facing homelessness means that every community and government recognizes and acts on the belief that housing is an essential need, and no one should be without access to housing that is safe, decent, affordable, free of prejudice, with access to community, services and opportunities.



**RACIAL JUSTICE** for people facing homelessness means there are no disparities for Indigenous, Black, Brown and poor populations facing homelessness and racism no longer inequitably limits housing options and choices.



**HEALTH JUSTICE** for people facing homelessness means all people's physical, mental, spiritual and environmental health needs are met by integrated public systems, including healthcare, public health, and public safety.



# THE PLAN

Utilizing the consultants' expertise, statewide workshops, conversations with partners, participant feedback from regular webinars, and multiple agencies' staff expertise, the Council and the Justice Consultants developed five bold results that will drive significant movement towards housing, racial and health justice.

- 1** Council agencies will collaborate and co-lead with impacted communities that have been historically oppressed and excluded such as Black, Brown and people of color, poor/low income, LGBTQIA2S+, people with disabilities, older adults, foreign-born, and people who have faced homelessness and Tribal Nations to implement the action plan on housing, racial and health justice.
- 2** Homelessness is prevented whenever possible, and services and supports are provided to ensure no one returns to homelessness.
- 3** A robust crisis response geared towards housing outcomes supports people staying outside, in emergency shelters, and in community.

- 4** People facing homelessness have access to housing options that meet their needs and honor their choices.
- 5** Homelessness is treated as a crucial health and public health crisis wherever it occurs.

To achieve these bold results, Council agencies and the Justice Consultants worked together to identify the highest impact strategies and actions the Council will pursue. The strategies and actions listed at the end of the document do not name everything state agencies are already doing related to housing stability and homelessness, nor do they represent everything that must be done. Rather, these strategies and actions were chosen as the highest impact opportunities to pursue at this moment. The impact of these efforts will be continuously monitored to see if, and when, adjustments are needed.

# WHAT MAKES THIS PLAN DIFFERENT?

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## **IT WAS CO-LED AND CO-CREATED WITH PEOPLE CLOSEST TO THE ISSUE.**

While strategic state plans in the past have been critical to building toward this moment, none of the previous plans have so intentionally been created with people with lived expertise at the center of the work. The Justice Consultants have been involved in every step of this plan's creation. The broad engagement with partners throughout the state informed every part of plan development, including the definitions of justice, the bold results, and the strategies and actions the Council is committing to implement and improve upon over the next four years. The Council is committed to engaging people with lived expertise, as well as statewide community partners and Tribal Nations, in the Council's implementation of the justice plan throughout the Walz-Flanagan Administration.

## **IT IS POWERED BY THE BIGGEST INVESTMENT IN HOUSING AND HOMELESSNESS IN STATE HISTORY.**

After a historic 2023 Legislative Session, the Governor signed into law a **\$2.6 billion housing stability package** to fuel many of the actions in this plan. The investments will increase

prevention assistance, shelter capacity, rental assistance, housing development, and services and supports people need to find and keep their housing. These increased resources coupled with the plan's focus on justice and centering people who have faced homelessness in the work represent a significant change.

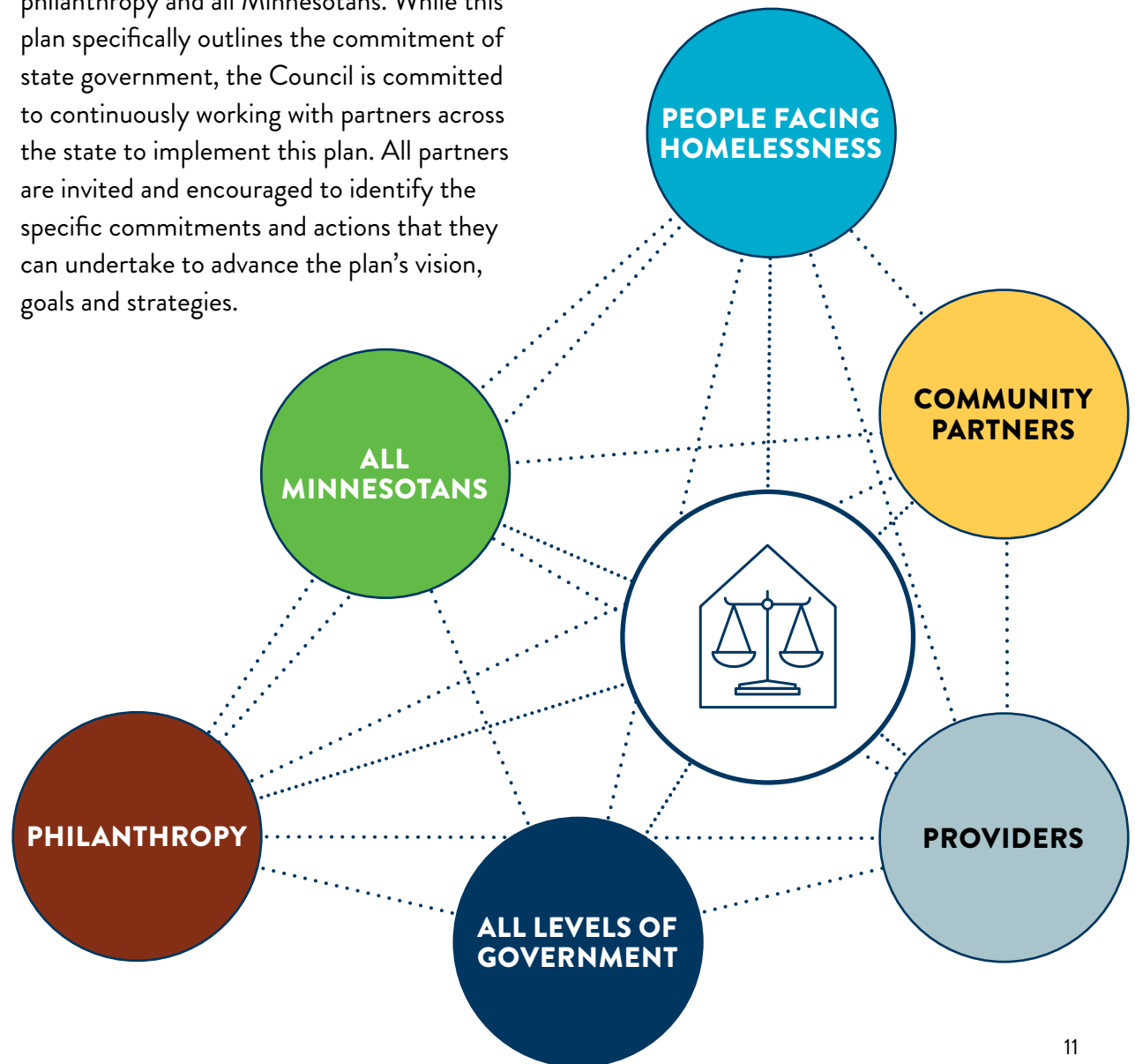
## **THIS ADMINISTRATION HAS MADE HOUSING STABILITY AND HOMELESSNESS ONE OF ITS BIGGEST PRIORITIES.**

The commitment to work across all parts of state government to support people facing homelessness extends to the coordination and collaboration across multiple interagency efforts at the state. Crossroads to Justice is the roadmap for Governor Walz and Lieutenant Governor Flanagan's goal on housing stability in the One Minnesota Plan. The Executive Director of the Interagency Council on Homelessness sits on the Governor's Opioids, Substance Use, and Addiction Subcabinet and works closely with the Children's Cabinet, Olmstead Subcabinet, and the Subcabinet on Climate. All of these interagency efforts are intended to leverage the power of the entire Administration to advance their priorities and to recognize the intersectionality of these critical issues.



# EVERY MINNESOTAN HAS A ROLE TO PLAY

No one entity can achieve the vision of justice alone. Doing so will require deep coordination, collaboration and communication across all levels of government, community partners, providers, people facing homelessness, philanthropy and all Minnesotans. While this plan specifically outlines the commitment of state government, the Council is committed to continuously working with partners across the state to implement this plan. All partners are invited and encouraged to identify the specific commitments and actions that they can undertake to advance the plan's vision, goals and strategies.





# MEASURING OUR PROGRESS: IMPLEMENTATION AND ACCOUNTABILITY

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This plan was developed to drive action as well as to promote continuous learning and improvement over the next four years. The Council will measure progress, adjust actions as needed for greater impact, and communicate regularly with partners across the state.

The implementation of this plan will be co-led and co-monitored by a team of Implementation Consultants with lived expertise.

