

New Member Orientation

Champaign County Continuum of Service Providers to the Homeless (CSPH)

IL – 503 Continuum of Care (CoC)

What is a CoC?

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

CoC's may consist of:

- Homeless assistance provider agencies
- Local city governments
- School districts
- Faith based organizations
- Public housing agencies
- Hospitals
- Departments of Veterans Affairs
- Local funders (ex. United Way, Mental Health and Developmental Disability Boards)
- Businesses
- Advocates
- Homeless and/or formerly homeless individuals
- Anyone with a vested interest in ending homelessness!

What is a CoC?

The Continuum of Care (CoC) Program is designed to:

- promote community wide commitment to the goal of ending homelessness.
- provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness.
- promote access to and effect utilization of mainstream programs by homeless individuals and families.
- optimize self-sufficiency among individuals and families experiencing homelessness.

What is a CoC?

Over 400 CoC's across the U.S.

Listing of all CoC's can be found here -

<https://www.hudexchange.info/resources/documents/fy-2018-continuums-of-care-names-and-numbers.pdf>

Champaign County is a single county CoC

20 CoC's throughout the state of Illinois

Why Were CoC's Created?

The McKinney-Vento Act of 1987 was the first major federal legislative response to homelessness.

CoC's were created as part of the 1994 amendment to the McKinney-Vento Act and developed for communities to apply to the Department of Housing and Urban Development (HUD) for competitive homeless assistance funding.

In 2009, President Obama signed The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) and from that regulations governing the CoC program were published in 2012.

HEARTH Act - CoC Responsibilities

Three primary CoC responsibilities:

- Operating the CoC
- Designating and operating an Homeless Management Information System (HMIS)
- CoC Planning

Operating the CoC

Conduct semi-annual meetings of the full membership

Issue a public invitation to new members, at least annually

Adopt and follow a written process to select a board

Appoint additional committees, subcommittees, or work groups

Develop and follow a governance charter detailing the responsibility of all parties

Operating the CoC

Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor the performance of recipients and subrecipients, evaluate outcomes, and take action against poor performers

Evaluate and report to HUD outcomes of ESG and CoC projects

Establish and operate a centralized or coordinated assessment system

Establish and follow written standards for providing CoC assistance

Designating and Operating a Homeless Management Information System (HMIS)

Designate a single HMIS

Select an eligible application to manage the CoC's HMIS

Monitor recipient and subrecipient participation in the HMIS

Review and approve, privacy, security, and data quality plans

CoC Planning

The CoC must:

Coordinate the implementation of a housing and service system within its geographic area

Conduct a Point-in-Time count of homeless persons, at least biennially

Conduct an annual gaps analysis

Provide information required to complete the Consolidated Plan(s)

Consult with ESG recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG recipients and subrecipients.

Applications and Grant Awards

CoC's are responsible for reviewing and approving the funding application and response to HUD's annual CoC Program Notice of Funding Availability (NOFA) for homelessness assistance resources.

CoC's must:

- Design, operate, and follow a collaborative process for developing applications and approving the submission of applications
- Establish priorities for funding projects in its geographic area

Who Can Apply for HUD CoC Funds?

Nonprofit organizations, State and local governments, instrumentalities of local governments, and public housing agencies

An eligible applicant must be designated by the Continuum of Care to submit an application to HUD for grant funds.

For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.

CoC Program Eligible Program Types

Permanent Housing (PH) (includes rapid re-housing and permanent supportive housing)

Transitional Housing (TH)

Joint TH and PH-RRH

Supportive Services Only

HMIS

CoC Planning Projects

Permanent Housing

Permanent housing (PH) is community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Under PH, a program participant must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month.

The CoC Program funds two types of permanent housing: permanent supportive housing (PSH) for persons with disabilities and rapid re-housing.

- Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
- Rapid re-housing (RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

Transitional Housing

Transitional housing (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing.

Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Supportive Services Only

The supportive services only (SSO) program component allows recipients and subrecipients to provide services to homeless individuals and families not residing in housing operated by the recipient.

