

Continuum of Care

APRIL 2019

Topics

- ☐ What is a Continuum of Care (CoC)?
- ☐ What is the history of the CoC in our region?
- ☐ What are the policy questions that need to be answered?
 - ☐ 1. Should the region establish its own Continuum of Care?
 - ☐ 2. What organizational structure is recommended for a new CoC?
 - ☐ 3. What changes would need to occur from current and past practices?
 - ☐ 4. What is the change process?
- ☐ What are the next steps?

What is a Continuum of Care?

- ❑ CoC required by HUD since 1994.
- ❑ CoC submits “single, comprehensive application” for federal financial support under the McKinney-Vento Homeless Assistance Act.
- ❑ Housing programs are administered by HUD’s Office of Special Needs Assistance Programs.
- ❑ HUD’s intent was to stimulate community-wide planning and coordination of programs for individuals and families who are homeless.

Two Main Purposes

- ❑ 1. To develop a **long-term strategic plan and manage a year-round planning effort** that addresses the identified needs of homeless individuals and households... Ultimately, continuums should engage in multi-year, strategic planning for homeless programs and services that are well integrated with planning for mainstream services.
- ❑ 2. To prepare an **application** for McKinney-Vento Homeless Assistance Act ... competitive grants. ... Applications should demonstrate broad community participation and identify resources and gaps in the community's approach to providing outreach, emergency shelter, and transitional and permanent housing, as well as related services to addressing homelessness. An application also includes action steps to end homelessness, prevent a return to homelessness, and establishes local funding priorities.

Federal Funding

CONTINUUM OF CARE PROGRAMS

1. SUPPORTIVE HOUSING PROGRAM

- Transitional Housing, Permanent Housing for People with Disabilities, Supportive Services, Safe Haven

2. SHELTER PLUS CARE

- Rental assistance

3. SECTION 8 SINGLE ROOM OCCUPANCY PROGRAM

OTHER TARGETED PROGRAMS (examples)

1. EMERGENCY SHELTER GRANTS

2. RUNAWAY AND HOMELESS YOUTH PROGRAM

3. FAMILY VIOLENCE PREVENTION AND SERVICES

4. HOMELESS VETERANS REINTEGRATION PROGRAM

5. HEALTHCARE FOR THE HOMELESS

“Mainstream” Federal Housing and Services Programs

- ❑ PUBLIC HOUSING
- ❑ SECTION 8 HOUSING CHOICE VOUCHERS
- ❑ HOME INVESTMENT PARTNERSHIP PROGRAMS
- ❑ COMMUNITY DEVELOPMENT BLOCK GRANT
- ❑ RURAL DEVELOPMENT HOUSING PROGRAMS
- ❑ COMMUNITY SERVICES BLOCK GRANT
- ❑ SOCIAL SERVICES BLOCK GRANT
- ❑ SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT
- ❑ COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT
- ❑ WIOA ONE-STOP CAREER CENTERS

“To address the challenge of finding permanent affordable housing, some continuums have incorporated permanent housing development into their year-round planning, bringing together key stakeholders in the community, including public housing agency representatives and housing developers, to discuss possible solutions.”

- -- Continuum of Care 101 (2009)

Continuum of Care Structures

- ❑ **City** – urban city boundaries (9%).
- ❑ **County** – single county boundaries (52%).
- ❑ **Regional** – at least two counties (30%).
- ❑ **Balance of State** – large areas not covered by regional, county, or city continuums (7%, in 31 states).
- ❑ **Statewide Continuums** – six states with relatively small populations: Delaware, Rhode Island, Montana, Wyoming, North Dakota, South Dakota (2%).

-- Source: Continuum of Care 101 (2009)

Oregon CoC Structures

SINGLE COUNTY STRUCTURES

- ❑ Multnomah
- ❑ Washington
- ❑ Clackamas
- ❑ Lane
- ❑ Jackson

REGIONAL AND BALANCE OF STATE

- ❑ Deschutes, Jefferson, Crook (Regional)

- ❑ 28 Counties (Balance of State):

- | | | | |
|-----------|---------------|------------|----------------|
| ◦ Baker | Benton | Clatsop | Columbia |
| ◦ Coos | Curry | Douglas | Gilliam |
| ◦ Grant | Harney | Hood River | Josephine |
| ◦ Klamath | Lake | Lincoln | Linn |
| ◦ Malheur | Marion | Morrow | Polk |
| ◦ Sherman | Tillamook | Umatilla | Union |
| ◦ Wallowa | Wasco | Wheeler | Yamhill |

Regional or Balance of State Approach

ADVANTAGES

- ❑ Increases the visibility of homeless persons' needs and ensures critical coverage in rural communities.
- ❑ Creates a “critical mass” that boosts funding prospects.
- ❑ Leverages additional assistance from state governments.
- ❑ Communities with more experience can share their expertise with less experienced communities.

