NorCal Continuum of Care ™

All NorCal CoC Member Meeting
April 18, 2024
1:30 pm to 3:00 pm
1644 Magnolia Ave., Aspen Room
Redding, CA 96001

4/18 - Aspen Room (Shasta County Office of Education)

Join Zoom Meeting
https://us06web.zoom.us/j/84089782344?pwd=aa9ZuTYnuCKmi4spIjvOn2TEZa7PBl.1

Meeting ID: 840 8978 2344
Passcode: 854971
1(669)444-9171

Teleconference locations:

Sierra County Behavioral Health
706 Mill Street
Loyalton, CA 9611

Del Norte County Health and Human Services
455 K Street
Crescent City, CA 95531

Teach I.N.C
112 E 2nd Street
Alturas, CA 96101

Lassen County Health and Social Services
1445 Paul Bunyan, Suite B
Susanville, CA 96130

Siskiyou County Behavioral Health
2060 Campus Dr.
Yreka, CA 96097

Plumas County
PCIRC
591 Main Street
Quincy, CA 95971

Executive Board Members

Kristen Schreder,
County of Shasta, Chair

Sarah Collard,
County of Siskiyou, Co-Chair

Grace Poor
County of Lassen

Cathy Rahmeyer,
County of Plumas

Carol Madison,
County of Modoc

Sheryll Prinz-McMillan,
County of Sierra

Michael Coats,
County of Del Norte

To Address the Board: Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. You may submit your public comment via email to norcalcoc@cityofredding.org that will be read into the record.

1. **Call to Order/Quorum Established/Introductions**

2. **Public Comments (limited to 3 mins. per comment)**
   Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.

3. **Collaborative Applicant presentation from Teddie Pierce with Decipher HMIS**
   Debrief and discussion on the NorCal CoC score, trend and recommendation for improvement.
   Attachment A – Presentation

4. **Governance Charter presentation from Chanita Jackson with Technical Assistance Collaborative**
   Presentation and discussion regarding HUD Technical Assistance with Governance Charter rewrite
   Attachment B – Presentation

5. **HMIS Presentation from United Way of Northern California**
   Presentation and discussion on HMIS updates, improvement and successes.

6. **Discussion Item(s)**
   I. **HHAP 4 eligible use priories to develop NOFA**
      Attachment C - Eligible Uses Sheet
   II. **NorCal CoC (Seven County) PIT Coordinator**
       Receive input from CoC Advisory Boards, PIT Committee
       Continue to discuss roles and responsibilities

7. **NorCal CoC Members – County Updates**

8. **Adjournment**

If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. You may contact the City of Redding Housing Division at (530)225-4048 for disability-related modifications or accommodations, including auxiliary aids or services, in order to participate in the public meeting.

Next Executive Board Meetings
May 16, 2024 1pm – 3pm
Redding City Hall, Enterprise Conference Room

NorCal Continuum of Care CA-516

Continuum of Care Competition Application
HUD Debriefing Update
April 18, 2024

CoC Competition Key Terms

Preliminary ProRata Need (PPRN) – amount of funds a CoC 'could' receive based on the HUD approved geography determined to belong to a particular CoC

Annual Renewal Demand (ARD) – Annual Renewal Demand dollar amount based on the budgets for each <u>existing</u> project that can be <u>renewed</u> for approved homeless project types

Final ProRata Need (FPRN) – Either the same as the Preliminary Pro Rata Need (PPRN) or the estimated Annual Renewal Demand (ARD), whichever is higher and a key for determining how much funding a CoC will be eligible to apply for

Eligible CoC Project Types

- Permanent Housing (Rapid ReHousing, Permanent Supportive and Other Permanent Housing)

- Transitional Housing

- Supportive Services Only

- Homeless Management Information System (HMIS)

- Homeless Prevention

- CoC Planning Grant (not included in the competitive aspect)

- CoC Bonus Funding – varies year over year, but typically related to a subpopulation, the best way to create the ARD factor

Project Priority Listing (legacy)

Tier 1 Projects (aka funding safety zone)

1. Housing Partner II (Permanent Supportive Housing) $269,750
2. Homeless Management Information System $ 30,000
3. Coordinated Entry (Services) $ 61,809 ($5,712 of the CES Grant placed in Tier 2, so net amount in Tier 1 for CES is $56,097)

Tier 1 Funding Amount cap was **$355,847,** total Renewal projects equaled $361,559 so $5,712 was placed into the 7% risk factor (Tier 2) per to the Rating/Ranking Committee

Note: Annual Planning Grants are not rated, ranked or prioritized, HMIS and Coordinated Entry are not rated but are ranked

About the CoC Application Process (legacy)

-responses reliant on what actually has been accomplished (and can be spoken to), not what the CoC may be planning

-completing application questions involved extensive discovery & research, especially for a multi-county CoC with a large geography

-HUD's closing the gap on being able to claim a CoC will do something in the future, NOFA looks for evidence of what's happened over the past funding year and system improvements

-HUD delivers policy changes that can be 'administration' dependent

-The System Performance Measures indicate how well the CoC infrastructure is supporting key areas like reductions in first time homelessness

-State of CA relies on CoC's for many of the same approaches including Housing First and will be tightening their expectations through the next HHAP rounds

HUD Debriefing Reports (legacy)

This document summarizes the scores HUD awarded to the Continuum of Care (CoC) Application your CoC submitted during the Fiscal Year (FY) 2022 CoC Program Competition and is divided into three sections:

1. **High Priority CoC Application Questions**;
2. **CoC Scoring Summary**–on the five sections of the application; and
3. **Overall Scores for all CoCs**–including highest and lowest scores.