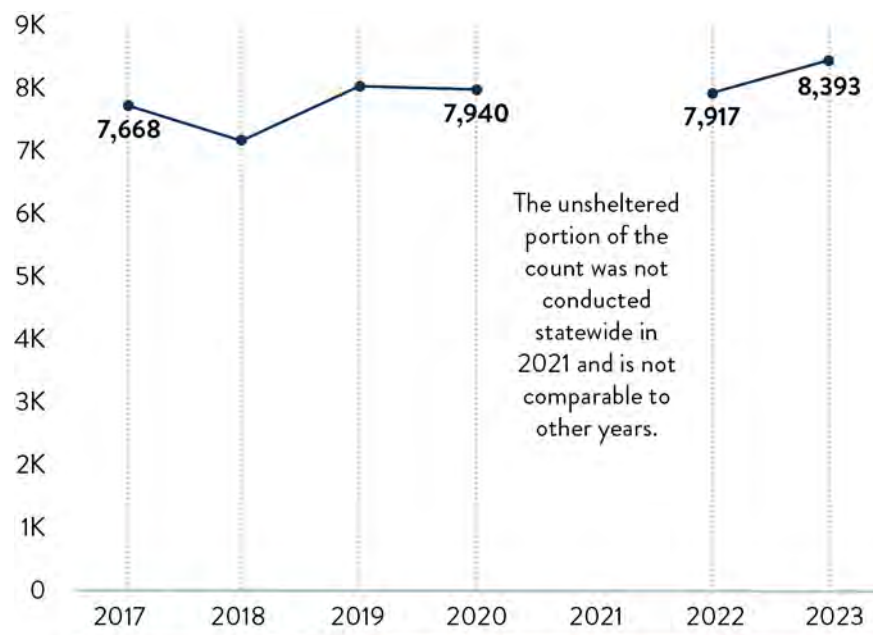
Each action item will have a lead agency staff who will be responsible for managing the details and ongoing work needed to complete the action. The Council staff will regularly bring together agency staff to work collaboratively and monitor how the action items are achieving the strategies under each of the five results. Additionally, a senior leadership and newly formed interagency equity team will support agency staff, problem solve and remove barriers that may be impeding progress and ensure equity is central to all pieces of implementation.

Ultimately, the Council is responsible for achieving the results in this plan. Throughout the implementation, the Council will monitor two primary metrics:

- 1** The number of Minnesotans experiencing homelessness, according to the annual one-time Point-in-Time Count (Goal: 15 percent reduction by December 2026); and
- 2** A reduction in the inequities of who experiences homelessness, according to the annual one-time Point-in-Time Count and American Community Survey.

Figure 1

## NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS ON A SINGLE NIGHT IN JANUARY, 2017–2023\*

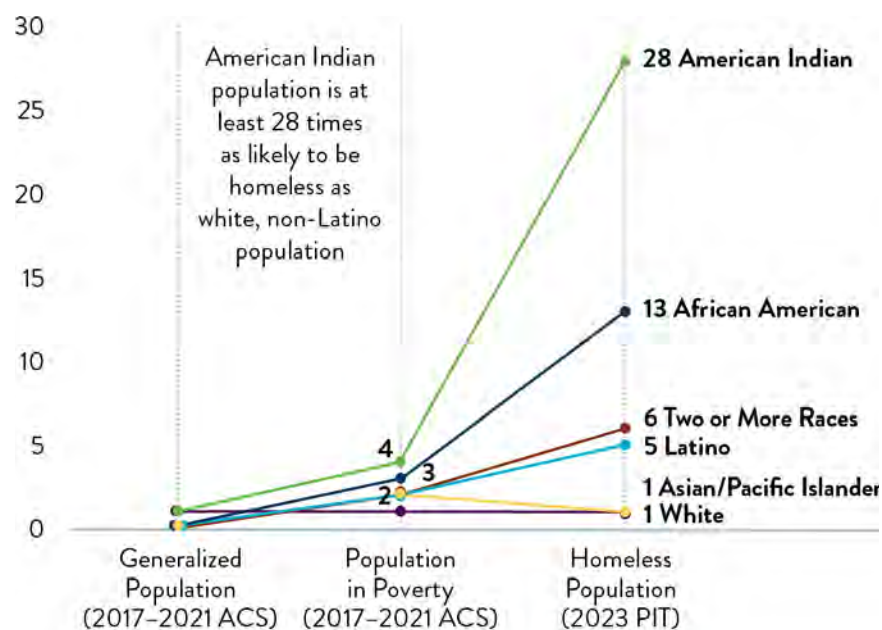


Source: HUD Point-in-Time Count

\*2023 data is preliminary: HUD will publish finalized data in early 2024.

Figure 2

## PROPORTIONAL REPRESENTATION OF RACE AND ETHNIC POPULATIONS COMPARED TO WHITE POPULATIONS IN MINNESOTA\*



\*Data in this graph are from two surveys with separate methodologies. This graph does not provide precise estimates but rather demonstrates the extraordinary disparity for African American and American Indian populations. HUD 2023 Point-in-Time (PIT) data is preliminary. ACS refers to the American Community Survey conducted by the Census Bureau.

In addition to monitoring progress on the overarching metrics, each result has a unique measure we will use to track progress as well. Each result metric is listed on the following pages, accompanied by current baseline data:

## RESULT 1

*Quarterly report at Council meetings from each Council agency that describes the ways they are working with community to meaningfully make decisions to guide the implementation of this plan which is inclusive of hiring people with lived experience, going out to the community, and engaging consultants.*

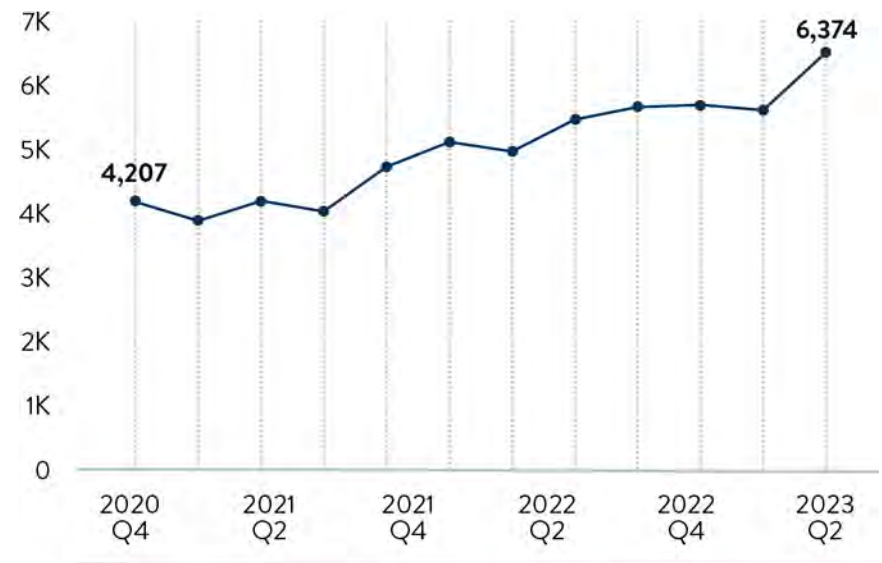
No baseline data. This is new data that will be developed as part of implementation.

## RESULT 2

*Reduction in the number of people entering homelessness.*

Figure 3

### NUMBER OF PEOPLE ENTERING HOMELESSNESS PER QUARTER, JULY 2020–JUNE 2023\*



Source: Minnesota Homeless Management Information System.

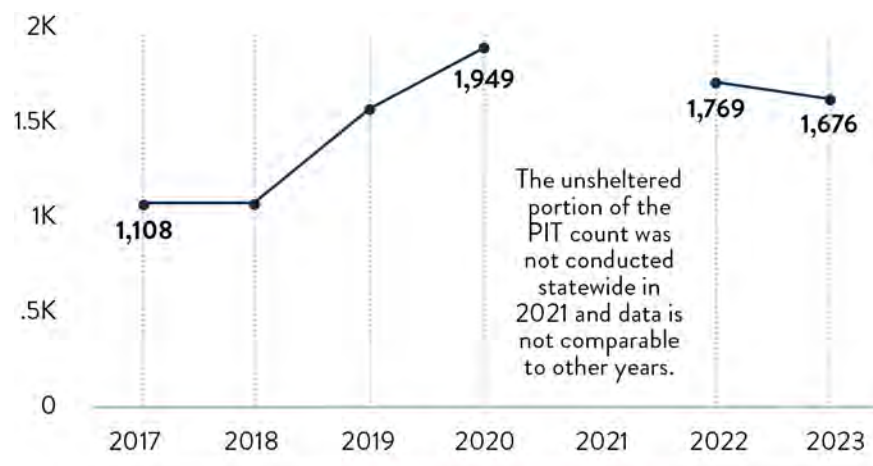
\* Includes people entering emergency shelter, street outreach, transitional housing and coordinated entry projects in HMIS with no prior entry to any of those projects in the past 90 days. It excludes people who entered coordinated entry from anywhere other than a homeless location as designated by HUD (emergency shelter or a place not meant for human habitation) and people enrolled in projects in HMIS run by Tribal Nations.

