

# **Slide 1**

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## Slide 2

- Hello and thank you for joining us today for the fourth segment of Violence Free Minnesota's Housing 101 for Victim Service Providers series, entitled Continuum of Care Overview. My name is MayTong Chang. I am the Advocacy Program Director for Transforming Generations in St. Paul, MN, and I will be your host for today's session.
- Today's topic is the Continuum of Care, often referred to as the CoC. We have touched on CoCs in prior segments of this series, but today we will talk more in-depth about what it is and its role in the response system serving people experiencing homelessness. Agency leaders and administrators, advocates and other direct service providers will find this session to be useful. A lot of the information in this session has been pulled directly from publicly available resources which will be noted in our resource page for this series on our website.
- We are aware that some programs around the state, particularly in greater Minnesota, have been working vigorously to build cohesive, strong relationships between victim service providers, or VSPs, and CoCs. We'd love to

hear from all of you, regardless of your experience, to help us learn more about how it has been helpful or not. We know that successful involvement with the local CoC can yield great benefits to survivors, including an increase in survivor-centered, trauma informed housing options. But it's not always easy. In Minnesota, rural programs in particular have had unique challenges around CoC involvement. This underscores the importance of VSPs becoming educated about the work of CoCs statewide and engaging in systems change efforts. We hope that this series will inspire those who may not have become involved in this work to do so. We hope to provide information and introduce terminology that can help you get started.

### Slide 3

A Continuum of Care, or CoC, is a regional or local planning body that coordinates housing and services funding for families and individuals who are unhoused.

The CoC is established by the Department of Housing and Urban Development, or HUD, for the purpose of promoting communitywide commitment to providing housing for everyone; funding efforts by nonprofit providers, and State and local governments to provide shelter to people experiencing houselessness with the goal to move them into permanent housing as quickly as possible, while minimizing the trauma and dislocation caused by being unhoused; promoting access to and utilization of mainstream programs by individuals and families; and optimizing self-sufficiency among people who are unhoused.

In Minnesota, the CoC model establishes regional strategic planning bodies to plan and implement housing and services to reduce the incidence of people who are unhoused by assisting individuals, youth, and families with this experience to access services and stable housing. The CoC includes prevention, outreach and assessment, emergency shelter, transitional housing, and permanent supportive housing or other permanent housing. Annually the CoC applies to the HUD

Continuum of Care Program for funding to address efforts to help people who are unhoused.

CoCs are designed to be collaborative in nature, and they rely on participation from community partners like victim services providers to help them get it right.

HUD has emphasized the importance of victim service provider participation.

Your participation in the CoC can ensure that providers offering services to unhoused individuals, youth and families understand the safety and other needs of survivors, and that survivors that present at general programs serving the unhoused population are connected to appropriate services. Participation in the CoC has the potential to help you build the capacity of your organization to begin offering housing services or increase the capacity of the housing services you already provide.

## Slide 4

- Minnesota has 10 Continuum of Cares, or CoCs, and the MN Tribal Collaborative, or MTC. The MTC is a collaborative of six tribes from northern Minnesota combining sovereignty, collaboration, and data to successfully pursue policy changes and fundraising goals aimed at preventing and ending homelessness in tribal communities.
- Most of Minnesota's CoCs serve multiple counties. The exceptions are Hennepin, Ramsey, and St. Louis Counties. You can take a moment and determine which CoC, or CoCs, cover your service area. This map will also be included in the resource page attached to this session, along with contact information for each.
- Funding priorities, structure of the CoC and service delivery challenges will probably look different in rural Minnesota than in the metro areas. Additional resources are available in the resources section.

**(Pause for about 5 seconds to give viewers an opportunity to locate their CoC.)**

## **Slide 5**

The Department of Housing and Urban Development, or HUD, defines four categories of homelessness, developed for access to programs and funding under the Continuum of Care, or CoC, and Emergency Solutions Grants, or ESG. They include people who are literally homeless, those at imminent risk of homelessness, those who are homeless under federal statutes, and people fleeing or attempting to flee domestic violence. You will find a document in the resources section that provides more details on the categories.