SSO recipients and subrecipients may use the funds to conduct outreach to sheltered and unsheltered homeless persons and families, link clients with housing or other necessary services, and provide ongoing support.

SSO projects may be offered in a structure or structures at one central site, or in multiple buildings at scattered sites where services are delivered. Projects may be operated independent of a building (e.g., street outreach) and in a variety of community-based settings, including in homeless programs operated by other agencies.

Homeless Management Information Systems (HMIS)

Funds under this component may be used only by HMIS leads for leasing a structure in which the HMIS operates, for operating the structure in which the HMIS is housed, and/or for covering other costs related to establishing, operating, and customizing a CoC's HMIS.

Other recipients and subrecipients may not apply for funds under the HMIS program component, but may include costs associated with contributing data to the CoC's HMIS within their project under another program component.

HUD Policy Priorities for CoC's

Ending homelessness for all persons

- Developing housing and supportive services tailored to those with the highest needs and longest experiences of homelessness

Creating a systematic response to homelessness

- Using system performance measures to determine how effectively CoC's are in serving people experiencing homelessness

Strategically allocating and using resources

- Use cost, performance, and outcome data to determine effectiveness of programs

Using a Housing First approach

- Prioritize rapid placement in permanent housing and not have service participation requirements or pre-conditions to housing

HUD's Definition of Homelessness

Category 1	Literally Homeless	<p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ol style="list-style-type: none"> 1. Has a primary nighttime residence that is a public or private place not meant for human habitation; 2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or 3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
Category 2	Imminent Risk of Homelessness	<p>Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> • Residence will be lost within 14 days of the date of application for homeless assistance; • No subsequent residence has been identified; and • The individual or family lacks the resources or support networks needed to obtain other permanent housing

HUD's Definition of Homelessness

<p>Category 3</p>	<p>Homeless Under other Federal statutes</p> <p>**have to have HUD approval to use this category; our CoC does not have this approval</p>	<p>Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> • Are defined as homeless under the other listed federal statutes; • Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; • Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and • Can be expected to continue in such status for an extended period of time due to special needs or barriers
<p>Category 4</p>	<p>Fleeing/Attempting to Flee Domestic Violence (DV)</p>	<p>Any individual or family who:</p> <ul style="list-style-type: none"> • Is fleeing, or is attempting to flee, domestic violence; • Has no other residence; and • Lacks the resources or support networks to obtain other permanent housing

Homelessness Documentation

Category 1	Literally Homeless	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets in shelter; • For individuals exiting an institution – one of the forms of evidence above <u>and</u>: • Discharge paperwork <u>or</u> written/<u>or</u> referral, <u>or</u> • Written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution
Category 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individuals and families leaving a hotel or motel – evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing

Homelessness Documentation

<p>Category 3</p>	<p>Homeless under other Federal statutes</p> <p>**have to have HUD approval to use this category; our CoC does not have this approval</p>	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers
<p>Category 4</p>	<p>Fleeing/Attempting to Flee Domestic Violence (DV)</p>	<p>For victim service providers:</p> <ul style="list-style-type: none"> • An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and the lack resources; Statement must be documented by a self-certification by the intake worker. <p>For non—victim service providers:</p> <ul style="list-style-type: none"> • Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> • Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> • Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Chronically Homeless Definition

A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.

In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months.

Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

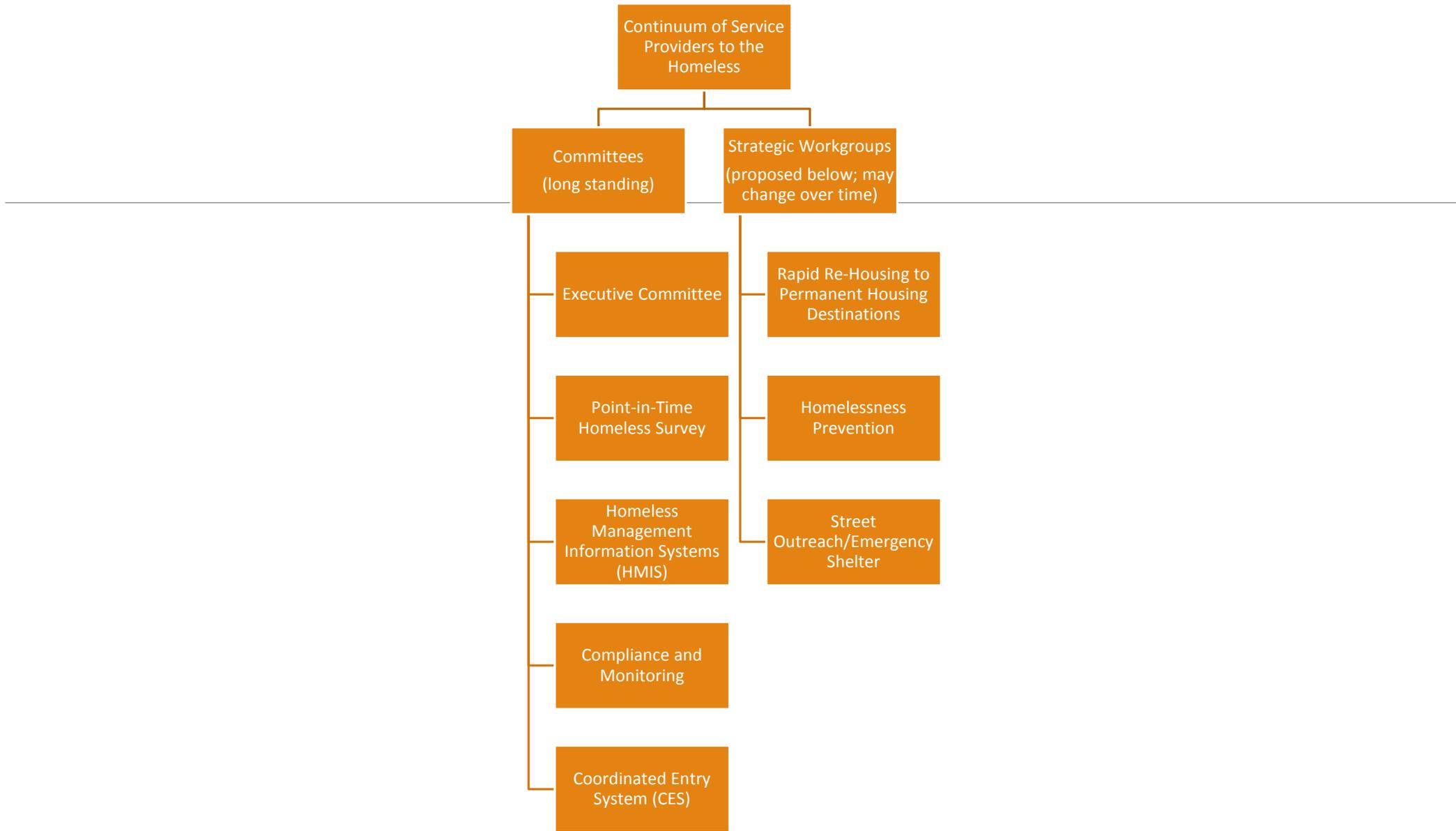
Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual.

Champaign County CoC

CONTINUUM OF SERVICES PROVIDERS TO THE
HOMELESS

History of Champaign County CoC

- 1990 – a local informal network of agencies providing services to the homeless (known as Council of Service Providers to the Homeless) formed Continuum of Care IL-503.
 - This was in response to a new HUD directive for a local decision-making body to plan and coordinate services and be responsible for the local application for HUD Continuum of Care Funding (NOFA).
- Group was structured through interagency memorandums of understanding (MOU).
 - Actively been meeting since that time to network, share information, conduct needs assessments, develop strategies for providing effective services, and applying for funding to support local initiatives and programming.
- Over the years requirements included activities such as developing 10 year plan to end chronic homelessness, identifying new projects for HUD funding, conducting annual Point-in-Time Count, managing Housing Inventory Count, implementing and managing a share Homeless Management Information System (HMIS) and maintaining Continuum records and policies.