DISADVANTAGES

- ❑ States, counties, and participating localities must come up with efficient organizational structures that allow participatory involvement in all aspects of the CoC process, from forming local planning groups to setting priorities.
- ❑ Assembling meaningful data in a large geographic area that is often non-contiguous poses significant challenges.

CoC History in our Region

- ❑ Until 2011, Continuum of Care for Marion and Polk counties was coordinated by Mid-Willamette Valley Community Action Agency.
- ❑ CoC Collaborative included multiple representatives of agencies that served homeless individuals.
- ❑ In 2011, Collaborative representatives voted to merge the Marion-Polk CoC into the Balance of State CoC. Jurisdictions (cities, counties) were not officially notified, although City of Salem had one employee attending the Collaborative.
- ❑ Balance of State CoC is currently administered by Community Action Partnership of Oregon (CAPO) and has two designated staff.

Impetus to Consider Change

- ❑ ***Increase in homelessness***, brought about by lack of affordable housing and lack of coordinated approach, among many other factors.
- ❑ ***Growing public awareness*** about homelessness and expectations that government will “fix the problem.”
- ❑ ***No designated entity doing coordinated planning*** for the county and region; Mid-Willamette Homeless Initiative was created to fill the void; other entities (Emergency Housing Network, Health and Housing Committee) are involved in planning or networking.
- ❑ ***Many programs providing services*** to homeless individuals; county and regional collaborations convened around issues related to homelessness; e.g., public safety, mental health, employment, domestic violence, substance abuse.
- ❑ ***Capacity and performance issues*** with Continuum of Care.
- ❑ ***Resource reductions*** to Marion-Polk programs over the past eight years.

Where We Stand: COCs with Largest Numbers of Homeless

1. NYC	78,676	6. San Jose/Santa Clara	7,254
2. LA City/County	49,955	7. Washington, DC	6,904
3. Seattle/King	12,112	8. San Francisco	6,857
4. San Diego	8,576	9. ROCC/Oregon BOS	6,392
5. Texas BOS	7,638	10. Phoenix	6,298

◦ -- Source: 2018 AHAR

Where We Stand: CoCs with Largest Numbers of “Chronically Homeless”*

1. LA City/County	13,275	7. San Francisco	1,757
2. NYC	6,336	8. Oakland/Alameda	1,742
3. Seattle/King	3,552	9. Denver Metro	1,596
4. San Diego	2,171	10. Oregon BOS/ROCC	1,503
5. San Jose/Santa Clara	2,139	11. Washington BOS	1,493
6. Washington, DC	1,781	12. Portland Metro	1,384

* • Homeless for 1+ Year, or • Homeless 3+ times in last 36 months for at least 12 months • Must have a disabling condition

◦ -- Source: 2018 AHAR

Marion-Polk CoC Funding: 2005-2018

Marion-Polk CoC

2005 - \$ 726,979

2006 - \$ 726,978

2007 - \$ 726,978

2008 - \$ 886,927

2009 - \$ 953,574

2010 - \$ 954,195

Marion-Polk Within Balance of State CoC

2011 – \$ 920,350 \$2,654,586

2012 – \$1,059,253 \$2,873,713

2013 – \$ 958,529 \$2,750,204

2014 – \$ 668,126 \$3,164,408

2015 – \$ 643,989 \$3,081,444

2016 – \$ 615,384 \$3,134,740

2017 – \$ 779,982 \$3,165,384

2018 – \$ 696,819 \$3,233,919

Where We Stand: CoC \$\$ per Person based on Point-in-Time Count (2016)

1. OR-506 Washington	\$5,897.13	5. OR-500 Lane	\$2,397.94
2. OR-501 Multnomah	\$5,531.29	6. OR-503 Central OR	\$ 992.54
3. OR-507 Clackamas	\$4,955.87	7. OR-505 BOS/ROCC	\$ 548.99
4. WA-508 Vancouver	\$2,526.73	8. OR-502 Jackson	\$ 502.06

Policy Question #1 – Should the region establish its own CoC?

