NY-603 Long Island Continuum of Care Guidance Series

2017-2018



CoC Orientation

**What is A Continuum of Care?**

A Continuum of Care (CoC) is a local planning body that coordinates housing and services for homeless people in a specific region. There can be only one CoC within a specific geography, and that CoC must determine a lead agency to manage its Homeless Management Information System (HMIS), submit its annual application for funding to HUD, and monitor CoC-funded program performance. In Nassau and Suffolk Counties, the Long Island Coalition for the Homeless (LICH) is the CoC lead. As the CoC lead, LICH oversees the region’s HMIS, submits the annual application for McKinney-Vento funding from HUD, and monitors the performance of Rapid Rehousing and Permanent Supportive Housing programs in the region.

The CoC represents the needs of every subpopulation of homeless people, and unites providers, community partners, and key regional stakeholders around the common goal of ending homelessness. Ending homelessness requires the development of a multi-pronged, comprehensive plan. The CoC Governance Board determines this community plan, which guides the efforts of the general CoC membership (namely, providers) and CoC Committees.

**CoC Governance Board**Long-term strategic planning; carrying out mission, vision, goals; completing funding applications, determining CoC-wide policies/procedures

**CoC Committees**Purposeful working groups focused on specific initiatives, such as ending youth homelessness, landlord engagement, etc.

**General CoC Membership**
Providers, Stakeholders, & Community Partners united to end homelessness

**What Responsibilities must a Continuum of Care carry out?**
As per the CoC Interim Rule:

§ 578.7 Responsibilities of the Continuum of CareOperate the Continuum of CareThe Continuum of Care must:

1. Hold meetings of the full membership, with published agendas, at least semiannually;
2. Make an invitation for new members to join publicly available within the geographic at least annually;
3. Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;
4. Appoint additional committees, subcommittees, or workgroups;
5. Develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with the CoC Interim Rule; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;
6. Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action[[1]](#footnote-2) against poor performers;
7. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;
8. In consultation with recipients of Emergency Solutions Grants program funds, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers.
9. In consultation with recipients of Emergency Solutions Grants program funds, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
* Policies and procedures for evaluating individuals‘ and families‘ eligibility for assistance
* Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
* Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
* Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
* Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

Designating and operating an HMISThe Continuum of Care must:

1. Designate a single Homeless Management Information System (HMIS) for the geographic area;
2. Designate an eligible applicant to manage the Continuum‘s HMIS, which will be known as the HMIS Lead;
3. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
4. Ensure consistent participation of recipients and subrecipients in the HMIS; and
5. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

Continuum of Care planningThe Continuum must develop a plan that includes:

1. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
* Outreach, engagement, and assessment;
* Shelter, housing, and supportive services;
* Prevention strategies.
1. Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:
* Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
* Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
* Other requirements established by HUD by Notice.
1. Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
2. Providing information required to complete the Consolidated Plan(s) within the Continuum‘s geographic area;
3. Consulting with State and local government Emergency Solutions Grants program recipients on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.

**Why is a Continuum of Care important?**
The COc assesses capacity and identifies gaps
Continuum of Care planning provides communities with an opportunity to step back, critically assess capacity, and develop solutions to move homeless people toward permanent housing and self-sufficiency.

The CoC Focuses on proactive strategies, rather than reactive
Continuum of Care planning helps communities look comprehensively at new Federal and State mandates, changing demographics, and regional trends in order to plan out a proactive, rather than reactive, response.

THE COC provides a united goal and vision
Continuum of Care planning helps communities develop a common vision and a set of common goals.

CoC Vision: The CoC envisions a community in which all members have access to safe, decent, and appropriate housing options. Further, those who face barriers to housing are given the support they need to obtain housing and remain permanently housed.

CoC Objectives:

* Improving access to housing and supportive services through a coordinated entry system with community-wide visibility
* Ending chronic homelessness by 2017
* Expanding the capacity of our network to house the chronically homeless through the creation of more permanent supportive housing units
* Ending youth and family homelessness by 2020
* Expanding the capacity of our network to rapidly rehouse individuals and families through the creation of more rapid rehousing units
* Collaborating with community stakeholders and legislators in our region to ensure that the needs of homeless individuals and families are prioritized

the coc coordinates services and provides linkages
In traditional models, homeless services operate on a first-come, first served basis, and efforts to help those in need are fragmented. Continuum of Care planning helps providers identify ways of coordinating and linking resources to effectively and efficiently house homeless people.

the coc fosters community “buy-in”
Continuum of Care planning ideally involves stakeholders outside of the traditional homeless system with the goal of educating these stakeholders and getting them to become part of the solution.

The coc ensures competitiveness for hud funds
Comprehensive and inclusive Continuum of Care planning makes communities highly competitive in their submission for McKinney-Vento funding through HUD and allows for leveraging of other critical resources outside of the federal government.

 **Key Factors for an Effective CoC**
Long-term vision
The problems of homelessness are complex and will need to involve long-term solutions and considerable planning to ensure that all those in need have access to housing and services.

SMART planning and goal setting
Complex problems require well-developed plans to reach goals. The CoC Community Plan should be linked directly to community needs and identified priorities, while balancing policy mandates and stakeholder input. A Continuum of Care should incorporate SMART goals to into its community plan.