Vision Statement

Champaign County Continuum of Care will...

- Reduce homelessness in Champaign County through the provision of accessible, supportive services that are client-centered and by:
 - Enhancing access via coordinated and/or centralized intake
 - Providing a comprehensive continuum of housing services
 - Engaging the community and business community
 - Improving regulatory environment (local, state/federal)

Governance Charter

Effective February 1, 2019

Article 1. Name

The name of the IL-503 Continuum of Care shall be the Continuum of Service Providers to the Homeless (hereinafter referred to as “Continuum”).

Article 2. Purpose

The mission of the Continuum is to end homelessness in Champaign County through a coordinated network of resources for individuals and families who are homeless or at-risk of becoming homeless; and it is the vision of the Continuum to reduce homelessness in Champaign County through the provision of accessible, supportive services that are person-centered and by enhancing access via coordinated and/or centralized intake, providing a comprehensive continuum of housing services, engaging the community and business community, improving regulatory environment (local, state/federal).

CoC Governance Charter

Article 3. Board Membership

Continuum board members include local, state or federal agencies and businesses that have a vested interest in serving the homeless of Champaign County, agencies and organizations and/or individuals who are currently or formerly homeless located in Champaign County that have an interest in prevention of homelessness, and which have signed a memorandum of understanding for Continuum membership.

Continuum board members have a shared responsibility to ensure representation on the continuum of individuals who are currently or formerly homeless.

Continuum board members are expected to contribute the following to the Continuum:

- Regular meeting attendance
- Willingness to serve on and/or lead Workgroups of the Continuum
- Willingness to contribute positively to Continuum business

Continuum board membership will continue under the following conditions:

- An active Memorandum of Understanding (MOU) between the agency and the Continuum
- Must attend a minimum of three meetings in the most recent 12 months. In the case of the loss of an agency member, the Continuum should make an effort to request a new representative of that agency to maintain Continuum membership
- Compliance with the Code of Conduct as indicated on the MOU

Governance Charter

Article 4. Affiliates

Continuum affiliation is open to any entity that is willing to actively participate in collaborative planning and/or implementation workgroups focused on issues of individuals and families who are homeless or at-risk of becoming homeless.

Individuals who are currently or formerly homeless are encouraged to participate in the Continuum's activities.

Governance Charter

Article 5. Voting

Continuum board membership shall vote on:

- Governance Charter and amendments to the Governance Charter of the Continuum
- Strategic policies and decisions that affect the Continuum's activities
- All funding decisions that are designated through the Continuum

Voting eligibility

- Continuum board members are eligible to vote, provided that they have attended at least three of the previous five Continuum meetings.
- Continuum board members receive one vote per agency. Agencies are responsible for designating whom from their organization will vote if multiple representatives are present.

For the purposes of voting, a quorum consists of fifty-one percent (51%) of the eligible voting members of the Continuum. Members will abstain from voting on issues where there is a conflict of interest.

Where possible, voting shall occur in Continuum of Care meetings. Electronic voting (soliciting, casting, and collecting of votes) will be acceptable for time-sensitive concerns. The Chair will be responsible for maintaining records of the electronic voting.

Governance Charter

Article 6. Continuum of Care Executive Committee and Officers

Article 6a. Purpose and Responsibilities of Continuum of Care Executive Committee

The Continuum of Care Executive Committee shall exist to facilitate all administrative responsibilities of the Continuum, as well as to address and respond to issues facing the Continuum that are time-sensitive, with the authority of the Membership. Continuum of Care Executive Committee members shall, at all times, ensure they represent the Membership accurately through regular communication, including but not limited to regular Continuum meetings, Continuum of Care Executive Committee meeting minutes, e-mail lists, and arrangements for special meetings.

The responsibilities of the Continuum of Care Executive Committee include:

- planning the agenda for and chairing the Continuum meetings
- representing the Continuum to the public
- ensure Continuum compliance with relevant regulations
- maintain a detailed document of responsibilities for continuity purposes
- providing other oversight as necessary to accomplish the Continuum's goals

Governance Charter

Article 6b. Continuum of Care Executive Committee Members

The Executive Committee of the Continuum will consist of appointed members of the CDBG entitlement communities in Champaign County, the Veterans Administration, the Housing Authority of Champaign County, and all organizations that are a direct recipient of Continuum of Care and/or Emergency Solutions Grant funding.

