

# North Carolina Balance of State Continuum of Care

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## NC Balance of State CoC Steering Committee Orientation Packet

January 2020

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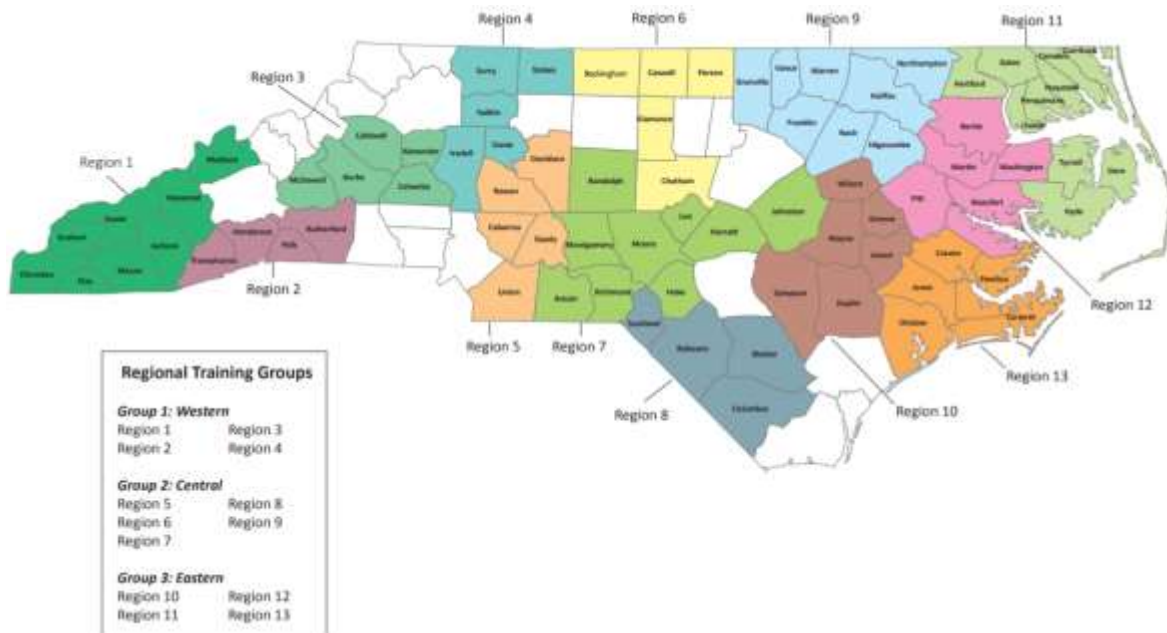
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## Overview of the NC Balance of State Continuum of Care

The North Carolina Balance of State Continuum of Care (NC BoS CoC) covers [79 counties](#) (light green, below). The CoC's official number is NC-503.



The NC BoS CoC is split into 13 Regional Committees which act as a community resource for coordination, networking, and planning.





## Continuum of Care Responsibilities

### What is a Continuum of Care?

HUD requires homeless service organizations to establish a Continuum of Care (CoC) to apply for funding through the Continuum of Care Program. There are two usages of the phrase “continuum of care”: one refers to a planning entity that includes all homeless service providers in a geographic area and the other refers to a specific federal funding source.

### Continuum of Care Responsibilities

The HEARTH Act of 2009 increased CoC responsibilities beyond applying for funding. CoCs have four main areas of responsibility:

1. Operating the CoC
2. CoC planning
3. Designating and operating a Homeless Management Information System
4. Preparing the application for CoC program funds

### CoC operations

There are nine basic CoC operations:

1. Holding regular meetings
2. Recruiting new members
3. Selecting a board
4. Forming additional committees
5. Establishing a governance charter
6. Monitoring grantees
7. Evaluating grantee and CoC performance
8. Establishing and running a coordinated entry system
9. Establishing written standards for programs

### CoC planning

There are five parts of CoC planning:

1. System coordination
2. Conducting an annual Point-in-Time Count
3. Conducting an annual Housing Inventory Count
4. Coordinating with and providing data for consolidated plans
5. Consulting with state and local Emergency Solutions Grants recipients





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## Designating and Operating a Homeless Management Information System

A Homeless Management Information System (HMIS) is an online system that tracks all services provided in the CoC and the people receiving those services. All providers that receive CoC or ESG funds (as well as some other funding sources) are required to enter data into HMIS (except domestic violence service agencies, which are strictly prohibited). See the section on [Data and HMIS](#) for more information.

## Roles of the CoC in the CoC Program application process

The CoC performs five roles in the CoC application process:

1. Solicit project applicants
2. Designate a Collaborative Applicant
3. Set funding priorities
4. Review and rank projects
5. Prepare the CoC application

See the section on [CoC funding](#) for more information.

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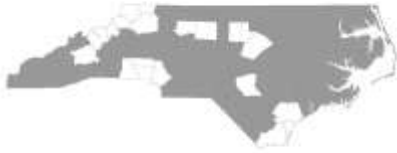
## Excerpts from the NC BoS CoC Governance Charter

CoCs are required to develop and approve a governance charter. The NC BoS CoC's Governance Charter is available at <https://www.ncceh.org/bos/>.

The Governance Charter outlines roles, responsibilities, and policies of the CoC. The topics covered in the Governance Charter are:

- Background, purpose, and committee structure of the NC BoS CoC
- How the CoC completes CoC and ESG funding applications
- The CoC's HMIS and data collection responsibilities
- NCCEH staff roles
- How the CoC ratifies, amends, and renews the Governance Charter
- Definitions of common abbreviations in the CoC
- Steering Committee member conflict of interest form
- List and map of Regional Committees
- Emergency Shelter, Transitional Housing, Homeless Prevention and Rapid Re-housing, Permanent Supportive Housing, and Coordinated Entry Written Standards
- CoC Grant Significant Change Policy





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The background, purpose, and committee structure sections from the Governance Charter are below. Steering Committee members should read the entire Governance Charter online at:

<https://www.ncceh.org/bos/>.

## **SECTION I. BACKGROUND**

In 1995, the U.S. Department of Housing and Urban Development (HUD) originally developed the concept of a Continuum of Care (CoC). The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 says that a CoC “is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, 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 homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.” The HEARTH Interim Rule states “a CoC is the coordinating body for homeless services and homelessness prevention activities across the geographic area.” (24 CFR Part 578)

The NC Balance of State Continuum of Care (NC BoS CoC) is one of 12 CoCs in North Carolina. NC BoS CoC includes 79 of North Carolina’s 100 counties. NC BoS CoC counties: Alamance, Alexander, Anson, Beaufort, Bertie, Bladen, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Columbus, Craven, Currituck, Dare, Davidson, Davie, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Macon, Madison, Martin, McDowell, Montgomery, Moore, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrell, Union, Vance, Warren, Washington, Wayne, Wilson, and Yadkin.

The NC BoS CoC was formed by the Interagency Council for Coordinating Homeless Programs (ICCHP) and submitted its first application as a CoC in 2006. The new NC BoS CoC included counties that were previously smaller CoCs and counties that had never before applied for CoC funding.

The NC BoS CoC was initially coordinated through the NC Department of Health and Human Services (NC DHHS), which served as the Lead Agency and Collaborative Applicant for the NC BoS CoC. In 2009, NC DHHS contracted with the NC Coalition to End Homelessness (NCCEH) to coordinate the NC BoS CoC. In 2015, NCCEH became the Lead Agency and Collaborative Applicant.





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## SECTION II. PURPOSE

### Vision

To ensure that individuals and families who become homeless return to permanent housing within 30 days.

### Mission

The North Carolina Balance of State Continuum of Care, composed of a 79-county region, uses evidence-based strategies to implement solutions to prevent and end homelessness in the most efficient, effective, and ethical manner.

