

# Continuum of Care

Community Process for  
Developing an Effective CoC

# Community Process for Developing an Effective CoC

- Overall Planning Process
- Broad Participation and Involvement

# 1. Overall Planning Process

- Continuums should have:
  - A single, well-coordinated planning process for homeless assistance
  - Clear leadership responsibility for planning activities

# How to Create a Legitimate Planning Process

- Establish the process
- Coordinate with other planning groups
- Assign responsibilities and determine mission
- Set an annual agenda of goals and objectives
- Meet year-round

# Promising Approaches— Planning Process

- Clear focus and objectives
- Strong committee system

# Common Mistakes— Planning Process

- Lead entity for planning not clearly identified
- Planning beyond application process not clearly described
- Link between CoC and other planning bodies not clear

# Common Mistakes— Planning Process (cont'd)

- Principal topics of planning meetings are not identified
- “Planning” meetings do not include strategic planning or program implementation issues

## 2. Broad Participation and Involvement

- Continuums should have:
  - Active involvement by a broad, inclusive, and diverse group of agencies and organizations
  - Documentation of participation

# Broad Participation and Involvement

- Broad: Include representative for each jurisdiction claimed
- Inclusive: Ensure that a wide variety of public and private sector agencies participate
- Diverse: Include agencies representing key subpopulations

# Common Mistakes— Participation

- ❑ No evidence of participation for CoC jurisdictions
- ❑ No evidence of participation by key agencies and organizations
- ❑ Common omissions: state government, homeless/formerly homeless, law enforcement

# Common Mistakes— Participation (cont'd)

- ❑ Core subpopulations not clearly represented
- ❑ Connection between representative and subpopulation group unclear
- ❑ Frequency of participation not addressed or vague
- ❑ Participation in homeless assistance planning unclear

# Promising Approach— Documenting Participation

- ┌ Coded chart showing levels of participation by organization, category, and locality

# Special Circumstances— Balance of State and Rural

- Coordination is difficult in a multi-jurisdictional or rural area
  - Planning meetings are difficult to schedule
  - Travel distances make regular meeting attendance problematic
  - Needs and priorities may differ by region

# Best Practices for Balance of State and Rural CoCs

- ▣ Regional subgroups
- ▣ Standing or ad hoc committees on special issues
- ▣ Active networks with other state and regional agencies
- ▣ Conference calls, video conferences and regional meetings

# Promising Approach— Rural CoC

- ❑ Planning process led by a consortium
- ❑ State agency gives administrative support
- ❑ Regional representatives link to single-county CoCs and multi-county CoCs

# Promising Approach— Rural CoC (cont'd)

- ▣ County-level CoC organizations responsible for local planning and coordination
- ▣ CoC Steering Committee coordinates with other statewide organizations



# Continuum of Care

Strategy for CoC System Development

# Strategy for CoC System Development

1. Chronic Homelessness
2. Other Homelessness
3. Discharge Planning
4. Fundamental Components of the CoC

# 1. Chronic Homelessness

Continuums should have:

A clear strategy for ending chronic homelessness by 2012

A specific, measurable action plan for the next 18 months

# How to Address the Issue of Chronic Homelessness

Follow HUD's definition of "chronic" homelessness

Identify the extent of the problem of chronic homelessness in your CoC

Describe your CoC's past, current and future strategy

# a) Focus on HUD's Definition of Chronic Homelessness

- Includes:
  - An unaccompanied homeless person,
  - Who has a disabling condition, *and*
  - Has been continually homeless for a year or more, *or* has had 4 or more episodes of homelessness in the last 3 years
- └ Does not include:
  - Homeless families with children
  - Non-disabled individuals

## b) Identify the Extent of the Problem

- ▣ Document the number of chronically homeless people in your CoC
- ▣ Identify specific obstacles to ending chronic homelessness in your CoC

## c) Describe your CoC's Past, Current and Future Strategy

- Specific, measurable actions taken in the last year
- Current activities
- What you plan to do over the next 18 months

# Best Practices on Chronic Homeless Strategy

Provide aggressive outreach for chronically homeless persons

Aggressively enroll chronic homeless persons in mainstream programs

Offer a range of housing options, including low-demand housing

# Best Practices on Chronic Homeless Strategy (cont'd)

Use your chronic homeless plan as a roadmap for specialized service delivery

Show performance based on last year's goals and actions

Develop services to prevent chronic homelessness

# Chronic Homelessness— Common Mistakes

Applicants fail to focus on chronic homeless as HUD defines it

Applicants fail to explain special efforts beyond what is being done for the general population