As of January 2019, each of the following entities will appoint a staff member from the organization to serve on the Continuum of Care Executive Committee:

- Champaign County Regional Planning Commission
- City of Champaign
- City of Urbana
- Courage Connection
- Housing Authority of Champaign County
- Rosecrance
- Village of Rantoul
- Veterans Administration

The aforementioned entities are responsible for determining whom within their organization will serve on the Executive Committee. If an Executive Committee member leaves mid-term, it is the responsibility of the organization to appoint another individual from their organization to serve on the Executive Committee. The Continuum of Care Board reserves the right to appoint two (2) at-large members to represent currently or formerly homeless individuals.

Executive Committee. The Continuum of Care Board reserves the right to appoint two (2) at-large members to represent currently or formerly homeless individuals.

Governance Charter

Article 6c. Appointment of Officers

The Continuum of Care Executive Committee will appoint from within itself any open positions for Chairperson, Vice Chairperson, and Secretary. If there are no volunteers within the Executive Committee to serve as chair, after serving on the Executive Committee for more than one year, Executive Committee members will be required to serve as Chairperson at least one time every seven years. The officer terms are for one (1) year terms with the Vice Chairperson assuming the Chairperson position at the end of the Chairperson's one-year term.

Governance Charter

Article 7. General Meetings

Continuum business shall be conducted monthly at a location and time designated by the Continuum membership. The meeting agenda and minutes of the previous meeting shall be made available to all members at least five (5) business days prior to each Continuum meeting. Executive Committee meeting dates and locations will be listed on the Continuum agendas and are open to the public.

Governance Charter

Article 8. Committees and Workgroups

Committees and workgroups will be appointed by the Continuum Chairperson, to meet as needed, and may consist of both Continuum members and non-members as necessary to accomplish the business of the Continuum, including monitoring progress on the Continuum's priorities, drafting documents representing the Continuum's positions and plans, and performing activities to meet the Continuum's goals. Each committee or workgroup will select a Chair to act as facilitator. Regular business of the Continuum may call for committees or workgroups regarding:

- Coordinated Entry System Committee (CES)
- Point-in-Time Homeless Survey
- Homeless Management Information Systems (HMIS)
- Compliance and Monitoring Committee
- Strategic Workgroups
- Other Continuum Initiatives

Participants in the Compliance and Monitoring Committee must be from non-Continuum of Care funded agencies.

Governance Charter

Article 9. Meeting Minutes

The Continuum and all its committees and workgroups will produce minutes as part of all their meetings. This is to ensure documentation of the meeting for those unable to attend or other interested parties. No meeting shall fail to have minutes produced. The Continuum's Secretary or a designated proxy will take minutes. The Chair of the Board is responsible for maintenance of all minutes. Chairs of committees and workgroups are responsible for ensuring minutes are completed for their meetings and provided to the Chair of the Board within two weeks of the meeting. The Chair of the Board is then responsible for distribution to the Continuum.

At a minimum, each set of meeting minutes will include:

- A record of the date, time (start and end), and location of the meeting
- A record of who was in attendance
- All salient content to the meeting; if there is an agenda, minutes should reflect content for each agenda item
- Records of motions, seconds, relevant discussion, and vote results / totals (as appropriate)
- Records of assigned action items for Continuum members

Members (or their designated proxies) taking minutes should be mindful of future use of the minutes as historical documents. Minutes should be clear and easy to read.

All members reserve the right to request specific content to be reflected in the minutes.

Meeting minutes should be produced in a manner that allows for quick review by the Continuum (while the meeting is still current in memory) and the general public. Minutes from each workgroup need to be sent to the Executive Committee within two weeks of each meeting.