ANALYSIS

- ☐ Money
- ☐ Planning
- ☐ Coordination
- ☐ Autonomy

ANALYSIS

- ☐ Balance of State's reliance on Marion County's dollars
- ☐ Attempts to coordinate city/county/region within context of Balance of State structure

Policy Question #2 – What organizational structure is recommended for new CoC?

ANALYSIS

☐ Which and how many jurisdictions?
(Marion-Polk? Marion-Polk-Yamhill?
More?)

☐ Governance structure

REPRESENTATION:

- ☐ Nonprofit homeless assistance providers
- ☐ Victim services providers
- ☐ Faith-based organizations
- ☐ Governments

REPRESENTATION:

- ☐ Businesses
- ☐ Advocates
- ☐ Public housing agencies
- ☐ School districts
- ☐ Social service providers
- ☐ Mental health agencies
- ☐ Hospitals
- ☐ Universities
- ☐ Affordable housing developers
- ☐ Law enforcement
- ☐ Organizations that serve veterans
- ☐ Homeless and formerly homeless individuals

Board Requirements

Continuum of Care must establish a board and must:

- ❑ **Create a written process** to establish a board.
- ❑ **Comply with conflict of interest requirement** that: *“No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.”*
- ❑ **Appoint board members** who are representative of relevant organizations and of projects serving homeless subpopulations.
- ❑ **Include at least one homeless** or formerly homeless individual.
- ❑ **Hold meetings** at least semi-annually.
- ❑ **Invite** new members.
- ❑ **Appoint committees** and workgroups.
- ❑ **Adopt** a governance charter.

Planning Requirements

- ❑ Develop a ***plan that coordinates*** the implementation of a housing and service system.
- ❑ At a minimum, the ***system encompasses:***
 - ❑ (1) outreach, engagement, and assessment;
 - ❑ (2) shelter, housing, and supportive services; and
 - ❑ (3) prevention strategies.
- ❑ Conduct, at least biennially, a ***Point-in-Time Count***.
- ❑ Conduct an annual ***gaps analysis*** of homeless needs and services.
- ❑ Provide required information to complete ***Consolidated Plans***.
- ❑ Consult with the State and program recipients on the ***plan for allocating Emergency Solutions Grants*** program funds.

Coordinated Entry

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- ❑ **Ensures all people** experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance, based on their strengths and needs.
 - ❑ **Uses standard assessment** tools.
 - VI-SPDAT (single adult), F-VI-SPDAT (family), PR-VI-SPDAT/PR-F-VI-SPDAT (prevention)
 - ❑ **Prioritizes service level**, based on need.
 - **Permanent Supportive Housing** – Highest priority, high needs clients, generally with physical health, substance abuse and mental health needs. Focus on long-term harm reduction.
 - **Rapid Re-Housing** – Clients with medium needs, up to two years support, focus on self-sufficiency.
 - **Diversion** – Low-needs clients who will likely rehouse on their own. Deposit assistance, navigation, resource information.
 - **Prevention** – Lowest needs clients, housing unstable. One-time stability support.

Coordinated Entry Findings

October 2016-January 2019
Marion & Polk Counties

Homeless Clients
2,628

<input type="checkbox"/> Total Clients Assessed	5,869
◦ Children	1,576
◦ Chronically Homeless	901
◦ Families	833
◦ Veterans	474
◦ Elderly	116

☐ Median Age 45

☐ Male 49.8%

☐ Female 48.2%

(2% declined to respond)

☐ Caucasian 85%

☐ Hispanic 8%

☐ All Other ≤ 5%

Accountability Requirements

- ❑ Establish performance targets.
- ❑ **Monitor performance.**
- ❑ Evaluate outcomes.
- ❑ **Take action against poor performers.**
- ❑ Establish and **operate a centralized or coordinated assessment system** that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- ❑ Develop a specific policy to guide the operation of the **coordinated assessment system for individuals and families fleeing domestic or dating violence**, sexual assault, or stalking, but are seeking shelter or services from nonvictim service providers.
- ❑ Establish and consistently follow written standards for providing CoC assistance.
- ❑ Designate and operate a single **Homeless Management Information System** (HMIS).
- ❑ Report on and evaluate Emergency Solutions Grants program recipients.

Selecting a Lead Organization

1. HOMELESS COALITION LEADERSHIP

A coalition of homeless providers coordinates the CoC process.

Advantages:

- ☐ Promotes broad-based participation.
- ☐ Facilitates data collection by involving agencies.

Disadvantages:

- ☐ Without dedicated staff, members have to share the workload.
- ☐ Without prominent community members acting as champions, coalition may not have clout.
- ☐ No mechanism that ensures accountability.