Applicants fail to distinguish among past, current, and future efforts

# Chronic Homelessness— Common Mistakes (cont'd)

Applicants fail to distinguish between  
goals and action steps

Action steps are not measurable

Dates and responsible parties are not  
specific

# Special Circumstances

- ┌ Some CoCs claim they don't have a chronic homeless problem. Such applicants must:
  - a) Document their efforts to find the chronically homeless persons in their community AND
  - b) Demonstrate the CoC has a network in place to address chronic homelessness should the problem ever materialize

# Promising Approach—Outreach

- ▣ Aggressive outreach in downtown area and camps in city and county
- ▣ Downtown Rangers direct homeless persons to services rather than jail
- ▣ Police attend Town Hall meetings
- ▣ Downtown Community Court has City funding for substance abuse treatment services

# Promising Approach—Shelter and Day Resource Center

- Low-demand shelter operated in downtown area within Resource Center
- Day Resource Center provides basic services and access to co-located agencies offering health care, legal aid, mental health, case management, and veterans services
- Serves as entry point for transitional services, Safe Haven, SRO, and Shelter Plus Care

## 2. “Other” Homelessness

- Continuums should have:
  - Brief narrative of past year’s accomplishments
  - Specific, measurable action plan within an explicit timeframe

## a) A Brief Narrative of “Other” Accomplishments

- ❑ New units developed
- ❑ New services added
- ❑ Improved coordination among public and private service providers
- ❑ Special initiatives to help “other” homeless access mainstream services

## b) “Other” Homelessness Action Plan

- Include measurable action steps with clear deliverables
- Clearly identify who is responsible for each step
- List anticipated dates of completion

# Other Homelessness— Common Mistakes

- ❑ Action steps are vague
- ❑ Action steps are administrative not programmatic
- ❑ Responsible parties are vague
- ❑ Dates for completion are unclear

# Future Goals Chart Examples

	<u>Goal</u> ("What")	<u>Action Steps</u> ("How")	<u>Responsible Party</u> ("Who")	<u>Target Date</u> ("When")
<u>Weak Response</u>	Reduce Domestic Violence	Write Grants Increase Housing	CoC	Ongoing
<u>Better Response</u>	Increase Domestic Violence Beds by 25%	Identify site Develop site plan  Obtain financing Purchase units	Rayme Nuckles Linda Oberhause Hills. Co The Spring	Jan. 2006 Feb. 2006 Mar. 2006 April 2006

# 3. Discharge Planning

- Continuums should have:
  - Evidence of a systemic plan to reduce discharges to the shelter system
  - Ongoing communication among: the CoC, discharging institutions, state and local governments

# Best Practices on Discharge Planning

- Meet with state and local government agencies on a regular basis
- Develop a formal plan for addressing discharge planning
- Institute requirements for adequate planning for permanent housing prior to discharge

# Best Practices on Discharge Planning (cont'd)

- Include all major discharging institutions in your plan
  - Foster care, prisons, mental health facilities and hospitals
- Provide supportive services to discharged persons
- Ensure ongoing case management

# Discharge Planning— Common Mistakes

- ❑ Applicants abdicate responsibility—  
“the State is taking care of this issue”
- ❑ Applicants fail to monitor and enforce
- ❑ Applicants work with some, but not all  
of the discharging institutions

# Discharge Planning— Promising Approach

- Medical Respite
- Young Adult Housing Task Force
- Criminal Justice Initiative
- Co-Occurring Disorders Integrated Treatment

# 4. Fundamental Components of the CoC


- Continuums should have:
  - A complete services inventory (Service Activity Chart)
  - A complete housing inventory (Housing Activity Chart)
  - A plan as well as steps taken to date for implementing a CoC-wide HMIS

# Best Practices on Fundamental Components

- ▣ Completely and accurately fill out the Housing Activity Chart
- ▣ Provide a full inventory of prevention, outreach and supportive services in the Service Activity Chart
- ▣ Show clear progress to date in HMIS implementation—not just a plan for the future

# Fundamental Components— Common Mistakes

- Applicants do not describe services nor how homeless people access them
- Applicants fail to describe outreach services for the street homeless
- Figures in Housing Activities Chart and Gaps Analysis Chart are not consistent
- Applicants fail to provide a schedule or strategy for implementing an HMIS



# Continuum of Care Gaps Analysis

# Why is the Gaps Analysis Important?

- Good data on needs drives good planning
- Thorough inventory means gaps can be more easily identified
- Good data allows CoC to apply limited resources to highest priority problems
- Information can be used to educate the public and justify requests for additional resources