### Overall

The NC BoS CoC coordinates and implements a comprehensive system to address homeless issues in its 79-county area. As a CoC, the NC BoS CoC is responsible for four main areas:

1. Administering NC BoS CoC governance and working committees
2. Submitting funding applications
3. Coordinating data collection and assessment
4. Planning for the future of the CoC

## SECTION III. COMMITTEE STRUCTURE

### NC BoS CoC Steering Committee

#### 1. Purpose

The NC BoS CoC Steering Committee serves as the primary decision-making body and board for the NC BoS CoC. The Steering Committee is responsible for all matters pertaining to the structure, purpose, performance, and activities of the NC BoS CoC.

#### 2. Structure

Steering Committee membership is composed of Regional Committee seats and at-large seats.

Each Regional Committee elects one Regional Lead who serves on the Steering Committee. The Regional Committee should also elect an alternate to fill in for the Regional Lead in the event of their absence or a conflict of interest.

In 2017, a Steering Committee restructuring proposal, drafted by a workgroup and approved by the Steering Committee, added at-large seats, which do not directly represent any single Regional Committee. The Steering Committee must have at least 7 and may have as many as 13 at-large seats. At-large seats are elected by the other members of the Steering Committee in December. At-large seat terms are one year, starting in January. The at-large member may designate an alternate to serve as a proxy in the event of their absence.





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At-large seats are allocated to three categories, as follows:

- Category 1: People with lived experience of homelessness. Minimum 1 seat, maximum 2 seats. Representatives in this category cannot also occupy another seat on the Steering Committee (people holding other seats on the Steering Committee may also have lived experience of homelessness).
- Category 2: North Carolina State Government. Minimum 3 seats, maximum 6 seats. Representatives should be from the following departments and work with or oversee a program that serves people experiencing homelessness:
  - Department of Health and Human Services
  - Department of Public Safety
  - Housing Finance Agency
  - Department of Education
  - Department of Military and Veteran Affairs
  - Department of Commerce
- Category 3: Other at-large seats. Minimum 3 seats, maximum 5 seats. Representatives should be from the following sectors:
  - Health care sector, ideally with a state-wide focus
  - Business sector, ideally with a state-wide focus
  - Public housing agency
  - Domestic violence services or advocacy sector, ideally with a state-wide focus
  - Legal services
  - Youth services or advocacy sector, ideally with a state-wide focus

The Steering Committee meets monthly, normally via conference call and at least one time per year in person. All meetings are public meetings, open to any interested party. Meeting agendas and minutes are posted on the internet in a timely manner. This process was formally established by NC BoS CoC in August 2013, reviewed in Fall 2017, and will be reviewed again within five years.

### **3. Roles & Responsibilities**

The Steering Committee is staffed and led by NCCEH. The Steering Committee is responsible for:

- Promoting communitywide commitment to the goal of ending homelessness
- Providing funding for efforts to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness
- Promoting access to and effective utilization of mainstream programs by homeless individuals and families







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- Providing direction on funding priorities and project application review criteria
- Creating a network of providers for:
  - Outreach, engagement, assessment
  - Shelter, permanent housing, & supportive services for persons experiencing a housing crisis
  - Homelessness prevention services
- Consulting with recipients of Emergency Solutions Grants funds regarding:
  - Allocation of funds
  - Reporting & evaluating performance
- Monitoring recipient and subrecipient performance, evaluating outcomes, and taking action against poor performers
- Establishing performance targets appropriate for population and program type in consultation with recipients and subrecipients
- Reviewing and approving significant change requests from CoC grantees in accordance with the significant change policy (see APPENDIX 5)
- Establishing and operating a coordinated entry system, in consultation with the recipients of Emergency Solutions Grants program funds
- Establishing and consistently following written standards for providing CoC assistance, in consultation with the recipients of Emergency Solutions Grants program funds

Regional Leads are responsible for:

- Representing their Regional Committees in all matters pertaining to the NC BoS CoC.
- Regularly attending monthly Steering Committee and other NC BoS CoC meetings. Regional Leads, or their official designated alternates or stand-ins, must attend at least 75% of Steering Committee meetings for their Regional Committee to be eligible to apply for CoC funds. If the Regional Lead or official alternate are unable to attend the meeting, the Regional Lead should email NCCEH with contact information for a stand-in attendee.