2. GOVERNMENT LEADERSHIP

City, county, housing authority, or ORS 190

Advantages:

- ☐ Governments can usually contribute staff.
- ☐ Governments can hold people accountable for gathering data, implementing actions, and accomplishing planning.

Disadvantages:

- ☐ Process may be subject to political agendas of local officials.
- ☐ Governments may create a more rigid and less creative processes and make it difficult to get new and innovative ideas heard.

Selecting a Lead Organization

3. NONPROFIT ORGANIZATION LEADERSHIP

Exs.: Community Action, United Way, Coordinated Care Organization

Advantages:

- ❑ Nonprofit may be able to dedicate staff and resources to planning effort.
- ❑ Nonprofits are very aware of community needs.

Disadvantages:

- ❑ Approach has the potential for perceived or actual bias in decision making and funding allocations.
- ❑ Staff and nonprofit agency may become overburdened.

“A lead organization that has strong leadership, access to resources, and high visibility in the community can provide a continuum with the credibility needed to attract broad-based participation in the community.”

Staffing Needs

1. **Staff Leader** – Convenes partners, develops community relationships, promotes excellent services, raises community awareness, leverages resources, supervises technical and HMIS staff.
2. **Technical Staff** – Writes grant applications, monitors and evaluates programs, reviews and analyzes data, conducts Point-in-Time count and gaps analysis.
3. **HMIS Staff** – Enters data and maintains HMIS system.

Collaborative Partnerships

- ❑ Housing Authorities
 - ❑ Salem Emergency Housing Network
- ❑ Children & Families Commission
- ❑ Early Learning Hub
- ❑ Coordinated Care Organization
- ❑ Health and Housing Committee
- ❑ Health Advisory Boards
- ❑ Local Alcohol and Drug Planning Committees
- ❑ Service Integration Teams
- ❑ Public Safety Coordinating Councils
- ❑ MC Justice Reinvestment Council (LEAD)

Policy Question #3 – What changes would need to occur?

- ❑ Strategic planning, leverage, prioritization.
- ❑ Legitimacy as the “go to” organization for homelessness systems.
- ❑ Laser focus on local issues within a regional context.

Lane Continuum of Care

- ❑ Merged Community Action program with county Human Services Commission to create ***Poverty and Homelessness Board***. Adopted charter.
- ❑ Manages Continuum of Care formula funds and all relevant city and county dollars.
- ❑ Appointed workgroups/committees on youth, employment, shelter and supportive housing, evaluation, strategic planning, lived experience, health care, membership.
- ❑ Appointed city and county representatives, “action-oriented” people to board.
- ❑ ***Voting positions***: business, direct services, education, faith-based organizations, homeless/formerly homeless consumer, health care, mental health, philanthropic, homeless youth, victim services.
- ❑ ***Non-voting positions***: public housing, veterans, training and employment, DHS, grant co-applicant, emergency shelter services, coordinated care organization.

Living Document PHB Strategic Plan Matrix

Goal	Strategy	Description	DRAFT Status	Due Date	PHB Committee	Lead Person	Assisted By	Current Partners (funders and providers)	Notes on Current Progress
1.1		Create 600 additional housing opportunities throughout Lane County by 2021 for chronically homeless individuals and people with particular needs, including: veterans, youth, domestic violence survivors, those with mental illness, drug and alcohol abuse problems, and those exiting criminal justice, foster care and child welfare systems.							
1.1	a	Develop 100 Housing First units, including a 50-unit apartment building with on-site behavioral health services, and 50 micro-apartment housing units with mobile support services by 2019.		2019	SSHD			Lane County, Homes for Good, Kaiser Permanente, Nonprofits, City of Eugene	Predevelopment completed, currently seeking financing for MLK Housing First 50 units. Fairgrounds Family Project in planning stage.
1.1	b	Dedicate 100 units of Housing First, including 50 scattered site HUD housing vouchers and Homes for Good units, and 50 units integrated into low-income housing developments for special populations by 2019.			SSHD			Homes for Good, Nonprofits, Laurel Hill, ShelterCare	Through the Lane County Continuum of Care, Homes for Good was awarded a grant for 33 units of Scattered Site Permanent Supportive Housing. Homes for Good has also agreed to Project Base Section 8 certificates for the MLK Housing First Project. The recent Continuum of Care grant award included 13 scattered site units for the Sahalie Project. These 13 scattered site units are dedicated for FUSE project participants.