# Components of the Gaps Analysis

1. Housing inventory
2. Determination of unmet needs
3. Count of homeless populations and subpopulations
4. Homeless Management Information System (HMIS)

# 1. Housing Inventory

- Continuums should have:
  - A formal, regular survey of emergency, transitional, and permanent supportive housing
  - Collected at a point in time each year
  - Includes both current inventory and inventory under development

# How to Conduct a Good Housing Inventory Survey

- Make a single person or entity responsible for the survey and updates
- Clearly define the three types of housing
- Make sure that providers report in units required by HUD
- If mail or e-mail, provide for telephone follow-up
- Establish a formal process for updates

# Make the Most of the Information in the Inventory

- Use inventory data to:
  - Determine reporting rates to HMIS
  - Set priorities for implementing HMIS
  - Determine unmet need for emergency, transitional, and permanent housing
- Information can be shared with community and used by providers for reporting to funders

# Inventory: Common Mistakes

- No discussion of methodology for collecting numbers and categorizing beds
- Not clear if survey is annual
- Not clear how survey is updated

# Inventory: Common Mistakes

- Survey does not cover entire geography
- No clear distinction between current inventory and inventory under development
- Must use only one code for target population; numbers must add correctly

## 2. Determination of Unmet Housing Needs

- Continuums should have:
  - A sound methodology, not unsupported estimates
  - Methodology accounts for flow between housing types, but does not double-count

# Determination of Unmet Needs—Common Mistakes

- Numbers total incorrectly or fail to match across charts
- Cells in charts are left blank
- Data sources are missing
- Numbers are inconsistent with those used in CoC “Current” and “Under Development”

# 3. Count of Populations and Subpopulations

- Continuums should have:
  - An attempt to count all sheltered and unsheltered homeless at a point in time
  - Actual counts of unsheltered homeless people, not estimates
  - Surveys or HMIS used to identify key subpopulations

# Methods of Counting Unsheltered Populations

- One night count of people in public places
- Count of homeless people using non-shelter services

# Counts of Populations and Subpopulations—Common Mistakes

- No attempt to count unsheltered homeless, estimates only
- Methodology hard to understand
- Unscientific “inflation factors” used to account for people not counted
- Subpopulation information based on secondary data without addressing sources and reliability

# Best Practices on Bed Inventory, Populations Chart, and Unmet Needs

- Forthcoming from HUD:
  - Guidebook on counting unsheltered homeless people
  - Guidance on shelter inventories, determining subpopulations, and unmet need

# 4. Homeless Management Information System

- Continuums should have:
  - Clear progress in implementing HMIS
  - High participation in HMIS by shelters and transitional housing





# Continuum of Care

## Project Priorities

# Project Priorities— Key Topics to Address

- Project selection process
- Review of renewals

# Project Selection Process

- Continuums should have:
  - A strong link between proposed projects and unmet needs
  - A project selection and prioritization process which is demonstrably objective and unbiased

# An Objective and Unbiased Process Has:

- ▣ Objective criteria for thresholds and selection
- ▣ An open application process
- ▣ An unbiased panel to rank and select projects
- ▣ A clear basis for final ranking decisions
- ▣ Procedures to resolve complaints

# Common Mistakes— Project Selection

- ❑ Project Priority Chart completed incorrectly
- ❑ Need or gap filled not addressed for each project
- ❑ Review committee participants not identified
- ❑ Conflicts of interest not addressed
- ❑ Complaints not addressed

# Best Practices—Objective Rating Measures

- Specific criteria
- Weighted criteria to meet local CoC priorities
- Bonus points in high priority areas

# Promising Approaches— Objective Review Panel

- ❑ Special review and rating committee
- ❑ Diverse representation on panel
- ❑ Open process for nominating panel members

# Promising Approaches— Selection and Approval

- ❑ Direct use of review committee scores
- ❑ Voting by active CoC participants
- ❑ Community consensus

## 2. Review of Renewal Projects

- Continuums should have:
  - A critical review of the performance of proposed renewal projects

# Best Practices—Review of Renewal Projects

- Monitor and review frequently
  - Review APR findings
  - Conduct site visits
- Consider both administrative and client outcomes

# Best Practices—Review of Renewal Projects (cont'd)

- ❑ Clearly specify responsibility for review
- ❑ Require response to deficiencies found
- ❑ Consider review results in the priority ranking process

# Common Mistakes— Review of Renewal Projects

- ┌ APR is sole basis of review; no independent CoC review
- ┌ Evaluation does not address client outcomes as well as administrative issues
- ┌ Relationship between review results and priority ranking not addressed
- ┌ Process occurs right before the application is submitted to HUD