Governance Charter

Article 10. Amendments to Governance Charter

Any voting member of the Continuum may propose an amendment to the existing Governance Charter by written submission to the Continuum Chair. The Continuum of Care Executive Committee will review and make a recommendation of approval/denial to the general membership.

Member Organizations

As of August, 2019

1. American Legion Auxiliary Unit 24
2. Austin's Place
3. Champaign County Regional Planning Commission
4. Champaign Urbana Public Health District
5. Child Care Resource Service
6. City of Champaign
7. City of Champaign Township
8. City of Urbana
9. Community Service Center of Northern Champaign County
10. Courage Connection
11. Crisis Nursery
12. CU at Home
13. Cunningham Children's Home
14. Cunningham Township
15. Developmental Services Center
16. Faith United Methodist Church
17. First Followers
18. Greater Community AIDS Project
19. Hope Center of Vineyard Church
20. Housing Authority of Champaign County
21. OSF Community Resource Center
22. Regional Office of Education #9
23. Rosecrance
24. Salvation Army
25. United Way of Champaign County
26. The Pavilion
27. The UP Center of Champaign County
28. VA Illiana Health Care System
29. Village of Rantoul

Memorandum of Understanding

This is a memorandum of understanding among the member organizations of the Continuum of Service Providers to the Homeless, which serves Champaign County and three entitlement communities in Central Illinois. The entitlement communities served are the Cities of Champaign and Urbana, and the Village of Rantoul.

WHEREAS the Continuum of Service Providers to the Homeless (CSPH) serves as the IL503 Champaign-Urbana-Rantoul-Champaign County Continuum; and

WHEREAS it is the mission of the Continuum to end homelessness in Champaign County through a coordinated network of resources for individuals and families who are homeless or at-risk of becoming homeless; and it is the vision of the Continuum to reduce homelessness in Champaign County through the provision of accessible, supportive services that are client-centered and by enhancing access via coordinated and/or centralized intake, providing a comprehensive continuum of housing services, engaging the community and business community, improving regulatory environment (local, state/federal); and

Memorandum of Understanding

WHEREAS the basic strategy for achieving this goal is to develop a widespread network of service providers located throughout the Continuum with a strong case management component that will link homeless individuals and families coming from the street and emergency shelter to the supportive services needed; and

WHEREAS, each member organization recognizes the need for a continuum of services to better meet the needs of homeless persons and have come together for that purpose in forming the Council of Service Providers to the Homeless; and

WHEREAS, each member organization agrees to participate in the Continuum to assess the needs of homeless persons within this geographic area and to work together to provide services to meet those needs; and

WHEREAS, each member has a history of working with private, local, state, and/or federal funding programs to meet the needs of homeless persons within its respective area; and

Memorandum of Understanding

WHEREAS, various funding sources require collaborative efforts such as the CSPH as a prerequisite for funding; and

WHEREAS, each member organization recognizes the needs of homeless persons and the need for ongoing collaborative service and programming to meet those needs within the Continuum's geographic area; and

WHEREAS, given the ongoing need for services to homeless persons that exist within the IL-503 Continuum of Care, Continuum of Care funds available through the U.S. Department of Housing and Urban Development are needed for this entire geographic area to meet those needs,

Memorandum of Understanding

THEREFORE, recognizing the continuing need for services and the value of collaborative initiatives within the geographic area, inclusive of the three entitlement communities, member organizations hereby agree that

1. the Continuum of Service Providers to the Homeless (CSPH) is a workable collaboration that has been effective in meeting the needs of homeless persons within its geographic area; and
2. ongoing collaborations require careful planning and continued access to Continuum of Care funds; and
3. each member organization shall participate in the CSPH; and
4. each member organization shall subscribe to the CSPH's governance charter and code of conduct.

Code of Conduct

The successful operation of the Continuum of Service Providers to the Homeless is built upon the principles of fairness and ethical conduct of its members. To that end, it is expected that:

member organizations will comply with all applicable laws and regulations, and will conduct business in accordance with the letter, spirit and intent of applicable laws,

member organizations will disclose all conflicts of interest as soon as discussion ensues on a topic where such a conflict exists and abstain from voting on any Continuum matter where such a conflict exists,

member organizations will not exploit relationships with clients for personal advantage,

member organizations will work for the best interests of clients experiencing homelessness,

member organizations will support interagency cooperation and service coordination among providers of services for homeless persons.