We organized sections 1 and 2 like the CoC Application. We included FY 2022 CoC Program Notice of Funding Opportunity (NOFO) references in the CoC Application so that you could reference the question to the NOFO, where applicable.

1. High Priority CoC Application Questions

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
1D. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations			
1D-2. Housing First–Lowering Barriers to Entry. **1D-2a. Project Evaluation for Housing First Compliance.**	VII.B.1.i.	10	8
1D-3. Street Outreach–Scope. Describe in the field below: 1. your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	VII.B.1.j.	3	0

Year Over Year Comparison Mapping (custom)

NorCal Continuum of Care

Analysis of CoC Application Debriefs
Competition Years 2018-2023 (no competition held 2020)
Last Update: March 31, 2024

Note: between NOFO years there are
which may result in rewordings or res
altogether (which makes this analysis

Response ID(s)	NOFO Section '22	2023			2022		
		Max Points	Received Po	Percent Avai	Max Points	CoC Receiv	Percent Av
1D-2. & 4A-2 Housing First - Lowering Barriers to Entry and Adherence for F	VII.B.1.i	10	8.5	85%	10	8	80%
1D-2a. Project Evalution for Housing First Compliance							
1D-3 Street Outreach Scope & Coverage	VII.B.1.j.	3	0	0%	3	0	0%
1D-5. RRH Beds as reported in HIC (looking for increase)	VII.B.1.1	9	0	0%	10	10	100%
1D-7. Increased capacity for non-congregate shelting	VII.B.1.n	1	1	100%	1	1	100%
1D-8. & a. Partnerships with Public Health Agencies to prevent infectous dis	VII.B.1.o.	5	5	100%	5	0	0%
1D-10 a-d. Promoting Racial Equity.Conduct Assessment	VII.B.1.q.	7	6.5	**93%**	7	4.5	64%
1D-11 a-c. Involvement and participation of persons with lived experience,	VII.B.1.r	5	3.5	**70%**	3	1.5	50%
1E-2. 1E-2b & 1E-2b - Project Review & Ranking Process Used	VII.B.2.a, 2.b, 2.c, 2.d	21	16	**76%**	21	19	90%
1E-2. Severity of needs and vulnerabilities taken into consideration during r	n/a						
2A-5. Bed Coverage Rate using HIC and HMIS (later comparable db)	VII.B.3.c	4	0.5	**13%**	4	0	0%
2A-6. LSA Submission to HUD by deadline	VII.B.3.e	2	1	50%	2	2	100%
2C-1. Reduction in number of first time homeless	VII.B.5.c	3	2	**67%**	3	3	100%
2C-2. & 3A-2. Length of Time Homeless- CoC Strategy to Reduce Length of T	VII.B.5.c	13	13	100%	13	5	38%
2C-3. Exits to Perm Housing Destinations/Retention of Perm Housing - CoC	VII.B.5.d	13	5	**38%**	13	5	38%
2C-4. & 3A-4 Returns to Homelessness - CoC's Strategy to Reduce Rate	VII.B.5.e	8	5	**63%**	8	7	88%
2C-5 & 3A-5. Increasing Employment Cash Income - CoC's Strategy	VII.B.5.f	7	7	**100%**	7	2.5	36%
3A-1 & 3A-3. First Time Homeless as reported in HDX and Strategy							

CoC Application Debriefing Highlights (custom)

- 2023 application received the highest 'percent of points received' to 'max available' to date
- Highest percent of median calculation since 2018 (custom calculation)
- Deeper discovery and reference to the NorCal HMIS insights were used through the application
- Attention to areas scoring lower may indicate:
  - Different application analysts may have been used
  - Questions may have been worded differently or slightly revised
  - Performance has declined as indicated by HMIS reporting
  - CoC needs to develop more concentrated areas of focus per HUD priorities

Debriefing Areas of Categorization (custom)

Yellow - strategic/partnerships in nature

Blue - Programming

Green - CoC results of actual performance as informed by compliance reporting (LSA, SPMS)

Green Italized - Direct result of local reporting (LSA and System Performance Measures)

Response ID(s)

1D-2. & 4A-2 Housing First - Lowering Barriers to Entry and Adherence for Projects

1D-2a. Project Evalution for Housing First Compliance

1D-3 Street Outreach Scope & Coverage

1D-5. RRH Beds as reported in HIC (looking for increase)