At-large Steering Committee members are responsible for:

- Using their expertise to help the NC BoS CoC make better decisions and improve the response to homelessness.
- Helping to improve coordination between the CoC and the member's agency/sector.
- Attending at least 75% of Steering Committee meetings.





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## 4. Avoiding Conflict of Interest

To maintain high ethical standards, HUD requires Steering Committee members (Regional Leads/alternates and at-large members) to comply with Conflict of Interest requirements. Steering Committee members may not participate in or influence any discussions or decision regarding an award of financial benefit to an organization that s/he represents. Steering Committee members complete and sign a Conflict of Interest Information Form (in the full Governance Charter, Appendix 2) each year with updated information about organizations that s/he represents as an employee, donor, volunteer, member, board member, trustee, or any other affiliation.

## 5. Voting & Quorums

Each Steering Committee member (Regional Leads/alternates and at-large members) gets one vote in voting matters. Regional Leads and at-large members can vote, make motions, and second motions on matters before the Steering Committee. Officially elected alternates can also vote, make or second motions for the Regional Committee if the Regional Lead is not present or recuses him/herself. In the case a Regional Lead is also the alternate for a second Regional Committee and needs to register a vote, this person will get a vote for each Regional Committee.

Officially elected alternates count for Steering Committee attendance and towards reaching a quorum in the absence of the Regional Lead. In the event that the Regional Lead or the alternate cannot represent their Regional Committee at a Steering Committee meeting, another person may attend as a stand-in and count for Steering Committee attendance but cannot make or second motions or vote for the Regional Committee, if the Regional Lead or alternate is not present or recuses him/herself. Stand-ins do not count towards reaching a quorum.

A quorum within the Steering Committee membership must be present to hold a vote at regular Steering Committee meetings. A quorum is the minimum number of eligible voting members (51%). According to Robert's Rules of Order Newly Revised, Tenth Edition, the "requirement for a quorum is protection against totally unrepresentative action in the name of the body by an unduly small number of persons." If a quorum is not present, votes cannot be conducted.

Subcommittee meetings and workgroups do not require a quorum.

## Regional Committees

### 1. Purpose

The NC BoS CoC is broken down into local Regional Committees, which represent the totality of homeless services and providers in a given area. Regional Committees serve as a community resource for coordination and networking on the local level.





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## 2. Structure

In June 2016, the NC BoS CoC Steering Committee approved a proposal to restructure Regional Committees from 26 committees to 13. The restructuring process occurred from June through December 2016, with new Regional Committees in place as of January 1, 2017. Please find a list and map of the 13 NC BoS CoC Regional Committees in Appendix 3.

All Regional Committees of the NC BoS CoC must:

- Have a regular meeting time and place(s)
- Publish notices of their meeting agendas and minutes and open meetings to any interested party
- Post meeting agendas and minutes to the NCCEH website on a timely basis
- Have participation from a large variety of providers, stakeholders, and subpopulations from each county within the physical bounds of the Regional Committee
- Design Coordinated Entry systems within parameters set forth in the NC BoS CoC Coordinated Entry written standards
- Implement Coordinated Entry systems
- Annually elect a Regional Lead and alternate to represent the Regional Committee on the NC BoS CoC Steering Committee
- Elect leadership positions as outlined below

## 3. Roles & Responsibilities

Regional Committees are responsible for annually electing the leadership positions listed below. These positions serve one-year terms beginning January 1, and elections should be held in the fourth quarter prior to this start date. Each agency should be limited to no more than 2 leadership positions per region. Special approval may be granted by NCCEH staff and voted on by the NC BoS CoC Steering Committee to allow an agency to serve in more than 2 leadership positions per region. Elections must be reflected in Regional Committee meeting minutes.