FY18 Funded Projects

\$724,099 = total amount received by Continuum

Agency Name	Project Type	Project Name	Funding Amount
CCRPC	SSO (renewal)	Consolidated Centralized Intake	\$56,690
CCRPC	HMIS (renewal)	HMIS	\$32,157
CCRPC	Planning	CoC Planning	\$20,785
CCRPC	PH (renewal)	Shelter Plus Care I	\$318,491
CCRPC	PH (renewal)	Shelter Plus Care III	\$42,415
CCRPC	PH (renewal)	PSH – Physical Disabilities	\$48,869
Courage Connection	PH-RRH (new)	DV Rapid Re-Housing	\$51,128
Rosecrance	PH (renewal)	PHACT	\$153,564

Housing Inventory Count

Organization Name	Project Name
1st. United Methodist Church	Austin's Place
CCRPC	Emergency Shelter for Families
Champaign County Regional Planning Commission	PSH-PD
Champaign County Regional Planning Commission	Shelter + Care I
Champaign County Regional Planning Commission	Shelter + Care III
City of Urbana	Transitional Housing for Homeless Families with Children
Courage Connection	DV Shelter - Emergency
Courage Connection	Evans/Forbes Homeless Families in Transition
Courage Connection	Presby House
Courage Connection	Unlimited Possibilities
Crisis Nursery	Safe Children Program
C-U @ Home	Family House
C-U @ Home	Recovery House
C-U @ Home	Women's House
C-U @ Home	Step Above House
CU Men's Emergency Shelter	Men's Emergency Shelter
Greater Community AIDS Project	Champaign House
Housing Authority of Champaign County	VASH-Champaign County
Rosecrance	PHACT
Salvation Army	Shelter Voucher Program
Salvation Army	SSVF-RRH

Strategic Work Groups

Workgroup #1: Rapid Re-Housing to Permanent Housing Destinations

Tasked to address system performance measures 1, 2, and 4

- SPM 1: Length of time persons remain homeless (looks at the average and median length of time that people spend in homeless situations and then looks to see if that time period is getting shorter, staying the same, or getting longer).
- SPM 2: The extent to which persons who exit homelessness to permanent housing destinations return to homelessness looks at the percentage of persons that exit to permanent housing destinations and return to homelessness within 6 to 12 months and 24 months).
- SPM 4: Employment and income growth for homeless persons in CoC program-funded projects (looks at the extent to which participants in CoC program-funded projects increase employment and other forms of cash income (this does not include non-cash incomes sources such as SNAP)).

Suggested tasks: project prioritization of chronically homeless, follow up services, placement processes, use of centralized intake, landlord relationships, CoC projects discharge policies and procedures, what is being done to assist clients in gaining income, what resources are currently available, what is needed, Workforce development involvement with homeless individuals

Strategic Work Groups

Workgroup #2: Homelessness Prevention

Tasked to address system performance measures 3 and 5

- SPM 3: Number of homeless persons (looks at changes to the total number of homeless persons in your CoC by looking at data from both the PIT count and HMIS).
- SPM 5: Number of persons who become homeless for the first time (looks at first time homelessness with your CoC (does this by looking at persons who have not been served by your community homeless system in the two years prior to an entry in that system)).

Suggested tasks: how people are experiencing homelessness, what prevention efforts are currently taking place, risk factors of becoming homeless, HMIS data quality, PIT count procedures

Strategic Work Groups

Workgroup #3: Street Outreach / Emergency Shelter

Tasked to address system performance measure 7

- SPM 7: Successful placement from street outreach (looks at the success of street outreach projects in placing people experiencing homelessness into housing, as well as the success projects have at exiting clients to (or retaining placement in) permanent housing).