## Slide 6

Survivors of violence fall under category 4, defined as “an individual or family who:

- is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual’s or family members’ current housing situation, including where the health and safety of children are jeopardized,
- has no other safe residence, and
- lacks resources to obtain other safe permanent housing.”

To be eligible for HUD funding, a survivor MUST meet category 4 criteria. It’s important for advocates to know and understand the requirements of category 4 to enable them to help survivors quickly access services.

A survivor does not have to literally leave the home in order to be eligible for programs. Providers can ask questions of the individual to help establish



eligibility, such as, did someone do something to make you feel unsafe in your current living situation? Are you afraid that you or your children will be harmed if you return to your home? Are you worried about your safety or the safety of anyone in your household?

Advocates know that fleeing is not a one-time event and can educate their Continuum of Care, or CoC, partners about the ways in which an abusive partner will try to sabotage a survivor's success, such as using financial abuse, the court system, interfering with employment, etc., all of which can complicate a survivor's efforts to extract themselves from the unsafe situation.

HUD also has specified that domestic or sexual violence, by themselves, constitute dangerous or life-threatening conditions. A survivor does not need to persuade anyone of the severity of the abuse they have experienced. Establishing the fact that it has occurred is sufficient.

Advocates and direct service providers can guide survivors through the process of certification. We'll address this further in part 8 on coordinated entry.

## **Slide 7**

The Continuum of Care's, or CoCs, have specific responsibilities and duties, as established by statute and HUD rules. As you will see, victim services providers can influence the ways in which CoCs carry out these duties.

## **Slide 8**

Continuum of Care, or CoC, refers to the group organized to carry out the responsibilities under the CoC Program, composed of representatives of numerous organizations, including nonprofits providing services to people who are experiencing homelessness, victim service providers, or VSPs, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans who are or who have been unhoused, and persons who are or who have been unhoused to the extent these groups are represented within the geographic area and are available to participate.

The CoC must establish a board to provide oversight and governance. Its composition must be representative of the relevant organizations and of projects serving homeless subpopulations and must include at least one individual that has experienced houselessness.

The CoC must establish a governance charter outlining the structure and

responsibilities of those involved, and how oversight will take place. The charter and procedures must be reviewed and updated at least every five years.

Generally, the CoC will hire a Coordinator to support its work. Their duties might vary from one CoC to another and are usually outlined in the charter. The CoC coordinator serves as a point of contact for anyone who wants more information about it, including meeting information and how people can become involved in its work.

## Slide 9

The main duties of the Continuum of Care, or CoC, are:

- to conduct all activities necessary for the operation of the CoC,
- designate the HMIS, or Homeless Management Information System, and ensure its operation. More about that in a moment.,
- and the CoC must develop an overall plan for how it will carry out its mission.

## **Slide 10**

Some of the operational responsibilities of the Continuum of Care, or CoC, include:

- Conducting semi-annual meetings of the full membership.
- Issuing a public invitation for new members, at least annually.
- Adopting and following a written process to select a board.
- Appointing additional committees, subcommittees, or work groups.
- Developing and following a governance charter detailing the responsibilities of all parties.
- Establishing and operating a centralized or coordinated assessment system to ensure fair and equitable access to housing options for people experiencing homelessness.
- Consulting with organizations that have received CoC funds, to establish performance targets for population and program type, monitoring the performance of recipients and subrecipients, evaluating outcomes, and taking

action when a recipient or subrecipient's performance doesn't meet HUD standards. In Minnesota we call them subgrantees and grantees.

- Evaluating and reporting to HUD outcomes of projects funded through the CoC, and
- Designing and operating the Homeless Management Information System, or HMIS, and selecting an HMIS lead.

We'll address some of these responsibilities more fully in later sessions of this series and explore how victim service providers can influence their work.

## Slide 11

We won't spend a lot of time on the Homeless Management Information System, or HMIS, because, as you will see, victim service providers, or VSPs, are not permitted to use it. It's important to know what it is, however, because HMIS provides standards for data collection and storage that VSPs **are** required to meet.