1D-7. Increased capacity for non-congregate sheltering

1D-8. & a. Partnerships with Public Health Agencies to prevent infectous diseases

1D-10 a-d. Promoting Racial Equity.Conduct Assessment

1D-11 a-c. Involvement and participation of persons with lived experience, professional development and gathering feedback

1E-2. 1E-2b & 1E-2b - Project Review & Ranking Process Used

1E-2. Severity of needs and vulnerabilities taken into consideration during ranking

2A-5. Bed Coverage Rate using HIC and HMIS (later comparable db)

2A-6. LSA Submission to HUD by deadline

2C-1. Reduction in number of first time homeless

2C-2. & 3A-2. Length of Time Homeless- CoC Strategy to Reduce Length of Time

Debriefing Line-Item Highlights

Response ID(s)	NOFO Section '22	2023			2022		
		Max Points	Received Po	Percent Avai	Max Points	CoC Receiv	Percent Av
1D-2. & 4A-2 Housing First - Lowering Barriers to Entry and Adherence for F	VII.B.1.i	10	8.5	85%	10	8	80%
1D-2a. Project Evalution for Housing First Compliance							
1D-3 Street Outreach Scope & Coverage	VII.B.1.j.	3	0	0%	3	0	0%
1D-5. RRH Beds as reported in HIC (looking for increase)	VII.B.1.1	9	0	0%	10	10	100%
1D-7. Increased capacity for non-congregate shelting	VII.B.1.n	1	1	100%	1	1	100%
1D-8. & a. Partnerships with Public Health Agencies to prevent infectous dis	VII.B.1.o.	5	5	100%	5	0	0%
1D-10 a-d. Promoting Racial Equity.Conduct Assessment	VII.B.1.q.	7	6.5	93%	7	4.5	64%
1D-11 a-c. Involvement and participation of persons with lived experience,	VII.B.1.r	5	3.5	70%	3	1.5	50%
1E-2. 1E-2b & 1E-2b - Project Review & Ranking Process Used	VII.B.2.a, 2.b, 2.c, 2.d	21	16	76%	21	19	90%
1E-2. Severity of needs and vulnerabilities taken into consideration during r	n/a						
2A-5. Bed Coverage Rate using HIC and HMIS (later comparable db)	VII.B.3.c	4	0.5	13%	4	0	0%
2A-6. LSA Submission to HUD by deadline	VII.B.3.e	2	1	50%	2	2	100%
2C-1. Reduction in number of first time homeless	VII.B.5.c	3	2	67%	3	3	100%
2C-2. & 3A-2. Length of Time Homeless- CoC Strategy to Reduce Length of T	VII.B.5.c	13	13	100%	13	5	38%
2C-3. Exits to Perm Housing Destinations/Retention of Perm Housing - CoC	VII.B.5.d	13	5	38%	13	5	38%
2C-4. & 3A-4 Returns to Homelessness - CoC's Strategy to Reduce Rate	VII.B.5.e	8	5	63%	8	7	88%
2C-5 & 3A-5. Increasing Employment Cash Income - CoC's Strategy	VII.B.5.f	7	7	100%	7	2.5	36%
3A-1 & 3A-3. First Time Homeless as reported in HDX and Strategy							

NorCal CoC Application Line-Item Focal Points

Highlights:

- Promotion/design of racial equity framework
- Inclusion of subject matter expertise (lived experience)
- Increasing Employment Income
- Coordination & Engagement

Lowlights:

- Select System Performance Measures
- Project Rating & Ranking
- HMIS Implementation & Support
- Point in Time Count
- Coordination between Housing & Healthcare (ongoing issue)

NorCal CoC Application
HMIS Improvement Areas (legacy)

HMIS Improvements:

- Data Quality should generally be under 5% Error Rates
- Data Entry Timeliness should be under five days (0-3) days preferred
- Household Relationships should never be missing
- Income & Sources – at Annual Assessment was 98% error rate
- Street Outreach Contacts would be more than 14% recontacted and engaged
- Race 17% for Client Doesn't Know or Refused
- Housing Inventory Chart reflected 100% utilization

NorCal CoC Application
CoC Improvement Areas (legacy)

Improvement Areas:

- Review and rely on the Housing Tools Strategic Plan
- Lived Experience advisories that engage persons in program design and evaluations and to hold committee/board positions
- Funding & Evaluation for CoC to monitor project progress/improve equity frameworks/follow system improvements with HMIS reporting
- Formal agreements with Healthcare Systems
- Increase HMIS Participating Agencies throughout the seven-county area
- Increase Rapid ReHousing Beds through future funding (drop noted)
- Increase coverage for Street Outreach Projects
- Permanent Supportive Housing projects (BAHFA Bond progress)

NorCal CoC Funding
Increasing Trends (legacy)

Client Centered Approaches

Progressive Engagement and Improved Case Management Expertise & Ratios

Street Outreach & Family Connections (Miracle Messages)

Healthcare and Public Health Agency Partnerships including CalAIM services

NorCal Continuum of Care

Analysis of CoC Application Debriefs
Competition Years 2018-2023 (no competition held 2020)
Last Update: March 31, 2024