### RESULT 3

*Reduction in the number of people sleeping outside.*

Figure 4

#### NUMBER OF PEOPLE EXPERIENCING UNSHELTERED HOMELESSNESS ON A SINGLE NIGHT IN JANUARY, 2017–2023



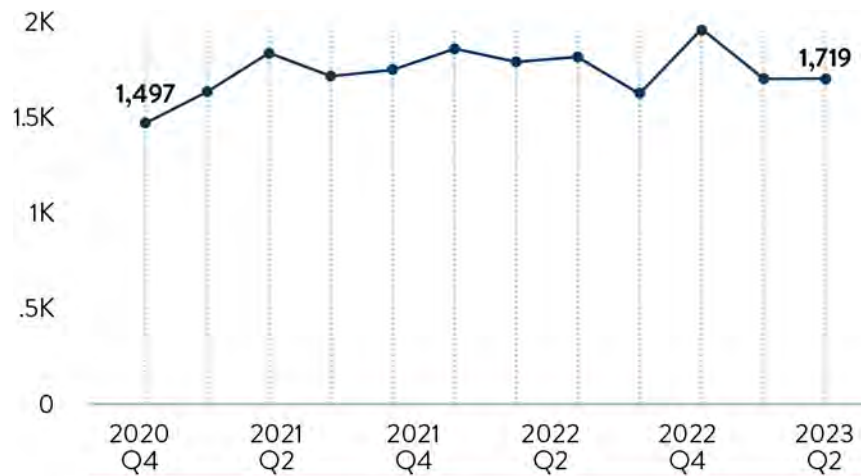
Source: HUD Point-in-Time (PIT) count.  
2023 data is preliminary—HUD will publish finalized data in early 2024.

### RESULT 3 & 4

*Increases in the number of people exiting homelessness into housing.*

Figure 5

#### NUMBER OF PEOPLE EXITING HOMELESSNESS INTO PERMANENT HOUSING BY QUARTER, JULY 2020–JUNE 2023\*



Source: Minnesota Homeless Management Information System.

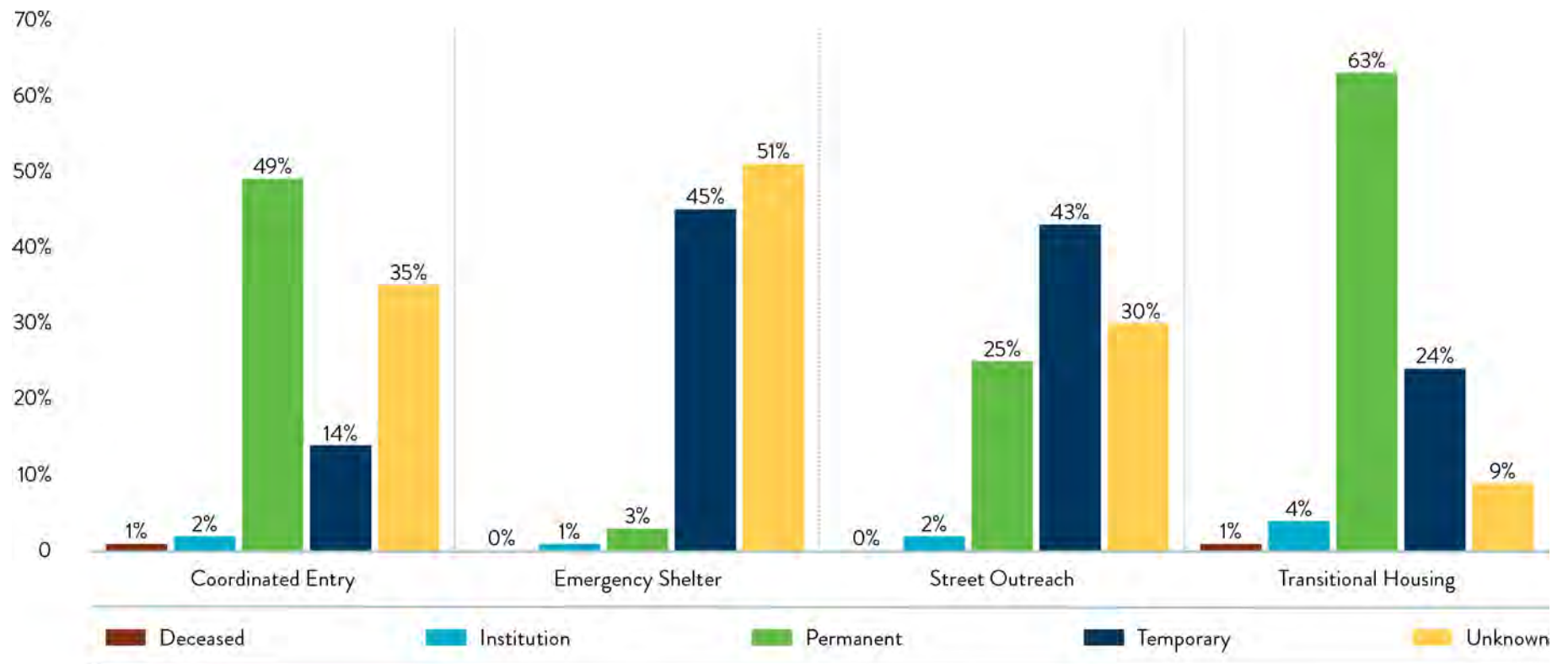
\* Includes people exiting emergency shelter, street outreach, transitional housing and coordinated entry projects in HMIS into permanent housing. It excludes people who entered coordinated entry from anywhere other than a homeless location as designated by HUD (emergency shelter or a place not meant for human habitation) and people exiting projects in HMIS run by Tribal Nations.

## RESULT 3 & 4

*Increases in the number of people exiting homelessness into housing.*

Figure 6

### PERCENT OF PEOPLE EXITING WITHIN A PROJECT TYPE, JUNE 2020–JULY 2023\*



Source: Minnesota Homeless Management Information System.

\* Includes people exiting emergency shelter, street outreach, transitional housing and coordinated entry projects in HMIS into permanent housing. It excludes people who entered coordinated entry from anywhere other than a homeless location as designated by HUD (emergency shelter or a place not meant for human habitation) and people exiting projects in HMIS run by Tribal Nations.

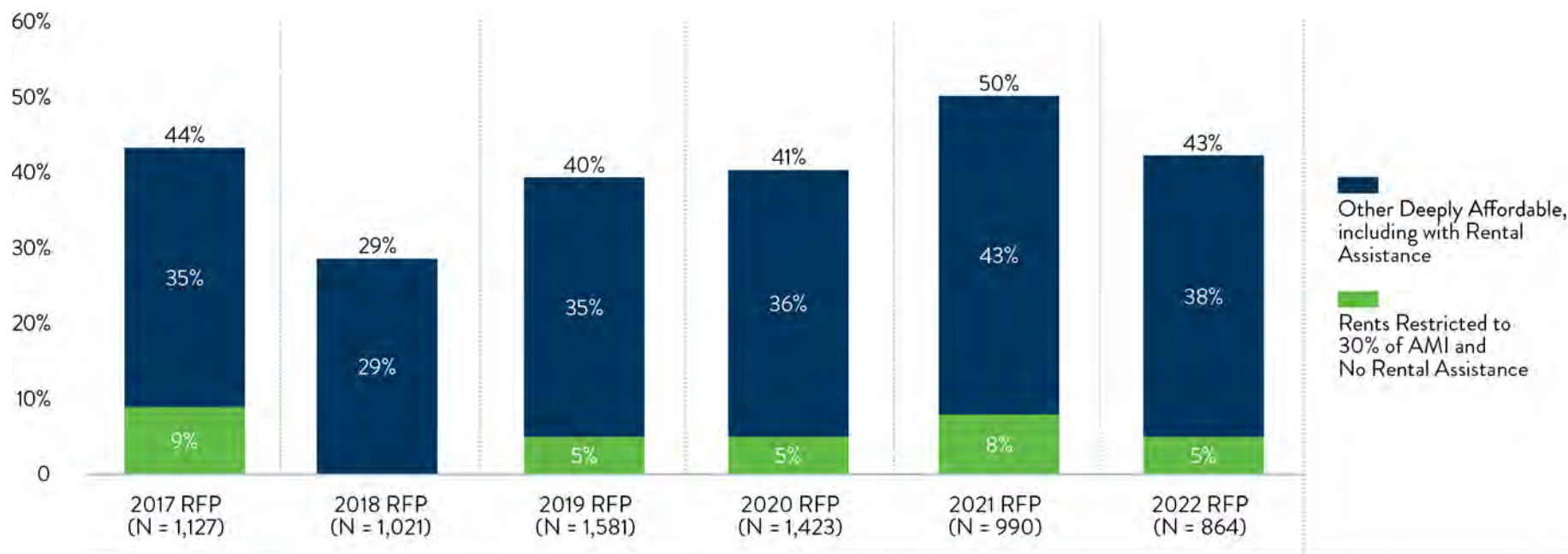


## RESULT 4

*Increases in the number of new units available to people at or below 30% AMI through Minnesota Housing funding.*

Figure 7

### SHARE OF RENTAL UNITS SELECTED FOR FUNDING BY MINNESOTA HOUSING THAT ARE AFFORDABLE AT 30% AMI, 2017–2022\*



Source: Minnesota Housing.