HMIS is a local information technology system used to collect participant-level data, and data on the provision of housing and services to homeless individuals and families, and persons at risk of homelessness. HUD and other policymakers use HMIS data to better inform homeless policy- and decision-making at the federal, state, and local levels. Each Continuum of Care, CoC, is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. The CoC must ensure the system is funded, select an HMIS lead to operate the system, and provide oversight.

### HOWEVER

- HMIS is a shared platform, which means that when providers enter information into HMIS it can be viewed by other providers and stakeholders.



- VPS are prohibited from inputting participant-level information into the certified local HMIS system under the standard privacy and security settings. Instead, VSPs must find an alternative way to submit aggregate data to the CoC called a comparable database.

## **Slide 12**

A Comparable Database is an alternative system that victim service providers, or VSPs, use to collect client-level data over time and to generate aggregate reports based on the data. The Continuum of Care, or CoC, and the VSP must work with the Homeless Management Information System, or HMIS, lead to determine if a system is a Comparable Database and document that the alternative system meets all HUD system requirements.

The data fields and functional abilities of the database are the same as the HMIS system. But unlike the HMIS, a comparable database is not a shared database; it is an independent database that is owned by the VSP. Providers must take reasonable precautions to prevent outside access to the data, including by the database vendor. The data cannot be accessible to other VSPs or other members of the CoC collaborative.

It can be challenging for VSPs to develop and maintain an HMIS comparable database, particularly for small programs with a very small number of staff members. In addition to the financial cost of purchasing a comparable database,

additional staff time will be required to set it up, learn how to operate it, troubleshoot problems, and conduct ongoing monitoring of its use.

The HMIS lead in the CoC can provide technical guidance and there are other TA providers that can help as well.

Part 7 of this series will cover comparable databases in more detail.

## **Slide 13**

The Continuum of Care, or CoC, is also responsible for developing a plan to end homelessness in their geographic area. Some elements of the CoC plan include developing a process for fund allocation, establishing a coordinated entry process, establishing a process for the Point In Time, or PIT Count, and developing a VAWA emergency transfer plan.

When preparing an application for funds the CoC must follow a collaborative process for the development of applications. We'll cover CoC funding more in depth in Part 5.

## Slide 14

- The coordinated entry is the way in which the Continuum of Care, or CoC, operates its homelessness response system. The process is established to coordinate intake, assessment, and referral, and prioritize people experiencing a housing crisis for access to certain housing programs and services. Its stated goals are to ensure fair and equitable access to services that are culturally competent and person-centered, and to ensure that people with the most need are prioritized for help.
- It's important to note that victim service providers, VSPs, in Minnesota and across the country have raised concerns that the way in which coordinated entry operates doesn't always fairly and accurately reflect the experiences of survivors, to their detriment. VSPs should also know that it is permissible to establish separate access points for survivors of violence, so that they do not have to go to a provider that might not be familiar with their specific needs, but even this can present challenges to safety and to fully understanding someone's situation.

We'll explore coordinated entry more fully in Part 8.

## Slide 15

- Most of you are probably aware of the annual Point in Time, or PIT count, that HUD requires. The Continuum of Care, or CoC, must establish a process for completing the count.
- The PIT count is an attempt to count the number of sheltered and unsheltered people experiencing homelessness on a specific day.
- The goal of the PIT is to gather an annual snapshot of homelessness nationally and within each CoC area. That information can be used to identify trends, inform HUD's homelessness response programming, and assess local funding needs.
- To carry out the PIT count, volunteers and staff at housing providers reach out to people either through street outreach, service provision, or shelter to ask those individuals questions from a uniform questionnaire that includes demographics, household information, and various factors that might affect a respondent's housing situation. That information is then compiled and submitted to HUD.