Note: between NOFO years there are new federal priorities published which may result in rewordings or responses being dropped/added altogether (which makes this analysis somewhat hit or miss)

Response ID(s)	NOFO Section '22	2023 Max Points	2023 Received Po	2023 Percent Avai	2022 Max Points	2022 CoC Receiv	2022 Percent Av	2021 Max Point	2021 CoC Receiv	2021 Percent Av	2019 Max Point	2019 CoC Receiv	2019 Percent Av	2018 Max Points	2018 CoC Receive	2018 % Avail
1D-2. & 4A-2 Housing First - Lowering Barriers to Entry and Adherence for	VII.B.1.i	10	8.5	85%	10	8	80%	10	8	80%				7	0	0%
1D-2a. Project Evalution for Housing First Compliance																
1D-3 Street Outreach Scope & Coverage	VII.B.1.j.	3	0	0%	3	0	0%	3	0	0%	3	0	0%			
1D-5. RRH Beds as reported in HIC (looking for increase)	VII.B.1.1	9	0	0%	10	10	100%	10	0	0%	10	0	0%	10	10	100%
1D-7. Increased capacity for non-congregate shelting	VII.B.1.n	1	1	100%	1	1	100%									
1D-8. & a. Partnerships with Public Health Agencies to prevent infectous	VII.B.1.o.	5	5	100%	5	0	0%	21.5	19.5	91%						
1D-10 a-d. Promoting Racial Equity.Conduct Assessment	VII.B.1.q.	7	6.5	93%	7	4.5	64%	7	5.5	79%						
1D-11 a-c. Involvement and participation of persons with lived experience	VII.B.1.r	5	3.5	70%	3	1.5	50%									
1E-2. 1E-2b & 1E-2b - Project Review & Ranking Process Used	VII.B.2.a, 2.b, 2.c, 2.d	21	16	76%	21	19	90%	22	0	0%	18	15	83%	18	17	94%
1E-2. Severity of needs and vulnerabilities taken into consideration during	n/a										4	2	50%	4	2	50%
2A-5. Bed Coverage Rate using HIC and HMIS (later comparable db)	VII.B.3.c	4	0.5	13%	4	0	0%	6	1.5	25%	6	0.5	8%	6	0.5	8%
2A-6. LSA Submission to HUD by deadline	VII.B.3.e	2	1	50%	2	2	100%	2	2	100%						
2C-1. Reduction in number of first time homeless	VII.B.5.c	3	2	67%	3	3	100%	3	1	33%						
2C-2. & 3A-2. Length of Time Homeless- CoC Strategy to Reduce Length of	VII.B.5.c	13	13	100%	13	5	38%	6	6	100%	14	0	0%	14	3	21%
2C-3. Exits to Perm Housing Destinations/Retention of Perm Housing - Co	VII.B.5.d	13	5	38%	13	5	38%	5	3	60%						
2C-4. & 3A-4 Returns to Homelessness - CoC's Strategy to Reduce Rate	VII.B.5.e	8	5	63%	8	7	88%	4	3	75%	8	2	25%	8	6	75%
2C-5 & 3A-5. Increasing Employment Cash Income - CoC's Strategy	VII.B.5.f	7	7	100%	7	2.5	36%	4	2	50%	15	4.5	30%	4	0	0%
3A-1 & 3A-3. First Time Homeless as reported in HDX and Strategy											3	1	33%	3	1.5	50%
3A-3. Successful Perm Housing Placement and Retention				*Section Numbers Not Available*							11	1	9%	11	7	64%
3A-6. SPM's submitted on time with good data quality											6	6	100%	6	6	100%
3B-2. Strategy to Rapidly ReHouse											1	1	100%	3	3	100%
4A.2. Lowering Barriers to Data Entry (maps somewhat ot HMIS											7	7	100%			
Overall Scores as Percent of Total		**111**	**74**	**67%**	**110**	**68.5**	**62%**	**103.5**	**51.5**	**50%**	**106**	**40**	**38%**	**94**	**56**	**60%**

Scoring Summary

		2023			2022			2021			2019			2018		
1.B & Part 1 Coordination & Engagement Inclusive Structure		5	4	80%	5	3.5	70%	74.5	40	54%	56	21.5	38%	52	35.25	68%
1C. Coordination with Federal, State Local Private		29	16.5	57%	29	17	59%									
1D. Coordination & Engagement with Federal, State, Local Other		51	33.5	66%	49	30	61%									
1D. Addressing COVID 19 in the Geographic area																
1E. Project Capacity Review and Rankng		27	21	78%	30	25.5	85%	21.5	19.5		29	23.5	81%			
2A. & Part 3 HMIS Implementation includig data collection and quality in		9	3.5	39%	9	4	44%	30	6	20%	9	3	33%	49	14.5	30%
2B. Point in Time Count		5	3	60%	5	4	80%	11	5.5	50%	6	2.25	38%			
2C. & Part 3 System Performance		60	36	60%	59	29.5	50%	3	2	67%	60	13	22%	77	38.5	50%
3A. Coordination with Housing and Healthcare		14	0	0%	14	0	0%	23	15	65%						
Part 4 Cross Cutting Policies																
5. Performance and Strategic Planning								10	0	0%	40	30	75%	22	12	55%
		200	117.5	59%	200	113.5	57%	173	88	51%	200	93.25	47%	200	100.25	50%