# Examples of Performance Assessment Criteria

- Three general focuses:
  - Client outcomes
  - Program operations
  - Administrative efficiency

# Client Outcomes

- ❑ Number of clients actually served vs. original estimate
- ❑ Successful moves through each stage of the CoC system
- ❑ Mainstream resources secured
- ❑ Permanent housing placements

# Program Operations

- ┌ Collaboration with other providers
- ┌ Cost effectiveness
- ┌ Consumer feedback
- ┌ Staff qualifications
- ┌ Staff training on data collection/client tracking
- ┌ Responsiveness to obstacles encountered

# Administrative Efficiency

- ❑ Self-evaluation process in place
- ❑ Timeliness of report submissions
- ❑ Provision of anticipated matching funds and services
- ❑ Responsiveness to monitoring findings

# Promising Approach—Review of Renewals

- Steering Committee
- Renewal Project Review Criteria
- Renewal Ranking Process



# Continuum of Care

## Supplemental Resources

# Why Are Mainstream Resources Important?

- Mainstream programs have the capacity to address multiple needs
- Mainstream resources can provide the income needed to leave homelessness

# Continuums Should Have:

- Comprehensive process across providers and programs
- Equal access to immediate intake and assessment
- Demonstrable outcomes

# Strategy for Accessing Mainstream Resources

- Identifying homeless clients eligible for mainstream programs
- Enrolling clients in all the programs for which they are eligible
- Ensuring that clients receive and continue to receive benefits

# Methods for Providing Access to Mainstream Resources

- ❑ Central intake
- ❑ Out stationing
- ❑ Standardized intake procedures and mandated screening

# Best Practices in Identifying and Enrolling Eligibles

- ❑ Conducting aggressive outreach
- ❑ Using case managers throughout the entire process
- ❑ Working with each client to develop a single IDP
- ❑ Using standard intake forms and application forms CoC-wide
- ❑ Conducting regular training on mainstream programs

# Identifying and Enrolling— Examples

- Outreach teams visit lobbies of mainstream programs
- Common intake form
- Mainstream check-off list, recorded in HMIS
- Single application for Medicaid, TANF, and Food Stamps

# Identifying and Enrolling— Examples (cont'd)

- Mainstream providers in mobile answer van
- Two-day training on SSI
- Case management helps activate closed public assistance cases for families in shelters
- New transit route to site with co-located programs

# Approaches for Ensuring Eligible Clients are Enrolled

- Following up with clients on a regular and automatic basis
- Using legal aid or other advocates for appeals
- Using CoC meetings to identify and address system-wide problems

# Best Practices for Ensuring Eligible Clients are Enrolled

(cont'd)

- Using APRs to measure renewal project's performance
- Conditioning grants
- Using HMIS to evaluate overall progress

# Ensuring Enrollment— Examples

- ▮ Projects assessed for why SSI or TANF not offsetting operating funds
- ▮ HMIS on-line client information exchange
- ▮ Monthly reports on activities connecting clients to mainstream programs
- ▮ Up to 15 points for projects with demonstrated success

# Examples of Policy Changes that Remove Barriers

- ┌ Medicaid waiver for increased access by non-disabled poor adults
- Address not required to receive Food Stamps
- SSI pre-certification and early benefits for street homeless
- ┌ Simplified Food Stamps application for elderly and disabled

# Common Mistakes in CoC Application

- ❑ Fails to describe a system-wide approach
- ❑ Describes mainstream services but not access by homeless
- ❑ Insufficient detail about identifying, enrolling, and sustaining
- ❑ Exclusive reliance on case management
- ❑ Errors and omissions on charts

# Promising Approach— Mainstream Resources

- State Dept. of Children & Families is the gateway to shelter and services for homeless families- Could use the ACCESS System
- Families screened by DCF case managers for TANF, Medicaid, Food Stamps eligibility
- Shelter case managers provided with incentives for moving families back into housing
- Food Stamp application streamlined

# Outreach and Enrollment for Medicaid Benefits

- Single simplified application
- Application includes a “homeless” check-off
- Application automatic with other mainstream programs
- In-shelter outreach by non-profits
- Saturation night in shelters
- 60-70% of homeless enrolled in Medicaid

# Other Systems for Accessing Mainstream Resources

- Workforce Investment Act
- Veterans Health Care
- Enrollment in SSI
- Food Stamps for Individuals
- Any other state resources available

# GOOD LUCK

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