- HUD funded organizations, including victim service providers, or VSPs, that receive HUD funding, are required to participate in their CoC's PIT count. Providers in the community who are **not** HUD funded, but who work with people experiencing homelessness, are not required to participate but are encouraged by HUD and CoCs to do so.
- Of course, it is not possible for any one count to capture everyone who is unhoused, and in the best of circumstances the PIT count is likely to miss some people. Minnesota tries to enhance HUD's requirement and count people who are couch-hopping or doubling up, which HUD's count does not do.
- VSPs, being best situated to reach out to survivors and ensure their inclusion in the count, can play an important role. This can raise awareness within the CoC and HUD about how survivors are affected by homelessness and the magnitude of their housing needs.
- VSPs also provide invaluable feedback about confidentiality issues, such as how to gather information from survivors in a private and confidential manner, and how to report that information in a way that does not pass

along a survivor's personal identifying information to anyone outside of the

VSP.

- VSPs can also help ensure that the PIT is carried out in a way that is trauma-informed, safe, and survivor centered.



## Slide 16

Each Continuum of Care, or CoC, is also required to establish a VAWA emergency transfer plan. This plan applies to covered housing programs as defined by HUD, which includes programs funded through the CoC. The plan requires covered housing providers to relocate survivors of domestic violence, dating violence, sexual assault, or stalking who reasonably believe there is an imminent threat of harm if they remain in their current unit, or were sexually assaulted in the past 90 days on the premises.

The tenant can make the transfer request orally or in writing, but the housing provider is permitted to ask for it in writing. In emergency circumstances, the provider should not require a written request. In most circumstances, the provider is **not** permitted to ask for 3<sup>rd</sup>-party documentation—the tenant is allowed to self-certify. However, if there is conflicting evidence of domestic violence, the provider may ask for third-party documentation, that can include a document signed by the tenant and an employee or volunteer of a victim services program, or VSP, that has provided assistance, a court or police record, or other evidence the housing provider deems sufficient.

When a tenant makes an emergency transfer request, the housing provider is required to work with the tenant to identify another unit that the survivor deems safe which could include a unit in the same building, in a different building in the complex, or another location. In the event nothing is currently available, the provider is required to work with other providers in their CoC to identify a possible option. The housing provider is required to keep confidential all information related to the tenant's request for emergency transfer unless the tenant signs an appropriate release of information or disclosure is required by law or court order. We will cover confidentiality requirements further in part 6 of this series.

More information about emergency transfers, including model plans and HUD-approved forms, will be included in the resource page connected to this session.

## **Slide 17**

We've just talked a bit about what the Continuum of Care, CoC, is and its role in the larger housing infrastructure. Now we want to talk more directly about the benefits for VSPs of engaging with CoCs, some of the ways to start that engagement and challenges that VSPs might encounter.

## Slide 18

There are many benefits of victim service providers, or VSPs, engagement in your local Continuum of Care. CoCs were not designed with the needs or experiences of survivors in mind, so participation by VSPs is essential to influence how the CoC will operate. HUD has made it clear that this participation is important, but it doesn't always work out that way. Participation requires time and energy, which can be challenging for organizations with limited capacity. But if your organization can find a way to prioritize working with your CoC, it can be very beneficial for survivors.

- First, VSP participation can help a CoC better identify and understand the needs of survivors. Many mainstream housing providers and CoCs do not understand how deep the intersection of domestic violence and homelessness is, or how homelessness may present differently when abuse is a major cause of someone's housing instability. Also, survivors are often undercounted in assessments like the PIT count. If VSPs can partner with CoCs to help them better understand the dynamics of abuse and the number

of survivors facing homelessness, CoCs can start to increase, prioritize, and improve housing resources for survivors.

- VSP participation in CoCs can also help systems shift to survivor-centered models. CoCs are responsible for many community-wide housing-related systems. Those systems are often inaccessible to survivors and are not trauma-informed, survivor centered, or safe. VSPs can help raise awareness about these issues, provide education and training to CoCs, and help to improve systems like coordinated entry and Homeless Management Information System, or HMIS, to increase safety and work better for survivors.
- VSP participation can also raise awareness about the need for survivor privacy and confidentiality in housing systems, and the confidentiality duties of VSPs. VSPs can work with CoCs to design confidentiality standards and procedures throughout housing programming to make them safer and aligned with Violence Against Women Act requirements. This is sometimes an area of challenge because some CoC partners do not understand the specific confidentiality requirements of VSPs.