Reference Numbers Not Reflected on Debriefing Sheets

Overall Scores for all CoC's

	2023	2022	2021	2019	2018
Highest Score for Any CoC	182.5	188.75	168.5	186.5	190
Lowest Score for Any CoC	54.5	53.5	60.25	37.25	47.75
Median Score for all CoC's	151.5	154.5	143	150.5	160
Weighted Mean Score		162.25	155.5	157	166.75
Norcal as Percent of Median	**78%**	**73%**	**62%**	**62%**	**63%**

NorCal CoC Competition ARD Analysis 2018 to 2023

	2023	2022	2021	2020	2019	2018
PPRN	$ 1,319,766	$ 1,308,772	$ 1,238,774		$ 1,020,786	$ 1,030,786
ARD	$ 382,631	$ 382,631	$ 375,347		$ 323,603	$ 317,347
Tier 1	$ 355,847	$ 363,499	$ 375,347		$ 307,895	$ 298,306
Tier 2	$ 26,784	$ 19,132	$ -		$ 15,708	$ 19,041
CoC Bonus	$ 92,384	$ 65,439	$ 61,939		$ 174,296	$ 30,905
Other Bonus	$ -	$ -	$ -		$ -	$ 61,509
DV Bonus	$ 131,977	$ 130,877	$ 185,816		$ 102,079	$ 103,015
Tier 2 Percentages set At Risk by HUD	7.5%	5.3%	0.0%		5.1%	6.4%
Ratio of ARD>PPRN	29%	29%	30%		32%	31%

	2023	2022	2021	2020	2019	2018
Planning Grant	$ 65,988	$ 39,263	$ 37,163		$ 30,624	$ 103,015

FY '23 HUD Funding Approval

NorCal CoC

	FY '23 HUD Funding Approval		
Program	Match	HUD grant	Total Funds
HMIS	$7,500	$30,000	$37,500
Coordinated Entry	$15,453	$61,809	$77,262
Planning	$16,497	$65,988	$82,485
Subtotal	**$39,450**	**$157,797**	**$197,247**
Housing Partners II	$76,549	$306,194	$382,743
FY '23 Total Match + HUD $	**$115,999**	**$463,991**	**$579,990**

NorCal

Continuum of Care (CoC)

Presenters:

- **CHANITA JACKSON-** Technical Assistance Collaborative (TAC)

- **NICK NORDAHL**-U.S. Department of Housing and Urban Development (HUD)

- **KRISTEN SCHREDER-** City of Redding Housing Department

- **SHAWNNA FLANIGAN**-City of Redding Housing Department

CA-516- SHASTA, REDDING, SISKIYOU, LASSEN, PLUMAS, DEL NORTE MODOC AND SIERRA COUNTIES

HUD POLICY PRIORITIES FOR HOMELESSNESS

1. Ending homelessness for all persons
   - ❑ Foundations: Equity, data and evidence
   - ❑ Solutions: Housing and Supports, Crisis response and prevention
2. Improving systems performance
   - Enhance Coordinated Entry
   - Strengthen Housing Focused Practices
   - Scale Permanent Housing Interventions
   - Ongoing Performance Management

3. Housing First*
   - Immediate access to permanent housing with no housing readiness requirements
   - Consumer choice and self-determination
   - Recovery orientation
   - Individualized and client-driven supports
   - Social and community integration

2

*HTTPS://WWW.PATHWAYSHOUSINGFIRST.ORG/

Key Terms

CoC = Continuum of Care (can be referred to as program funding AND a certain geographic area)
NOFA/O= Notice of Funding Availability/Opportunity
CA = Collaborative Applicant (also referred to as the "CoC Lead Agency")
CES = Coordinated Entry System
HMIS = Homeless Management Information System
Consolidated Application = Application for the entire CoC + individual project applications + priority listing
Priority Listing = Ranked List = Local competition results
HIC = Housing Inventory Count
PIT= Point in Time Count
LSA= Longitudinal Systems Analysis (data used for the AHAR)
HDX = Homelessness Data Exchange
SPM = System Performance Measures

CoC Definition

- A Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed within the CoC Program Interim Rule for a defined geographic area.

- A CoC should be composed of representatives inclusive of local organizations (either funded or unfunded)

- Put Plainly: The CoC is a planning body responsible for coordinating the communities policies, strategies and activities to prevent and end homelessness (paying particular focus on federal funding).

CoC Program Interim Rule 24 CFR 578 Requires:

- Communities to establish a CoC for the geographic area to receive CoC program funding

- CoC must establish a board to act on behalf of the Continuum using the process established by 24 CFR 578.7(a)(3) and must comply with the conflict-of interest requirements of 24 CFR 578.95(b).