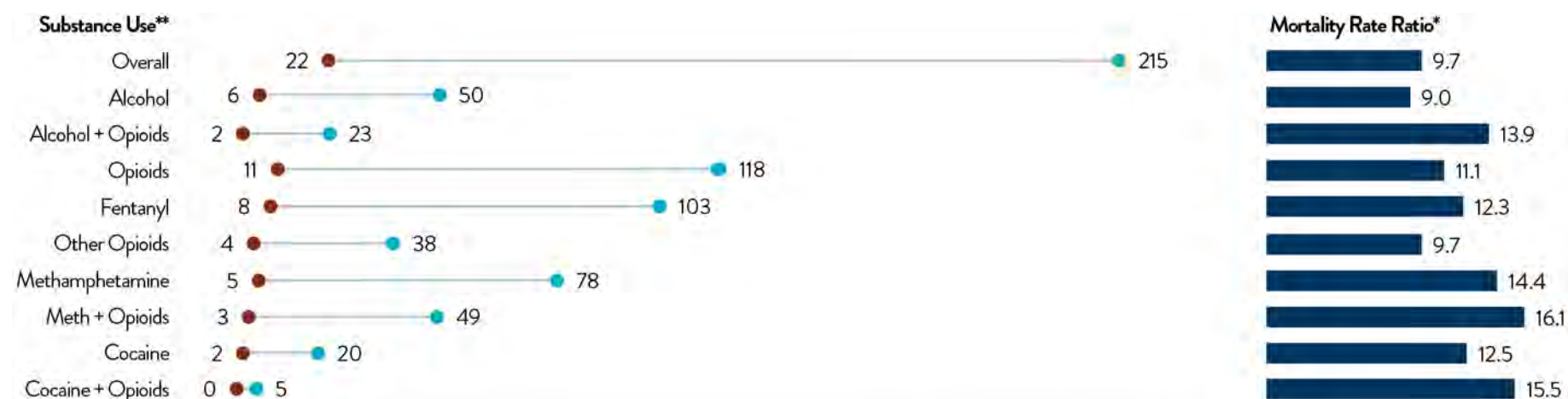
\* Includes new construction and adaptive-reuse units: (1) with contract rents that are affordable to households with incomes at or below 30% of the area median income (AMI), (2) with rental assistance, including Housing Support, and/or (3) that are permanent supportive housing.

## RESULT 5

*Reduction in the disparities in mortality and morbidity and improvements in the health of people facing homelessness.*

Figure 8

### DEATHS FROM SUBSTANCE USE ARE 10 TIMES HIGHER AMONG PEOPLE EXPERIENCING HOMELESSNESS THAN THE GENERAL MINNESOTA POPULATION



\* Ratio of homeless mortality rate/general population mortality rate. Ratios above 1.0 indicate homeless population has a higher mortality rate than the general population.

\*\* Includes deaths due to illicit substances and alcohol-related deaths where alcohol codes were listed as the underlying cause of death (e.g., excludes some deaths due to chronic disease, such as liver disease.) Substances identified from text cause of death fields included in death records using key words. More than one substance may be listed for a cause of death so subcategories may not sum to the master category total.

**Note:** MDH will monitor progress in reducing substance-use related deaths among people facing homelessness, using as our baseline the data below from the [Minnesota Homeless Mortality Report, 2017-2021](#). As the plan progresses, we will look to expand this analysis to other mortality and morbidity measures.

# PLAN OVERVIEW

# RESULTS & STRATEGIES

*Details of the strategies for each result can be found beginning on page 23.*

## RESULT

1

Council agencies will collaborate and co-lead with impacted communities that have been historically oppressed and excluded such as Black, Brown and people of color, poor/ low income, LGBTQIA2S+, people with disabilities, older adults, foreign-born, and people who have faced homelessness and Tribal Nations to implement the action plan on housing, racial and health justice.

### STRATEGY 1

Every council agency commits to working with people with lived experience of homelessness to guide policies, programs and agency direction.

### STRATEGY 2

Ensure equitable funding opportunities for Tribal Nations and communities across the state.

### STRATEGY 3

Provide easy to understand information on programs, funding and decision making to ensure transparency and accountability in state government.

## RESULT

2

Homelessness is prevented whenever possible, and services and supports are provided to ensure no one returns to homelessness.

### STRATEGY 1

Improve access to resources for households to sustain their housing.

### STRATEGY 2

Support people in transitions so they do not leave government funded or operated systems into homelessness.

### STRATEGY 3

Use data to target resources more effectively.

## RESULT

3

A robust crisis response, geared toward housing outcomes, supports people who are unsheltered, in emergency shelters, and in community.

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### STRATEGY 1

Invest in and support additional outreach responses that reach people wherever they are and help make connections to housing providers.

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### STRATEGY 2

Increase safe indoor crisis options statewide that are low barrier, harm reduction, and culturally responsive to meet people's needs.

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### STRATEGY 3

Support a consistent and systemic approach across jurisdictions to improve outcomes for people sleeping in encampments.

## RESULT

4

People facing homelessness have access to housing options that meet their needs and honors their choices.

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### STRATEGY 1

Fund and develop a variety of housing options with fewer restrictions and barriers.

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### STRATEGY 2

Increase access to rental assistance and vouchers.

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### STRATEGY 3

Improve navigation to get people into housing.

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### STRATEGY 4

Increase access to supportive services to sustain housing.

## RESULT

5

Homelessness is treated as a crucial health and public health crisis wherever it occurs.

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### STRATEGY 1

Create a comprehensive, trauma-informed and culturally responsive continuum of care for people facing homelessness with behavioral health needs, which includes mental health and substance use.

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### STRATEGY 2

Increase capacity, access and use of quality, culturally responsive health resources including physical health, mental health, substance use supports, sexual health and spiritual health.

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### STRATEGY 3

Establish a structure and protocols to prevent, mitigate and respond to infectious disease outbreaks for people facing homelessness.



# PLAN DETAILS

THE STRATEGIES  
AND ACTIONS

RESULT 1

Council agencies will collaborate and co-lead with impacted communities that have been historically oppressed and excluded such as Black, Brown and people of color, poor/low income, LGBTQIA2S+, people with disabilities, older adults, foreign-born, and people who have faced homelessness and Tribal Nations to implement the action plan on housing, racial and health justice.

STRATEGY 1

Every council agency commits to working with people with lived experience of homelessness to guide policies, programs and agency direction.

Table 1: Action items for Result 1, Strategy 1

Lead Agency*	Partner Agencies	Action Steps
MMB		Review minimum qualifications and allow for “lived experience” as part of the minimum qualification process for applicable job postings.
Admin		Identify and remove barriers to state agencies contracting directly with individuals with lived expertise.
MICH		Hire a person with lived experience on to the MICH staff to center lived experience in our work with a focus on equity and housing, racial and health justice.
		Engage a pool of consultants to support all council agencies in the implementation of the plan to ensure there is equitable participation for people from marginalized groups to have meaningful participation in work groups and decision-making spaces.

\* Full agency names can be found in the glossary on page 58.

Lead Agency*	Partner Agencies	Action Steps
Minnesota Housing		Collaborate with people with lived expertise to provide guidance and advice in our agency's efforts to reduce barriers for partners and individuals seeking access to Minnesota Housing resources in shaping our resource allocation and decision-making process aimed at preventing and ending homelessness.
Met Council		Identify and reduce barriers and unintended consequences to compensating participants when serving in a consultant role for programming or planning purposes.
MDVA		Work with Diversity, Equity, Inclusion and Accessibility workgroup and listening circles to ensure new programs developed meet the needs of Indigenous, Black, Brown, poor, LGBTQIA2S+ and veterans/former service members.
		Include the 11 tribal communities for culturally appropriate and competent programs to meet the individual community needs.
MDE	Children's Cabinet	Recruit Black, Brown, Indigenous, people of color, poor/low income, LGBTQIA2S+ and other youth who have experienced homelessness to guide policies, programs and agency direction where they are compensated and en-gaged in an effective way. The youth should be provided skills training and job opportunities.
		Children's Cabinet staff will be responsible to align data, policy and agencies and navigate across agencies to support the Justice Plan and will work with those with lived experience, with one tool being the Children's Cabinet Advisory Councils.
OHE		Work with philanthropy groups to engage people who have lived experiences as a student parent to help inform how the student parent centers should be operated from the design phase through implementation.

Lead Agency*	Partner Agencies	Action Steps
DHS		Increase and improve working relationships with members of the LGBTQIA2S+ community to understand policy and program needs. Increase staff capacity and resources to support State-Tribal government-to-government relationships.
		Increase integration of participants with lived experience in community engagement initiatives as part of expanding implementation of the equity policy and analysis tools and developing legislative initiatives.
		Continue to require DHS staff complete robust training in antiracism and intercultural learning.
DEED		Use the community reviewer process for scoring and evaluating competitive RFPs to ensure that individuals with on-the-ground experience participate in selecting funding awards.
DOT		All council agency staff attend Tribal-State Relations Training to understand government-to-government processes.
DPS		Continue to seek regular input from survivors of violence, crime victim grantee programs, and victim service coalitions statewide to identify unmet needs, specifically for traditionally underserved and underserved populations. Office of Justice Programs (OJP) will develop a plan to engage survivors with lived experience.
DOC		Hire and contract with individuals with lived experience to drive planning and implementation of actions within the Justice plan.
Revenue		Expand networks and relationships with Tribal Nations, communities and organizations through meaningful public engagement to learn more about their experiences to be able to provide more tailored information on available resources and services.
MDH		Involve people with lived experience in development, review and dissemination of public health guidance.

## STRATEGY 2

Ensure equitable funding opportunities for Tribal Nations and communities across the state.