Clackamas County Continuum of Care

Steering Committee ("Governing Board" mandated by HUD) - Decisions

- Final decision maker for the CoC; elected by CoC every 2 years
- One homeless or formerly homeless member; represents populations of the CoC
- Backbone of the system
- Planning functions involved in Consolidated Plan and 10 Year Plan (eventually)
- Measures progress towards goals
- Makes decisions around bonus projects, prioritization
- Analyzes data on homelessness

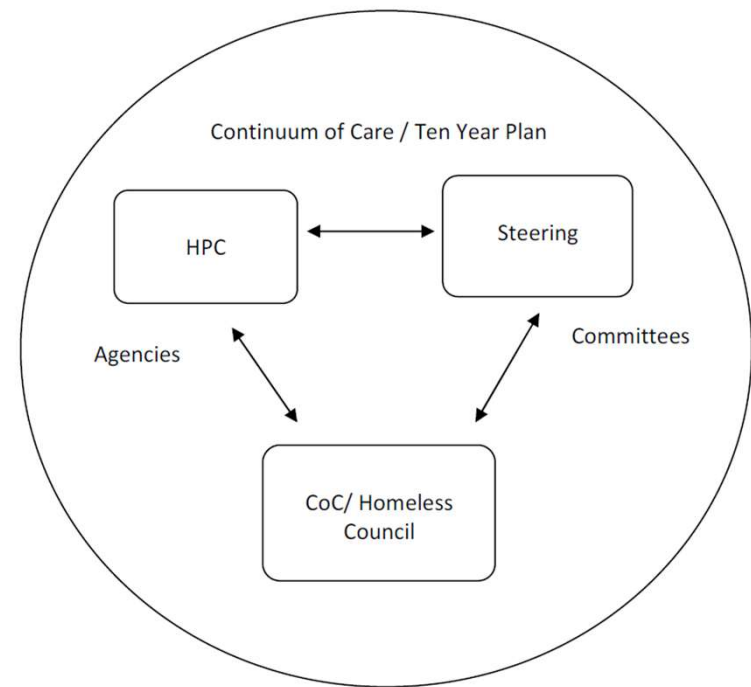
CoC/Homeless Council - Operations

- Programs, operations, and activities around addressing homelessness
- Open membership; meet for training and networking
- Experts on the community and providing services
- Members complete HUD applications for funding
- Recommends bonus projects to Steering Committee
- Expands system to address community needs; implements HUD requirements
- Helps identify unmet needs; makes progress towards 10 Year Plan Goals
- Strengthen programs/best practices/data driven/funding compliance

Clackamas County Continuum of Care

Homeless Policy Committee - Policy

- Ambassadors; membership by invitation of County BCC
- Raises awareness of homelessness
- Impacts policy
- Advocates for funding
- Coordinates community response
- Expands system to address identified community needs outside of current/traditional providers
- Review and comment on 10 Year Plan



Annual Goals and Objectives

AP-20 Annual Goals and Objectives

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Affordable Housing	2017	2021	Affordable Housing	Countywide	Affordable Housing	HOME: \$2,000,000	Rental units constructed: 300 Household Housing Unit Rental units rehabilitated: 100 Household Housing Unit Direct Financial Assistance to Homebuyers: 25 Households Assisted Tenant-based rental assistance / Rapid Rehousing: 100 Households Assisted
2	Housing Rehabilitation	2017	2021	Affordable Housing	Countywide	Affordable Housing	CDBG: \$1,000,000	Rental units rehabilitated: 50 Household Housing Unit Homeowner Housing Rehabilitated: 100 Household Housing Unit
3	Public Services	2017	2021	Non-Homeless Special Needs	Countywide	Non-housing Community Development	CDBG: \$1,000,000	Public service activities other than Low/Moderate Income Housing Benefit: 10000 Persons Assisted

Annual Action Plan
2018

36

Policy Question #4 – What is the change process?

1. Apply for funding to HUD in 2020.
2. Designate the Unified Funding Agency in 2020.
 - ☐ Financial management systems.
 - ☐ Capacity to enter into legal agreements with and monitor subrecipients.

Next Steps

- ❑ Engage region's leadership; work with jurisdictions to take formal action by resolution.
- ❑ Identify provisions and develop an MOU.
- ❑ Give formal notice to ROCC; involve Oregon Housing & Community Services.
- ❑ Submit documentation to HUD establishing capacity as new CoC by end of 2019.
- ❑ Set priorities and apply for funding in Spring 2020 -- many additional steps required to do this ...

Continuum of Care

Questions? Thoughts? Ideas?