- CoC Board must:
  - Be representative of relevant organizations and or projects serving homeless subpopulations; and
  - Include at least one person with lived experience

CoC Roles and Responsibilities

| CoC	Executive Board	Collaborative Applicant
Establishes a Board of Directors, selects the Collaborative Applicant and HMIS Lead Agency, designates entity(s) to carry out activities outlined in 24 CFR 578.7-9	Provides leadership to the CoC and engages in other activities designated to them by the CoC	Prepares and submits the annual CoC Program application to HUD for funding, applies for CoC Planning Grant and engages in planning activities designated by the CoC

Governance and the CoC

- How does this all connect?
  - In the context of the Continuum of Care (CoC) program, Governance is the practice of providing oversight for the policy and interventions of the community's effort to prevent and end homelessness.
- What are we required to do?
  - The CoC must create a governance charter which formally documents how responsibilities are assigned within the CoC, and explanations associated with how work will be conducted.
- The right way?
  - There is no "one or right" way to govern a CoC aside from complying with the guidance outline in the CoC Program Interim Rule.

What is Governance?

Governance is how groups organize to make decisions

Governance determines who…

The HEARTH Act and CoC Interim Rule define basic CoC governance responsibilities

Has decision-making authority

How stakeholders make their voices heard

How decisions are implemented
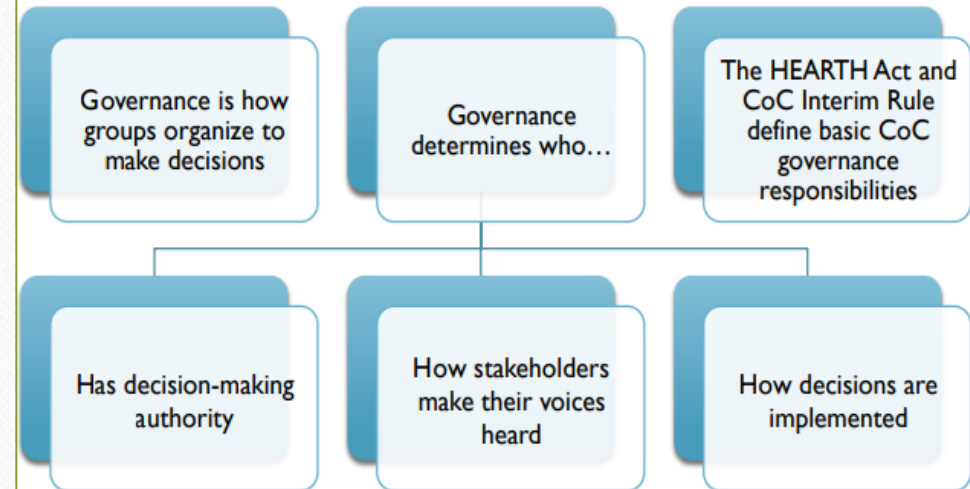
Governance Requirements

Include	
Invite	New members annually
Hold	Meetings of the full CoC at least twice a year
Adopt	Board selection process review, update and/or approved once every 5 years, evidence required for designating a single HMIS for the Continuum.
Appoint	Committees and workgroups
Update	Annually update governance charter in coordination with the Collaborative Applicant and HMIS Lead

Governance Charter

- Outlines all functions and responsibilities assigned by the CoC to the Board, Committees, the HMIS Lead, the Lead Agency staff, as well as the process for reviewing and amending the charter.

- Speaks to the who, what, when, where and why of the CoC responsibilities.

- This work must be done collaboratively;
  - The collaborative applicant can take on additional responsibilities but should not be the primary driver or the only driver of goals/practices of the CoC