Table 2: Action items for Result 1, Strategy 2

Lead Agency	Partner Agencies	Action Steps	
Admin	OHE, DEED, MDVA	Increase staff capacity to provide technical assistance and support for grantees.	
		Admin	Provide technical assistance and support for small, culturally specific organizations to apply for state grants.
		OHE	Partner with Office of Grants Management to engage with organizations and institutions who may not have in-house grant writers and provide them with resources and tools to ensure that the organizations are able to respond successfully to RFPs.
		MDVA	Provide training and education to culturally specific community partners agencies to apply for available funding opportunities.
		DEED	Connect with Tribal Nations to assist with economic development and workforce development as desired.



Lead Agency	Partner Agencies	Action Steps	
Admin	DHS, Minnesota Housing, OHE, DPS	Make grant processes equitable, transparent and accessible.	
		Admin	Update Office of Grants Management policies that include barriers to having equitable, transparent and accessible requests for proposals (RFP).
		DHS	Implement a centralized contract system and remove unnecessary rules and processes that do not add value.
			Implement direct funding to Tribal Nations and urban tribal communities.
		MICH	Explore and recommend opportunities to streamline grant application processes across agencies.
		Minnesota Housing	Improve the Agency's grants process to make it more equitable, incorporating input from people with lived expertise, current grantees and potential applicants.
		OHE	Review RFP processes for grants to identify opportunities to target funds to students of color and Indigenous students.
			Target funds to students of color and Indigenous students by leveraging the increased investment in the Emergency Assistance for Postsecondary Students Grant (EAPS) to Minnesota postsecondary institutions.
		DPS	Identify and/or create open, competitive funding opportunities for victim service providers to address unmet needs and simplify RFP processes. Office of Justice Programs will expand opportunities for traditionally underserved and under resourced populations with funding options specifically for Tribal Nations.
		DOC	Provide funding for culturally responsive transitional housing to Tribal Nations.

### STRATEGY 3

**Provide easy to understand information on programs, funding and decision making to ensure transparency and accountability in state government.**

*Table 3: Action items for Result 1, Strategy 3*

Lead Agency	Partner Agencies	Action Steps
All Council Agencies		Implement creative ways to communicate complex/technical information in all public materials.
		MMB Provide easy to understand materials of proposed and enacted state budgets.
		DEED Implement increased language access and ADA accessibility for customer-facing services.
		DOC Provide transparent access to data and information on efforts to reduce exits from Minnesota Correctional Facilities into homelessness (Homeless Mitigation Plan).
		DPS Provide easy-to-understand information on programs, funding, and decision making to ensure transparency and accountability in state government by improving agency website and public facing materials to enhance accessibility.
		DHS Complete the Service Delivery Transformation and Integrated Service Delivery initiatives to provide easier access to services.

Lead Agency	Partner Agencies	Action Steps	
		MDH	Share public health resources and guidance for people facing homelessness and providers on existing MDH webpages.
		MDVA	Improve accessibility and language on all public-facing materials.
		Minnesota Housing	Build the capacity to offer and receive grant program materials in multiple languages and ensuing ADA compliance.
MMB	All Council Agencies	Elevate homelessness and housing justice in policy and budget decision processes.	
		DHS	Uniformly apply the equity analysis tool to legislative proposals and long-term planning and expand use of the tool throughout the agency in alignment with the equity policy.
		Minnesota Housing	Adapt existing antiracism resources and integrate them as a fundamental component of the agency's decision-making processes, ensuring that they are systematically considered and applied when formulating policies and allocating funding.
		Revenue	Provide technical assistance reviewing and researching proposed legislative language changes at the intersection of homelessness prevention, housing supports and the tax code.
			Review internal processes and procedures to continuously work towards a more equitable use of the state's tax code.

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## RESULT 2

Homelessness is prevented whenever possible, and services and supports are provided to ensure no one returns to homelessness.

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### STRATEGY 1

Improve access to resources for households to sustain their housing.

Table 4: Action items for Result 2, Strategy 1

Lead Agency	Partner Agencies	Action Steps	
DEED	MMB, OHE, MDE, DHS, Minnesota Housing	Increase employment opportunities with livable incomes for people who have faced homelessness.	
		DEED	Incorporate within the agency's workforce programs' goals for outreach and the inclusion of organizations who can involve individuals who are homeless or at risk of homelessness in workforce development training programs.
		MMB	Improve access to state career opportunities through online Careers tool.
		MDE	Ensure youth experiencing homelessness have supports to graduate high school and access employment opportunities.
		Minnesota Housing & DHS	Explore and identify potential strategies for what is needed for grantees to pay livable income to their staff by consulting with grantees and individuals with lived experience.

Lead Agency	Partner Agencies	Action Steps
MICH	DHS, Minnesota Housing, MDVA, OHE, Revenue, DPS	Simplify and improve eligibility, accessibility and efficiency for people to receive services, benefits and tax credits they qualify for and continue to improve access regardless of entry point across agencies.
		DHS Improve access to food assistance, Emergency Assistance, Emergency General Assistance, and create a pilot program for people who frequently cycle on and off benefits.
		Minnesota Housing Work toward implementation of community recommendations to enhance access and functionality of the appropriate Minnesota Housing grant programs, including input from the state Workgroup on Expediting Rental Assistance and other stakeholder groups on Family Homeless Prevention and Assistance Program (FHPAP).
		MDVA Improve access to the Veteran Temporary Emergency Housing Assistance Program (VTEMP).
		Improve access for veterans to State of Minnesota public benefits.
		Higher Education Leverage the Student Parent Support Program to create partnerships with institutions of higher education (IHEs) to develop services and programs to support the unique needs of parenting students.
		Revenue Assist individuals and families facing homelessness to meet their tax opportunities and obligations.
		DPS Provide opportunities to enhance victim service providers access to and use of resources available to support survivors of violence to stay in their homes if they choose and provide opportunities to increase victim service provider engagement on collective resource sharing through partnerships with several state agencies and Violence Free MN.



Lead Agency	Partner Agencies	Action Steps	
		MDE	Utilize American Rescue Plan-Homeless Children and Youth (ARP-HCY) funds to secure facilitation and completion of gaps analysis. Develop additional strategies to address gaps in available services so that each agency is contributing to the prevention of homelessness so that youth have access to education.
MICH	MDVA, Revenue, DPS, Children's Cabinet, MDE, DEED, DOC, Minnesota Housing	Work with community to determine effective ways to increase outreach and awareness of available resources across council agencies.	
		MDVA	Increase program access with County and Tribal Veterans Service Officers (CVSO/TVSO) to provide Supplemental Security Income and Social Security Disability Insurance Outreach Access and Recovery (SOAR, VA benefit referrals and Minnesota supportive services. Increased funded staff presence at community eviction courts to connect with resources.
		Revenue	Expand networks and relationships with Tribal Nations, communities, and organizations through meaningful public engagement to learn more about their experiences to be able to provide more tailored information on available resources and services.
		DPS	Increase victim service providers and homeless service providers engagement to collectively share resources.
		Children's Cabinet	Support the coordination of multiple agencies in partnership with MDE through cross-agency youth coalition work to provide awareness of initiatives and supports for children, youth and their families experiencing housing instability or homelessness and cross-agency coordination to maximize impact.

Lead Agency	Partner Agencies	Action Steps	
		MDE	Provide resources to Community-Based Organizations (CBOs) serving students experiencing homelessness in partnership with public school districts and charter schools to provide wraparound services.
		Minnesota Housing	Collaborate with people with lived expertise and community partners to develop an outreach and engagement plan and implement it. The plan should specifically target community partners previously unfamiliar with Minnesota Housing, especially those serving global majority populations.
MDH	DHS	Investigate the relationship between medical debt and housing insecurity/homelessness and determine targeted education and assistance to mitigate its effects as needed.	



## STRATEGY 2

Support people in transitions so they do not leave government funded or operated systems into homelessness.

Table 5: Action items for Result 2, Strategy 2

Lead Agency	Partner Agencies	Action Steps	
DOC	DHS, MDH, Minnesota Housing, DPS	Establish pathways for people exiting incarceration to access benefits and supportive services.	
		DHS	Implement Housing Support transitional basis of eligibility for people with disabling conditions exiting Minnesota Correctional Facilities, in addition to Bridging Benefits program.
		DOC	Incorporate a focus on housing stability at each stage of an individual's interaction with the corrections system.
			Create access to existing housing resources or partner to develop new housing resources that are inclusive and accessible to justice system involved individuals.
		Met Council	Create access to housing choice vouchers for people leaving incarceration.
		MDVA	Enhance resource coordination for Veterans/former service members discharging into homelessness including through increased outreach and education of available resources.

Lead Agency	Partner Agencies	Action Steps	
		Minnesota Housing	Utilize a portion of the Bridges base funding increase to collaborate with the DOC in expanding outreach to a wider range of justice-involved individuals requiring rental assistance.
			Coordinate closely with DOC to pinpoint suitable service providers and justice-involved populations for site-based capital-funded developments chosen for funding.
		DPS	Support survivors exiting incarceration through collaborative efforts with DOC and other agencies. Engage in conversations with DHS to discuss victim survivor considerations for individuals leaving hospitals, treatment facilities, and foster care/out-of-home placements.
MDVA	MDH	Coordinate resources for Veterans/former service members discharging into homelessness in collaboration with MDH and medical facilities (hospitals, clinics, emergency rooms).	
DHS		Support people in transitions so they do not leave out-of-home placement or foster care systems into homelessness.	
DHS		Expand DHS's capacity to support acute care transitions and a continuum of care that includes housing and support services for older adults, and people with disabilities.	