SMART goals are:
Specific
Measureable
Attainable
Realistic
Time-bound

Comprehensive and collaborative approaches
A Continuum of Care system should address and deal with all major homeless populations and involve all housing and service options available in the region. The CoC should be designed to meet the unique needs of subpopulations while also developing regional capacity and engaging community members.

**LICH: ORGANIZATION V. COC LEAD**

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| **LICH-organizational roles**  | **LICH-COC lead roles**  |
| Events-Backpack Pirates, Candlelight Vigil, On-site Gardening/Cooking Club  | Monitor CoC-funded program performance, set benchmarks, offer guidance/training  |
| Education-Keys for the Homeless Conference | Collaborative Applicant for CoC Program Competition Funds  |
| Clearinghouse-Boutique for homeless and agency distributions of clothing, housewares, food, and toiletries  | HMIS lead, Oversee Point-in-Time count for Annual Homeless Assessment to Congress  |

 **LICH STAFF ROLES & RESPONSIBILITIES**

**Greta Guarton, Executive Director,** 631-464-4314 X 113gguarton@addressthehomeless.org

-CoC Funding and Governance

-HUD Updates

-ESG Funding

-Consolidated Plans

-CoC Governance Board

-Grant Support Letters

**Mike Giuffrida, Associate Director**, 631-464-4314 X 111
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-CoC Governance

-CoC Committees

-Opening Doors- P1 Veterans Committee, CoC Youth Engagement Taskforce, Coordinated Entry Committee (CH)

-By-Name List Management- Veterans, Chronic Homeless, Youth, Families, VDV

-PIT/HIC Reports

**Wayne Scallon, HMIS Support Supervisor**, 631-464-4314 X 115
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-HMIS Agreements

-HMIS Trainings

-Data Management Committee

-Coordinated Entry- AWARDS system functionality

-Annual Homeless Assessment Report (AHAR)

**Roxzelle Bannerman-Martin, HMIS Support Specialist,** 631 464-4314 x 112rbannerman@addressthehomeless.org

-HMIS Helpdesk

-HMIS Trainings

-HMIS Data Quality

-Monthly Housing Inventory Reports

**Gabrielle Fasano, CoC Compliance Manager**, 631-464-4314 x 125 gfasano@addressthehomeless.org

-CoC Governance related to CoC Policies and Procedures

-CoC Trainings/Compliance -Coordination of Certain Committees

**Sabrina Osmani, Coordinated Entry Manager,** 631-464-4314 x120sosmani@addressthehomeless.org

-Vacancy reporting -Management of by-name lists

-Coordinated entry referrals

**Allison Eberle, Community Support Specialist, 631-464-4314 x121**aeberle@addressthehomeless.org
-Community Training -Regional lead for SOAR Training

**Lynette Singh, Case Manager, 631-464-4314 x119**lsingh@addressthehomeless.org

-Housing readiness documentation for clients being referred to housing and services

-Service linkage

**Dana Mariani, Case Manager, 631-464-4314 x114**dmariani@addressthehomeless.org

-Housing readiness documentation for clients being referred to housing and services

-Service linkage

**Ksusha Cascio, Community Engagement Specialist,** 631-464-4314 x 123 kcascio@addressthehomeless.org

-LICH events and drives

-LICH volunteer opportunities

-LICH website and social media

-LICH donations/Boutique

**Micheline Coley, Office Manager/Bookkeeper**, 631-464-4314 x 117 mcoley@addressthehomeless.org

-All LICH billing and invoice questions

-LICH memberships

**Common CoC Acronyms**

AH Affordable Housing

AHAR Annual Homeless Assessment Report

APR Annual Performance Report

ARD Annual Renewal Demand

CH Chronically Homeless

COC Continuum of Care

CPD Community Planning & Development

CPS Child Protective Services

DSS Department of Social Services

DV Domestic Violence

ESG Emergency Solutions Grant

EH Emergency Housing

FMR Fair Market Rent

GPD Grants and Proposal Development

HEARTH Homeless Emergency Assistance and Rapid Transition to Housing

HMIS Homeless Management Information Systems

HOME Home Investment Partnership Programs

HOPWA Housing Opportunities for Persons with AIDS

MI Mental Illness

NOFA Notice of Funding Availability

PATH Projects for Assistance in Transition from Homelessness

PH Permanent Housing

PIT Point-In-Time Count (refers to annual count of homeless people in the region)

PSH Permanent Supportive Housing

RFP Request for Proposal

RRH Rapid Rehousing

S+C Shelter Plus Care

SA Substance Abuse

SHP Supportive Housing Program

SPMI Severe and Persistent Mental Illness

SSD/SSDI Social Security Disability/ Social Security Disability Insurance

SSI Social Security Income

SSVF Supportive Services for Veteran Families

TH Transitional Housing

VASH HUD-VA Supportive Housing Program

WIC Women Infants Children (nutrition program)



\*More information on CoC committees can be found at the CoC website

1. Action may include: creating plans to resolve performance issues, offering technical assistance and support, or other implementing other measures as deemed appropriate by the Governance Board. [↑](#footnote-ref-2)