CoC Governance Structure
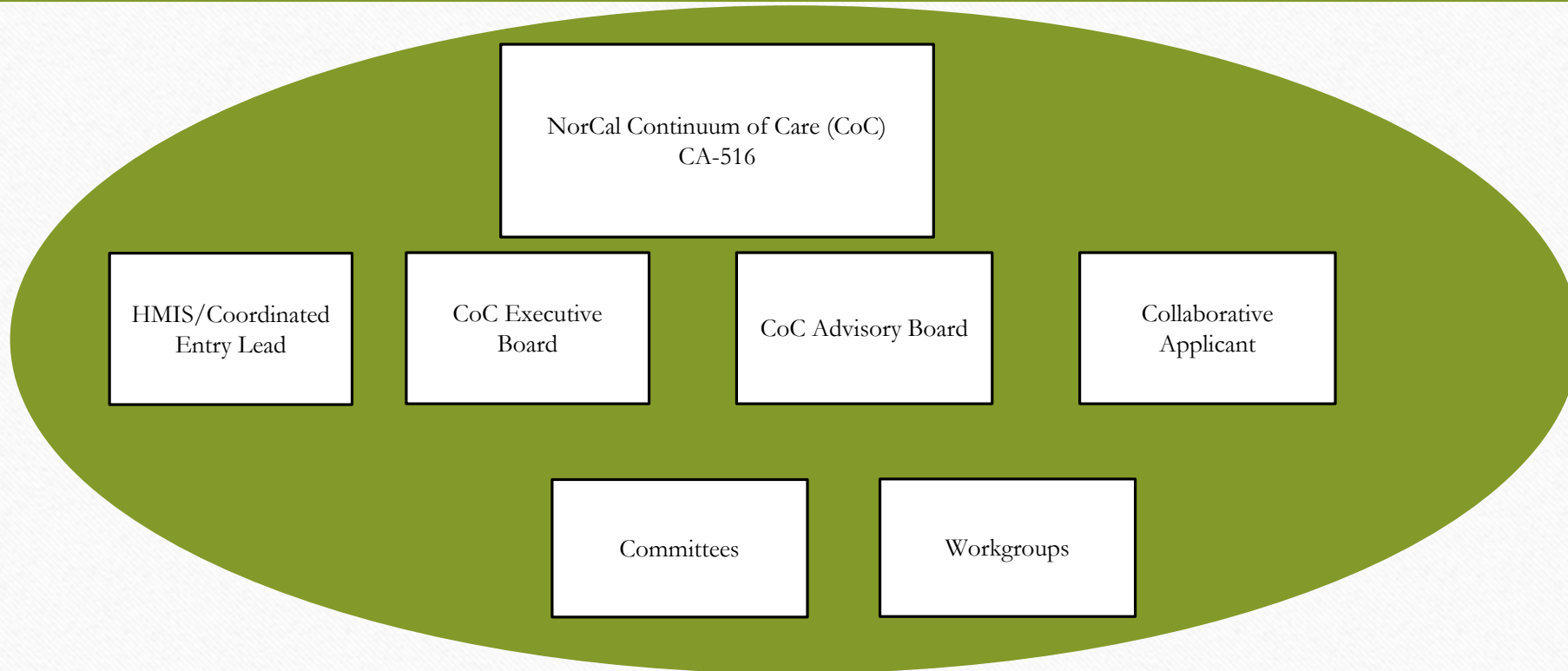
Governance

- Rose
  - What's Working- Where is success?
    - Robust public meetings
    - Great opportunities to solicit feedback
    - The City of Redding serves as the CoC's Administrative entity; who is responsible to provide guidance to ensure the duties of the CoC are met.
      - One of the priority of the administrative entity is to aggressively seek additional funding and resources to strengthen and enhance funding priorities adopted within the Strategic Plan

ROSE
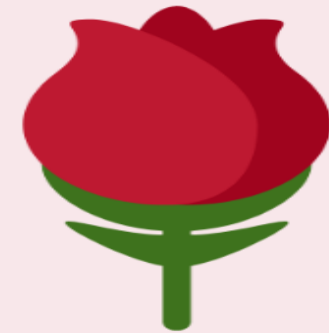
Success

Governance

- Where are the current gaps?
  - Limited CoC Funding
  - Expired Administrative Performance Review
  - Consider Centering Racial Equity in the CoC Governance
    - ✓ Targeted outreach and invitations to by and for entities i.e. Black Indigenous, People of Color,
    - ✓ Meaningful Involvement of Persons with Lived Experience
    - ✓ Youth and young adult representation

THORN

Challenge

Governance

- Bud
  - Where do we have room to grow?
    - ✓ Proactive outreach efforts- Targeting and prioritizing the most vulnerable populations, i.e. BIPOC, LGBTQ+, Unaccompanied Youth/Young Adults, Families, Seniors and those who Identify as medically fragile
    - ✓ Proactive outreach efforts- Targeting Law enforcement agencies, including probation and parole
    - ✓ Strengthen language in the current governance charter around term limits, voting structure and CoC responsibilities/Board Roles

BUD

Potential

Governance

- Brainstorm
  - Lets take 2-3 minuets to reflect the current governance and identify one or two top priorities that you would like to see addressed or strengthened in the current governance structure.

Things To Consider

- We will need to update the governance charter to reflect and changes to roles and responsibilities

- Document any new policies and procedures that the Executive Board agree to

- Identify single HMIS implementation process

- Develop and unifying set of written policies ad procedures to govern coordinated entry for all participating organizations within the CoC.