### STRATEGY 3

Use data to target resources more effectively.

Table 6: Action items for Result 2, Strategy 3

Lead Agency	Partner Agencies	Action Steps	
MDVA, DHS	Met Council, DOC, DPS, MDE, Minnesota Housing	Increase capacity to collect, analyze and use data to connect people with resources, working with impacted populations, stakeholders on understanding the highest data needs.	
		MDVA	Utilize the Homeless Management Information System (HMIS) and the Homeless Veteran Registry (HVR), and data sharing agreement with DHS (MAXIS) to support access to available housing and services for veterans/former service members facing homelessness.
		DOC	Explore ways to connect existing DOC homeless response data to data systems within the homeless and housing service systems (e.g., HMIS, DPS, MAXIS).
		MDE/ Cross-agency youth coalition	Identify and collect existing data (not personally identifiable and sensitive to those with lived experience) on resources/initiatives that support youth so agencies have information to support their work.
		DPS	Through partnerships with several state agencies, CoC Coordinators, and Violence Free MN, identify existing barriers in data collection across the state (including HMIS comparable database needs) related to crime victim survivors experiencing housing instability and decrease/eliminate those barriers. Ensure survivor data is used when responding to health risks among people experiencing or at risk of homelessness. Include survivor data in state performance and outcome data reports.

Lead Agency	Partner Agencies	Action Steps
		<div>MICH/ DHS/ Minnesota Housing</div> <div>Integrate or utilize the Homeless Management Information System (HMIS) and other data systems to improve housing and service outcomes for people facing housing instability.</div>
DHS	All agencies providing benefits	Develop standardized, simplified definitions for a person's housing and home-less status, so that people are uniformly identified and tracked across all state programs and initiatives.
MMB		Display state performance and outcomes data by housing status on any public websites and include housing status in analysis, as data are available, to inform collective understanding of the connection of housing status with individual and community outcomes.





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## RESULT 3

A robust crisis response, geared toward housing outcomes, supports people who are unsheltered, in emergency shelters, and in community.

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### STRATEGY 1

Invest in and support additional outreach responses that reach people wherever they are and help make connections to housing providers.

Table 7: Action items for Result 3, Strategy 1

Lead Agency	Partner Agencies	Action Steps	
DHS, MDVA	DPS, MDH	Collaborate with partners to ensure resources are both known and accessible.	
		DHS	Promote and administer the increased funding for Emergency Services Program (ESP), Homeless Youth Action (HYA), Safe Harbor programs, Projects for Assistance in Transition from Homelessness (PATH), and Community Living Infrastructure (CLI) program.
			Identify the number of people who may be Medicaid eligible that need outreach services to obtain access to healthcare.
		MDVA	Partner with agencies in the community who are doing outreach work to ensure collaboration and education around veteran/former service member specific short term shelter options, such as Veteran Temporary Emergency Housing Assistance Program (VTEMP).
		DPS	Identify ways to enhance capacity for victim service providers to collaborate with community partners and state agency staff to increase outreach in encampments.

Lead Agency	Partner Agencies	Action Steps
Met Council	DHS	Through the Homeless Action Team, increase outreach to individuals using transit as shelter.
		Explore pathways and increase recruitment to policing focused on community-facing positions.
		Hire social workers and peer outreach specialists/people with lived experience on the Homeless Action Team.
		Maintain and expand formal partnerships with service providers and counties for intense case management services and street outreach.
Minnesota Housing, DHS	MDH, DPS	Create a statewide, community-driven, culturally responsive and trauma-informed training curriculum that provides accessible and standardized training for all homeless shelter, outreach, victim service providers, supportive housing staff and volunteers across the state.

## STRATEGY 2

**Increase safe indoor crisis options statewide that are low barrier, harm reduction, and culturally responsive to meet people's needs.**

*Table 8: Action items for Result 3, Strategy 2*

Lead Agency	Partner Agencies	Action Steps
DHS	DPS, Met Council	Invest in the creation, modernization and ongoing operations of shelter.
		DHS Provide new capital funding through the Emergency Shelter Facilities Grant and increased, ongoing funding for operations with Emergency Services Program (ESP), Homeless Youth Action (HYA) and Transitional Housing Program (THP).
		Provide technical assistance, training and ongoing support opportunities for shelter providers to increase capacity to provide low barrier, harm reduction shelter options.
		Met Council Explore whether zoning is a challenge for finding new shelter locations and whether Met Council has an influence.
		DPS Work with statewide coalitions, community partners and relevant state agencies to explore alternative shelter options for survivors of domestic violence to support choice in safe shelter options and ensure domestic violence programs are utilizing funding available to expand shelter options.

### STRATEGY 3

Support a consistent and systemic approach across jurisdictions to improve outcomes for people sleeping in encampments.

Table 9: Action items for Result 3, Strategy 3

Lead Agency	Partner Agencies	Action Steps
MICH	DHS, Minnesota Housing, MDH, local partners, DPS	Facilitate an interjurisdictional team of partners to review and build on the unsheltered design team report of 2019 to create a more coordinated and systemic response to unsheltered homelessness in the Twin Cities Metro Area as well as support partners across the state, including rural communities and Tribal governments in the development of person-centered, culturally appropriate, trauma-informed, and a harm-reduction approach to serve people living and/or sleeping outside and inclusive of specific needs and considerations of crime victim survivors.



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## RESULT 4

People facing homelessness have access to housing options that meet their needs and honors their choices.

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### STRATEGY 1

Fund and develop a variety of housing options with fewer restrictions and barriers.

Table 10: Action items for Result 4, Strategy 1

Lead Agency	Partner Agencies	Action Steps	
Minnesota Housing	MDVA, DHS	Prioritize people with the highest barriers to accessing housing for grant resources.	
		Minnesota Housing	Enhance resource allocation, streamline program structures and policies, and expand service flexibility to empower providers in better assisting eligible individuals confronted by significant systemic barriers.
		MDVA	Implement or secure additional funding for the Veterans Supportive Housing Options program. Increase partnerships to increase availability of housing options. MDVA staff facilitating bi-weekly case consultations with external stakeholders for rental subsidies.

Lead Agency	Partner Agencies	Action Steps
Minnesota Housing	DPS, Met Council	Increase the production and preservation of affordable housing, particularly for individuals who have been unsheltered and/or under-resourced.
		Minnesota Housing Identify and prioritize the production and preservation of low/no barrier and supportive housing to support individuals currently experiencing homelessness or who have historically been denied access to resources and support.
		Met Council Provide support to housing developments that will work with families that have high barriers and include supportive services for people exiting institutional settings.
		Work on affordability guidelines for Low Income Housing Tax Credits (LIHTC), state-funded programs, and voucher program standards to better align affordable housing development funding with HCV affordability definitions so that more HCV participants can use their voucher in new affordable developments.
		Through 2050 Regional Development Guide, lead the region to understand and more fully meet housing needs through land use policy. Prioritize public funding for housing affordable to people with very low incomes.
DPS	DHS	DPS Enhance partnerships with Minnesota Housing to bring crime victim services providers in as partners for new developments with supportive housing units and by launching a domestic violence housing first program and transitional housing program for domestic violence/sexual assault survivors while identifying ways to support program sustainability
		Launch a Domestic Violence Housing First program and a transitional housing program for domestic violence/sexual assault survivors while identifying ways to support program sustainability.



## STRATEGY 2

### Increase access to rental assistance and vouchers.

Table 11: Action items for Result 4, Strategy 2

Lead Agency	Partner Agencies	Action Steps
Minnesota Housing	Met Council	Strengthen the ability for households with rental assistance and vouchers to obtain housing by ensuring options are flexible, accessible, and permanent as long as households need.
		Minnesota Housing
		Work with Department of Human Rights and the legislature to obtain source of income discrimination protections for tenants.
		Work to implement and expand new and ongoing rental assistance and prioritize households experiencing homelessness where possible.
		Allocate rental assistance funds/vouchers for culturally specific providers
	Met Council	Review admission denial policies for voucher programs to focus on screening in versus screening out. For example, review only criminal conviction records versus arrest records.

Lead Agency	Partner Agencies	Action Steps	
Minnesota Housing	DHS, Met Council, DPS	Increase partnerships to ensure households with rental assistance and vouchers receive the necessary services to achieve housing stability.	
		Met Council	Expand outreach to landlords, including culturally specific landlords, around the region. Develop partnerships with cities for tenant and landlord education and housing navigation services.
		Minnesota Housing	Support local and regional partners to leverage new rental assistance resources to allow individuals currently residing in site-based permanent supportive housing who wish to transition to a different housing unit, as part of a broader array of housing choices.
			Partner with DHS to explore service funding options that can be paired with rental assistance.
		DHS	Coordinate existing programs, including Housing Support and Housing Stabilization Services, with existing rental assistance and vouchers.
		DPS	Facilitate networking for victim service providers to enhance relationships with local landlords to expand options for survivors utilizing rental assistance and vouchers.
Minnesota Housing		Secure a base funding level in Family Homeless Prevention and Assistance Program (FHPAP) state appropriations that is meaningful to meet the need in community.	