Suggested tasks: what street outreach is currently being done, how are clients being directed to services and/or permanent housing, connection to services from PIT count, veterans street outreach

Coordinated Entry

- Coordinated Entry is designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness.
- Coordinated Entry is designed to:
 - Allow anyone who needs assistance to know where to go to get assistance, to be assessed in a standard and consistent way, and to connect with the available housing/services that best meet their needs;
 - Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;
 - Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
 - Ensure that clients gain entry as efficiently and effectively as possible to the available type of intervention most appropriate to their immediate and long-term housing needs;
 - Ensure that people, based on prioritization criteria set forth in this manual, have access to scarce housing resources in our community.

Coordinated Entry

Before Coordinated Entry	After Coordinated Entry
Project-centric	Person-centric
Different forms and assessments for each organization or small subgroup of projects	Standard forms and assessments used by every project for every participant
Ad hoc referral process between projects	Community agreement on how to triage based on the household's needs
Uneven knowledge about available housing and service interventions in the CoC's geographic area	Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance

Centralized Intake

- Locally, Centralized Intake is a CoC funded project and is one type of access model under coordinated entry.
- We currently do NOT have a no wrong door approach model for accessing homeless services.

Coordinated Entry Access Models

	Single Point of Access	Multisite Centralized Access	No Wrong Door	Assessment Hotline
Site Location	Centralized	Located at population centers; high-volume providers, and possibly separated by subpopulation	All existing providers	Telephone based or Internet
Number of Access Points	1	Variable, based on geography (2 to 4)	Many	1 telephone number or website access through Internet
Services Offered	Primarily access and assessment; may include triage services, or other mainstream services	Primarily access and assessment; may include the services of co-located provider; may be targeted to one of several subpopulations	Access, at least limited assessment, referrals, and the standard services from each provider	Access to the homeless system, often includes access to mainstream services; limited assessment capability
Operating Entity, Staffing	Permanent independent access specialists; may be shared staff of a central shelter or other organization	Mobile or permanent independent access specialists or shared staff of co-located providers	Independently operated by each provider	Local 211 or other designated hotline agency
Hours of Operating	Hours of the central location	Hours of each access site	Hours depend on and vary with each provider	Typically 24-hour operation, 7 days a week

Faith Based Organizations and the CoC

What Can CoCs Do?

- Make a concerted effort to engage those faith-based organizations currently serving on your CoC. Develop a faith-based subgroup that strategically engages additional organizations and community members in the CoC process. This is particularly important for engaging organizations that do not receive HUD funding and may not see the value to their participation.
- Work with faith-based organizations to strategically map out available resources (e.g., partnerships, volunteers, advocacy base) and connections that could help to fill local gaps in services.
- Change the narrative about emergency shelter. Faith-based organizations provide important crisis services throughout the country. CoCs should be mindful about language that may demean or devalue the important work of faith-based organizations in this area.

What Can Faith-based Organizations Do?

- Educate CoCs about what specific services, including other resources and partnerships, their organizations can provide to the community. Participate in a strategic discussion about how these resources can or already do fill existing gaps.
- Strengthen their engagement in the CoC governance process.
- Break down silos within the local faith-based community. Partnering with other local faith-based organizations can encourage a broader community and faith-oriented discussion about ending homelessness.

Continuum Annual Schedule

January – Point-in-Time (PIT) count

March – Emergency Solutions Grant (ESG) applications due

April – Enter PIT/Housing Inventory Count (HIC) into Homelessness Data Exchange (HDX)

August – Notice of Funding Availability (NOFA) due

Abbreviation Guide

CoC = Continuum of Care

CSPH = Continuum of Service Providers to the Homeless

DV = Domestic Violence

ES = Emergency Shelter

ESG = Emergency Solutions Grant

HIC = Housing Inventory Count

HMIS = Homeless Management Information Systems

HUD = Department of Housing and Urban Development

Abbreviation Guide

MOU = Memorandum of Understanding

NOFA = Notice of Funding Availability

RRH = Rapid Re- Housing

PH = Permanent Housing

PIT = Point in Time Count

PSH = Permanent Supportive Housing

SO = Street Outreach

SSO = Supportive Services Only

SPM = System Performance Measures

TH = Transitional Housing

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