- Identify and update CoC collaboration roles and responsibilities

Next Steps

- Gather CoC partners for Governance discussion

- Review and analyze CoC board roles and responsibilities

- Review and analyze your CoC's collaboration capacity

- Review other available resources

- Update, analyze and execute updated CoC Governance Charter

Resources

- CoC Collaborative Applicant Annual Activities - HUD Exchange

- HUD Annual Requirements: CoC Collaborative Applicant Activities (hudexchange.info)

- Trainings - HUD Exchange

- Establishing and Operating a Continuum of Care (hudexchange.info)

- CoC Governance Charter Podcast - HUD Exchange

- 60-Collaborative-Applicant-FO-Roles-and-Responsibilities.pdf (csh.org)

- eCFR :: 24 CFR Part 578 -- Continuum of Care Program

- Continuums of Care (CoC) Mergers - What to Consider? (hudexchange.info)

- Continuum of Care (CoC) Mergers - Options Analysis (hudexchange.info)

- CoC Merger Resource Guide: Challenges and Recommendations From the Field (hudexchange.info)

- CoC-Merger-Funding-Analysis-Tool.xlsx (live.com)

Questions

HHAP Eligible Use Category	Explanation and Examples
Delivery of permanent housing and innovative housing solutions	Eligible Uses should be categorized here when costs support the provision of permanent housing Examples: • Acquisition of land, building, etc. • Improvement or renovation of land or building being used as permanent housing. • Maintenance of land or building being used as permanent housing. Services for people in permanent housing programs, so long as the services are trauma-informed and practice harm reduction, to include intensive case management services, assertive community treatment services, critical time intervention services, other tenancy support services, evidence-based employment services, coordinating mental health, substance use, and primary care treatment, or other evidence-based supportive services to increase housing retention.
Rapid Rehousing	Eligible Uses should be categorized here when the costs support operating rapid rehousing type housing service. This means a tenant-based, time limited, permanent housing program, inclusive of wrap-around services. Examples: • Rental subsidies, including to support placement of individuals in CARE Court. • Landlord incentives, such as security deposits, holding fees, funding for needed repairs, and recruitment and relationship management costs. • Move-in expenses. Services for people in rapid rehousing programs, so long as the services are trauma-informed and practice harm reduction, to include intensive case management services, assertive community treatment services, critical time intervention services, other tenancy support services, evidence-based employment services, coordinating mental health, substance use, and primary care treatment, or other evidence-based supportive services to increase housing retention.
Prevention and shelter diversion	Eligible Uses should be categorized here when costs support eligible populations access safe alternatives to shelter and/or remain safely housed at their current residence. Examples: • Homelessness prevention through rental assistance, rapid rehousing, and other programs. • Problem-solving and diversion support programs that prevent people at risk of or recently experiencing homelessness from entering unsheltered or sheltered homelessness. **HHAP-5 Changes:** • Change of eligible population to include "at risk of homelessness." • Requires prioritization of households with incomes at or below 30 percent of the area median income, who pay more than 50 percent of their income in housing costs, and who meet criteria for being at highest risk of homelessness through data-informed criteria.
Operating Subsidies Permanent Housing	Eligible Uses should be categorized here when costs support operations in new and existing affordable or supportive housing units serving people experiencing homelessness. Operating subsidies may include operating reserves (funds held in reserve to cover large, unexpected operating expenses). Examples: • Operating costs for programs such as Home key. • Operating costs for new or existing residential care facilities, funded by the Behavioral Health Continuum Infrastructure Program or the Community Care Expansion

	Program. • Property tax abatements for both affordable ownership and rental properties that have a similar effect, helping to defray the costs of operating the development so residents can pay lower rents. • Subsidies support ongoing operation and availability of permanent housing and/or assisting in management of a building's facilities that can help stabilize or reduce structural decline and serve an important role in broader market stabilization efforts.
Interim Housing	Eligible Uses should be categorized here when costs support the provision of interim housing. Examples: • Acquisition of land, building, etc. • Improvement or renovation of land or building being used as interim housing. • Maintenance of land or building being used as interim housing. • Navigation centers that are low barrier, as defined in Sections 65660 and 65662 of the Government Code. • Motel or hotel vouchers. • Services provided to people in interim housing, to include trauma-informed and evidence-based intensive case management services, housing navigation, connecting people to substance use or mental health treatment, public benefits advocacy, and other supportive services to promote stability and referral into permanent housing. • Youth-focused services in interim housing. • Capital funding to build new non-congregate interim housing sites, including for construction, rehabilitation, and capital improvements to convert existing buildings to interim housing. **HHAP-5 Changes:** • No HHAP-5 resources may be used to fund new interim housing solutions, until both of the following occurs: (1) the applicant has demonstrated that the region has dedicated sufficient resources from other sources to long-term permanent housing solutions and (2) the applicant has received written permission from Cal ICH. (HSC §50236(c).) • This limitation does not apply to new interim housing solutions for youth under the ten percent youth set aside.
Improvements to Existing Interim Housing	Eligible Uses should be categorized here when costs support renovation of existing interim housing to improve the quality of the life for people experiencing homelessness who are residing in the interim housing. Examples: • Maintenance of an interim housing facility. • Minor/major rehabilitation or renovation of an interim housing facility. • Minor/major conversion, additions, updates, and/or enhancements that lower barriers and/or increase privacy.
Systems Support	Eligible Uses should be categorized here when the cost supports homelessness services system infrastructure, regional coordination, and/or improves accessibility and outcomes generally, as opposed to specific client(s). Examples: • Incorporate regional data into housing needs. • Assessments or developing a regional needs assessment. • Collaborate on regional housing strategies. • Pooling resources to support regional housing initiatives.