### STRATEGY 3

#### Improve navigation to get people into housing.

Table 12: Action items for Result 4, Strategy 3

Lead Agency	Partner Agencies	Action Steps	
Minnesota Housing	DHS, Met Council MDH, MDVA, DPS	Invest in the prioritization and responsiveness in obtaining housing for households experiencing homelessness and at risk of homelessness.	
		Minnesota Housing	Allocate resources to develop better ways for people experiencing homelessness or at risk of it to find and get housing, including and expanding beyond the use of the Coordinated Entry system.
		MDH	Assist Minnesota Housing and Continuums of Care in factoring medical vulnerabilities into the coordinated entry process.
		DPS	Support victim service providers in capacity building to participate in existing systems, including Coordinated Entry, to build relationships and work together to identify priorities.
		MDVA	Refine referral program for veterans transitioning in and out of the emergency homeless response system, specifically referrals to housing supports and peer supports programs. Process would identify specific funding source for programs and use outreach staff to connect veterans/former service members to funding source.

Lead Agency	Partner Agencies	Action Steps	
DOC, DHS, Minnesota Housing	DPS, MDVA, MDE, Children's Cabinet	Provide access to information on available housing resources to partners.	
		DOC	Ensure access to information on housing resources reaches all correctional facilities and community corrections entities.
		MDVA	Expand educational materials in multiple platforms through collaboration with DOC, state, tribes, county, and community providers. Create usable resource guide for both veterans/former service members and providers to assist in navigation, regionally specific.
		MDE	Ensure that school district homeless liaisons are aware of housing options and opportunities for partnership through training and networking.
		DPS	Support victim service providers in capacity building to participate in existing systems, including Coordinated Entry, and to build relationships and share resources.
		Children's Cabinet	Facilitate cross-enterprise connections to enhance awareness and sharing of resources.
		Minnesota Housing	Create and regularly update user-friendly resources that offer information about housing and grant programs, accommodating various languages and accessibility needs.

## STRATEGY 4

### Increase access to supportive services to sustain housing.

Table 13: Action items for Result 4, Strategy 4

Lead Agency	Partner Agencies	Action Steps	
DHS, Minnesota Housing	DPS	Households who need supportive housing will be quickly connected to housing and then supported with resources that fit individual needs for as long as they need.	
		Minnesota Housing/ DHS	Strengthen supportive housing by creating an adequate and reliable pathway to funding for operations and service provision, which will eliminate barriers to accessing supportive housing.
		DHS	Maximize the potential of Housing Stabilization Services to be a resource that supports people wherever they choose to live and can be easily administered by providers. Continue to identify additional options for using Medicaid to support housing stability.
			Increase awareness and capacity of Moving Home Minnesota and Community Living Infrastructure Programs.
		DPS	Support victim service providers in becoming Housing Stabilization Services providers and/or developing referral pathways and accessing peer support and peer recovery specialists.

RESULT 5

Homelessness is treated as a crucial health and public health crisis wherever it occurs.

STRATEGY 1

Create a comprehensive, trauma-informed and culturally responsive continuum of care for people facing homelessness with behavioral health needs, which includes mental health and substance use.

Table 14: Action items for Result 5, Strategy 1

Lead Agency	Partner Agencies	Action Steps
MDH, DHS, SUD Subcabinet	Minnesota Housing, DPS	Implement overdose prevention hubs for people facing homelessness and safe recovery sites where people can go for health services, harm reduction-focused recovery and healing programs, and connection to shelter options, housing resources and crime victim services.
		DPS Support the inclusion of crime victim service providers and provide any needed training to other state agency staff related to crime victim survivor needs and considerations (such as safety needs).
DHS		Pilot and evaluate efficacy of population-specific, culturally responsive and traditional healing health care service models. Explore expanding coverage of these services through Minnesota Health Care programs.
DHS		Implement Culturally and Linguistically Appropriate Services (CLAS) standards in design of delivery of all services addressing homelessness.



Lead Agency	Partner Agencies	Action Steps	
SUD Subcabinet	DHS, Minnesota Housing, DPS, MDH	Expand access to harm reduction services.	
		MDH/ DHS	Facilitate access to Naloxone supplies and training for all people (staff and guests) in homeless shelters, outreach, respite, and housing programs.
			Increase low-threshold, community-based programs for Medication for Opioid Use Disorders (MOUD).
		MDH	Expand syringe service programs' ability to serve people facing homelessness to the scale of need and connect their services with shelter, outreach, respite, and supportive housing services.
		DPS	Share crime victim survivor specific needs and considerations, ensuring victim service providers are aware of any overdose prevention hubs in their communities and are included in access to harm reduction services and education.
SUD Subcabinet	DHS, MDH, Minnesota Housing, DPS	Develop an interagency committee that includes housing, health and behavioral health experts to identify and coordinate health, mental health, substance use disorder and opioid response needs.	

## STRATEGY 2

**Increase capacity, access and use of quality, culturally responsive health resources including physical health, mental health, substance use supports, sexual health and spiritual health.**

Table 15: Action items for Result 5, Strategy 2

Lead Agency	Partner Agencies	Action Steps
DHS		Acknowledge and include homelessness as a condition associated with people's well-being as part of their assessments to receive access to health care, housing and support services.
DHS, DEED	MDH, OHE	Expand the home, community and facility-based care workforce, including shelters, medical respite, and other congregate settings, and strengthen Minnesota's network of caregiving to meet the needs for healthcare services.
		DHS/DEED Collaborate with partners and other state agencies to train, hire and retain home, community, and facility-based care workers statewide.
		DHS/MDH Increase the availability of culturally responsive health care professionals (e.g., peer specialists, nurses, psychiatrists, LADCs) trained to work in community settings with people facing homelessness, through expanding peer navigators/educators, Justice Consultants and community health workers in homeless settings.
		Expand peer navigators/educators/certified specialists, Justice Consultants and community health workers placed in homeless settings to improve access to care and build trust in public health.

Lead Agency	Partner Agencies	Action Steps
DHS	Minnesota Housing, MDVA, MDH, DPS	Expedite and streamline the processes to receive and provide physical health, sexual health, mental health and substance use supports in all settings where people facing homelessness are accessing care.
		DHS
		Expand the continuum of services including self-directed options, for people with disabilities and older adults.
		Identify and remove barriers to receiving MnCHOICES assessments.
		Integrate mental health and substance use treatment and prevention and recovery into primary care and school settings.
		Assure that behavioral health clinical supervision is integrated as part of outreach, shelter and housing teams to support trauma and recovery informed services.
		Expand Traditional Healing Grants.
		DPS
		Support victim service providers to increase capacity, access and use of quality, culturally responsive health resources including physical health, mental health, substance use supports, sexual health and spiritual health by ensuring domestic violence shelters are included as a community partner in process development in collaboration with other state agencies.
		Minnesota Housing
		Actively establish and nurture partnerships between healthcare and housing in supportive housing settings.

### STRATEGY 3

**Establish a structure and protocols to prevent, mitigate and respond to infectious disease outbreaks for people facing homelessness.**

Table 16: Action items for Result 5, Strategy 3

Lead Agency	Partner Agencies	Action Steps	
MDH	DHS, DPS, DOC	Establish protocols for infectious disease response in shelters and other group settings.	
		MDH	Develop written protocols and training curriculum in collaboration with partners.
		DPS	Contribute additional considerations for domestic violence shelters related to response (e.g., confidentiality and safety considerations)
MDH	DHS, DPS	Support the management of infectious disease outbreaks.	
		DHS/ MDH	Provide equitable distribution of resources (e.g., PPE, vaccine, testing, and linkage to treatment) to address infectious disease outbreaks including for people facing homelessness in shelters, encampments, medical respite and other settings.
			In coordination with END HIV MN and other interagency efforts address homelessness as a barrier to HIV prevention, early detection and treatment.
			Coordinate communication and training so providers serving communities impacted by HIV outbreaks have the necessary information about the outbreaks and resources.

Lead Agency	Partner Agencies	Action Steps	
		MDH	For persons receiving HIV or STD services, help facilitate access to necessary medical evaluation and treatment including access to transportation for services.
		DPS	Partner with other state agencies to establish a structure and protocols to respond to infectious disease outbreaks for people facing homelessness to contribute additional safety and confidentiality considerations for domestic violence shelters related to response and ensure domestic violence shelters are included in the management of infectious disease outbreaks.



# GLOSSARY

# OVERVIEW OF TERMS THAT ARE ABBREVIATED OR USED IN THE PLAN

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## AGENCIES

**Admin:** Department of Administration

**Children's Cabinet:** The Minnesota's Children's Cabinet is a broad interagency partnership that utilizes a whole family approach to support the healthy development of children and families. The Children's Cabinet works to bring efficiency and effectiveness to state government efforts to improve child and youth outcomes.

**DEED:** Department of Employment and Economic Development

**DHS:** Department of Human Services

**DOC:** Department of Corrections and Department of Corrections 2022 Homeless Report

**DOR:** Department of Revenue

**DPS:** Department of Public Safety

**MDE:** Department of Education

**MDH:** Department of Health

**MDVA:** Department of Veterans Affairs

**Met Council:** Metropolitan Council and The 2050 Regional Development Guide

**MHFA:** Minnesota Housing

**MICH:** MN Interagency Council on Homelessness

**MMB:** Minnesota Management and Budget

**MnDOT:** Department of Transportation

**MTC:** Minnesota Tribal Collaborative

**OHE:** Office of Higher Education

**SUD Cabinet:** The SUD Cabinet was created in 2022 by the legislature and Governor Walz to improve outcomes for Minnesotans experiencing substance use disorder, their families, and their communities by working across state government. The Cabinet is chaired by the Addiction and Recovery Director and consists of eight state agencies: Human Services, Health, Education, OHE, MMB, DOC, DPS and MICH.