- Improved referral systems can be a significant result of engagement. When VSPs participate in CoCs they interact with more providers, coordinated entry staff, and other stakeholders they build relationships that can lead to increased awareness among mainstream housing providers about VSP services, and in turn alert VSPs to other community services. In this way, community agencies can work together to create safer and survivor-centered referrals.
- And finally, CoC engagement can also increase funding opportunities for VSPs to be housing providers. Many mainstream housing organizations work with survivors, and those resources are important. But VSPs are uniquely situated to provide survivor-centered and trauma informed services and housing. To do so, however, requires funding. Through CoC participation VSPs can learn more about funding opportunities, identify potential funding partnerships, better assess whether CoC funding is a good fit for their organization, and work with the CoC to plan for submission of funding applications. In Part 5 of this series, we will learn more about DV Bonus Funds, which are set aside to benefit people fleeing violence.

## Slide 19

If you are not already engaged with your local Continuum of Care, your CoC, and are interested in becoming involved, here are some suggestions for getting started:

Begin by initiating internal conversations within your organization about your current housing goals and your level of capacity for CoC involvement. This can help organizations be more intentional about how they approach their CoC and what type of involvement to take on. Asking questions like:

- Do we have a staff member who has the capacity to add CoC participation into their role? If not, could this be shared by more than one staff member?
- How will staff members share back information from the CoC to engage the entire organization in conversations around housing work?
- What are our main motivations for CoC involvement at this point? For example:
  - Are we seeing issues in our local housing systems and want to do work on training or system reform?
  - Do we want to build relationships and set up better referral channels?

- Are we interested in pursuing CoC or other housing funding?
- Or are we not sure what our goals are but want to explore what the CoC is like and if we want to participate?

Next, talk with other victim services programs, VSPs, in your area to see if they have been involved in your local CoC. They could have practical information to share based on their experiences. If you don't know of others who are doing this work in your area, you might seek out VSPs in other parts of the state that are doing this work. They might have ideas about the benefits of CoC engagement, how to get involved, and how to identify potential pitfalls.

If you have tried and have either been unsuccessful, or if your agency found it was not helpful, we encourage you to try again. VF MN is ready to support you and to connect you with other technical assistance that may be of help.

Once you are ready to connect with the CoC, you must determine which CoC covers your service area. At the beginning of this session, we included a slide of the CoC map that will help you locate your CoC. The resource section connected to this session on the VF MN website includes the map and lists all the CoCs in Minnesota, including contact information.



Then, contact the coordinator to introduce yourself and arrange to receive email updates, meeting notices and minutes, newsletters, and any other information generated by the CoC. It's always helpful to arrange an in-person meeting if you can. As with other aspects of CoC operation, this may be more challenging for VSPs in rural communities.

Next, start to attend the monthly meetings. It can be intimidating at first, especially if the terminology and information about the various programs and funding sources are new to you. But everyone starts somewhere. Everyone else at the meeting will have been in your position at one time. Don't be afraid to ask questions or to take as much time as you need to get to know the other attendees and how they work together. Reach out to other group members or the CoC coordinator outside the meetings to ask questions and develop relationships. HUD has emphasized the importance of VSP participation to ensure that the CoC prioritizes the needs of survivors, so be confident that you belong there.

## **Slide 20**

As with other sessions, a resource list on the Continuum of Care is available on the VFMN website. This includes the CoC map and contact information, and HUD Continuum of Care resources.

## **Slide 21**

Thank you again for watching this Continuum of Care overview, and thanks to everyone who participated in its development. Our next session will be on Continuum of Care funding, and we hope you will view that presentation as well. And remember to visit the VFMN website to access resource materials from today's session.

## **Slide 22**

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