## OTHER TERMS

**Affordable Housing:** The federal government defines housing as affordable when it consumes no more than 30 percent of a household's income.

**Antiracism** is a system of equity based on race that is created and maintained by a dynamic interplay between psychological factors (i.e., equitable thoughts, feelings, and actions) and sociopolitical factors (i.e., equitable laws, policies, and institution).

**Behavioral Health** includes the emotions and behaviors that affect an individual's overall well-being. Behavioral health is sometimes called mental health and often includes substance use.

**Capital funding** is funding needed for an organization to fund its building and operating capital for long-term needs. As an example, capital funding is needed to build new infrastructure for a shelter. Operating funding is needed for ongoing building operations.

**Certified Peer Recovery Specialist (CPRS)** help a person become ready and willing to seek treatment (if needed) and enter recovery by helping the person explore their options for recovery or treatment.

**Certified Peer Specialist (CPS)** are individuals who have had personal experience of mental illness and are trained to be direct service mental health staff.

**Community Health Workers (CHW)** are frontline public health workers who are trusted members of and/or has an unusually close understanding of the community served.

**Continuums of Care (CoC)** refer to a regional or local planning group that coordinates certain funding, services, systems and resources for individuals and families experiencing homelessness. A CoC is a coalition of a wide array of stakeholders. Each CoC covers a defined geographical area. There are 10 regional CoCs in Minnesota. CoCs are governed by the U.S. Department of Housing & Urban Development (HUD).

**Coordinated Entry (CE)** means a centralized or coordinated process for conducting a needs assessment and referrals to housing and services for people seeking housing assistance. A centralized list allows communities to prioritize households with the highest needs, Coordinated Entry provides the opportunity for people to access the appropriate services more easily. By connecting people to the right service, resources can more effectively be used to help end homelessness in Minnesota.

**Culturally responsive** means providers and organizations respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations and other diversity factors in a manner that recognizes, affirms and values all people's worth.

**Domestic Violence Housing First** is a housing assistance model centered in being survivor-centered and trauma-informed housing assistance. The model is grounded in the core principle that programs will focus on helping survivors secure safe and stable housing as rapidly as possible, and then provide ongoing services to further assist and support survivors.

**Equity** is an ongoing process of assessing needs, correcting historical inequalities, and creating conditions for optimal outcomes by members of all social identity groups.

**Equity analysis tools** can assess the impacts that plans, programs and projects may have on underserved residents and communities.

**Global Majority** is a collective term for ethnic groups which constitute approximately 85 percent of the global population. It has been used as an alternative to terms which are seen as racialized as 'ethnic minority' and 'person of color.'

**Harm Reduction** is a recognized public health model that is used to reduce the harms of active drug use, including reducing the spread of infectious disease. Harm reduction accepts that licit and illicit drug use is part of our world and chooses to minimize the harmful effects rather than ignore, condemn or criminalize them.

**Homeless Management Information System (HMIS)** is a web-based database used by homeless service organizations across the state to collect client-level data on households experiencing or at risk of homelessness. The administration of an HMIS is a mandate from the federal Department of Housing and Urban Development (HUD).

**Housing Stabilization Services (HSS)** is a Minnesota Medical Assistance (MA) benefit to help seniors and people with disabilities, including mental illness and substance use disorder, find and keep housing.

**Housing Support (formerly GRH)** pays for room and board for seniors and adults with disabilities who have low incomes. The program aims to reduce and prevent people from living in institutions or becoming homeless.

**Institutional settings** include facilities that are used for social, charitable, religious and educational activities such as schools, churches, hospitals, nursing homes, penal institutions and similar facilities. These facilities often provide food, shelter and some treatment or services.

**Interjurisdictional** means occurring between or involving two or more jurisdictions. Interjurisdictional decision making happens between different organizations that each have authority to make decisions and judgment.

**Intersectionality** is the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect—especially in the experiences of marginalized individuals or groups—to produce and sustain complex inequities.

**MAXIS** is a computer system used by state and county workers to determine eligibility for public assistance and health care. For cash assistance and food support programs, MAXIS also determines the appropriate benefit level and issues benefits.

**Minnesota Tribal Collaborative to Prevent and End Homelessness (MTC)** is a collaborative of six tribes from Minnesota combining sovereignty, collaboration and data to successfully pursue policy changes and fundraising goals aimed at preventing and ending homelessness in Tribal communities.

**MnCHOICES** is a single, comprehensive, web-based application that integrates assessment and support planning for all people who seek access to Minnesota's long-term services and supports.

**MNSure** is Minnesota's health insurance marketplace where individuals and families can shop, compare and choose health insurance coverage that meets their needs.

**MNSure Navigators** are trained to provide free assistance to people to apply for Medical Assistance, MinnesotaCare or a qualified health plan.

**The Minnesota Olmstead Plan** is a set of goals our state must meet so that people with disabilities can live, learn, work and enjoy life alongside everyone else in the community.

**Permanent supportive housing** is permanent, meaning that an individual can stay in the housing indefinitely (assuming lease terms and other eligibility requirements are met). Permanent supportive housing must also come with supportive services for tenants and generally has a rental assistance component. Permanent housing is available to individuals and families with multiple barriers to obtaining and maintaining housing, including those who are homeless and those with mental illness, substance abuse disorders and other disabilities.

**Person-centered approach** means focusing on the elements of care, support and treatment that matter most to the person. The priority is to identify what is most important to them, without making assumptions.

**Prioritization** is a process by which decisions are made to identify populations of people who would be first eligible for program openings.

**Racism** is a system of power that structures opportunity and assigns value to people based on their ancestry and phenotypic properties (e.g., skin color and hair texture associated with “race” in the United States). Racism is expressed at multiple levels in a given society. It encompasses interpersonal interactions involving racial discrimination and harmful stereotypes of people of color and policies and practices that systematically disadvantage people of color for quality education, housing, health care, employment etc.

**Scattered-site housing** means project units located at more than one physical location.

#### **Scattered-site Rental Assistance (RA)**

**Vouchers** are vouchers that can be used anywhere in the private market if the property owner is willing to accept it.

**Site-based housing** means a specific location where supportive services are consistently provided.

#### **Site-based Rental Assistance (RA) Vouchers**

are vouchers assigned to a particular unit in a building and whoever moves into that unit (and qualifies) may benefit from that RA.

**Supportive Housing** seeks to:

- Move people experiencing homelessness into affordable, permanent housing with services
- Promote housing stability to improve quality of life with person-centered planning and support services
- Reduce social costs associated with homelessness, such as use of emergency health care, shelter, incarceration and more

**Supportive services** are services provided by the service provider to help residents enhance their way of living and achieve self-sufficiency. Supportive services include, but are not limited to, health care, financial assistance, referral to drug and alcohol abuse counseling, individual and family counseling, special services, and materials for individuals with disabilities, job coaches, child and dependent care, meals, temporary shelter, financial counseling and other services.

**Survivor-centered approach** allows the survivor/ victim of crime to be the focus to promote healing and safety, allowing the survivor to make informed choices about their life.

**Survivor** often refers to an individual who has been the victim of a crime and is going through their recovery process. Not all victims of crime identify as a survivor. Victims of crime/survivors are recognized as people with lived experience who are experts on their own lives and needs.

**Traditional Healing** refers to the health practices, approaches, knowledge, and beliefs that incorporate Tribal Nations healing and wellness.

**Transitional Housing (TH)** is short-term housing (often 24 months or less) that is intended as a bridge to permanent, independent housing. Generally transitional housing includes supportive services and full or partial rental assistance.

**Trauma-informed** means to recognize that many people have experienced trauma in their lifetime. The impact of trauma is different for everyone and there are many pathways to healing.

**Victim Services Providers** are providers who provide direct advocacy services to victims of crime. Depending on the type of program, services may include crisis intervention, advocacy, group support, legal advocacy, transportation, shelter, accompaniment to appointments or court, assistance in seeking financial assistance or civil protection orders, and information and referral to other resources. Providers also commit to ongoing staff development, providing community education and outreach, working with other criminal justice partners to improve the system, and partnering with other professionals to promote cooperative services for victims.

**Wrap-around services** shift focus away from a traditional service-driven, problem-based approach to care and instead follow a strengths-based, needs-driven approach. Wrap-around services are designed to provide comprehensive, personalized supports and resources so that individuals and families can address the complex issues and challenges that often accompany homelessness and can interfere with obtaining long-term housing stability.

**Zoning** allows local governments to regulate land uses and how real estate development occurs. Examples of zoning classifications include residential, commercial, agricultural, industrial, or hotel/hospitality, among other designations.

The background features a grid of colored squares. A vertical column of dark blue squares runs down the left side. A horizontal row of white squares runs across the middle. The intersection of these two is a single yellow square. The rest of the background is composed of light blue squares.

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