- A Regional Lead to the Steering Committee (more on this above, Section V.(a) NC BoS CoC Steering Committee)
- An alternate lead
- One representative to the CoC Scorecard Committee
- One representative to the CoC Project Review Committee (keeping in mind conflict of interest restrictions, *i.e.*, that a member of this committee cannot also represent an agency applying for funding)
- A Coordinated Entry lead
- A Point-in-Time Count Lead





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- A Funding Committee Lead, who will oversee the ESG application process and ensure the Regional Committee is involved in CoC funding committees
- A webmaster, who is responsible for posting meeting minutes to the NCCEH website
- Representatives to working groups as necessary

The NC BoS CoC Regional Committees must also provide accurate and complete information on an annual basis, including:

- Point-in-Time population count and bed inventory from each member agency
- Listing of member agencies and services provided
- Information needed to complete the CoC application to HUD

Regional Committees encourage broad-based community stakeholder participation in their meetings. They also promote data quality among their members to include submitting timely and accurate:

- Annual Performance Reports (APRs) to HUD
- High-quality data within NC HMIS

Regional Committees are also responsible for:

- Coordinating the region's Emergency Solutions Grants funding process
- Encouraging Regional Committee members to participate in NC BoS CoC subcommittees
- Coordinating local temporary and permanent housing, services, and other resources
- Ensuring adequate HMIS bed coverage
- Supporting priorities set by the NC BoS CoC Steering Committee

## Subcommittees

The Steering Committee currently has four standing subcommittees which are open to any interested party. The subcommittees review performance measures, assess progress, and discuss best practices.

1. Coordinated Entry Council
2. Veterans Subcommittee
3. Funding and Performance Subcommittee
4. Nominating Subcommittee
5. Racial Equity Subcommittee

## Funding Application Committees

The Steering Committee currently has two standing subcommittees that inform the CoC's funding decisions. These committees meet on an as-needed basis.





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## 1. Scorecard Committee

- Composed of one representative from each NC BoS CoC Regional Committee and at-large Steering Committee members up to but not exceeding the number of Regional Committee representatives
- Determines criteria and scoring guidelines for new and renewal project scorecards

## 2. Project Review Committee

- Composed of one representative from each NC BoS CoC Regional Committee and at-large Steering Committee members up to but not exceeding the number of Regional Committee representatives (members cannot be from agencies applying for funding)
- Regional Committees should elect their Project Review Committee Representative during their fourth quarter leadership elections.
- Reviews and rates each project application according to the current scorecard
- Recommends ranked list of project applications for CoC collaborative application to the Steering Committee
- Reviews application materials for agencies applying for projects being transferred from existing CoC grantees and provides recommendation for Steering Committee approval.

## Coordinated Entry Council

- The Steering Committee appoints a standing Coordinated Entry Council to review, provide feedback on, and ultimately recommend approval of coordinated entry plans written by Regional Committees. The Coordinated Entry Council provides oversight for Regional Committees implementing coordinated entry by reviewing plan changes and system outcomes, providing support and feedback, and hearing grievances that cannot be resolved at the local level. The Coordinated Entry Council is made up of all elected Regional Committee Coordinated Entry Leads and other state-level experts.

## Working Groups

The Steering Committee forms short-term, outcome-focused working groups on an as-needed basis.

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## CoC and ESG Funds

The CoC and ESG programs are the main federal response to homelessness. The CoC Program funds rapid re-housing, transitional housing (very limited), permanent supportive housing, coordinated entry, CoC planning, and HMIS.





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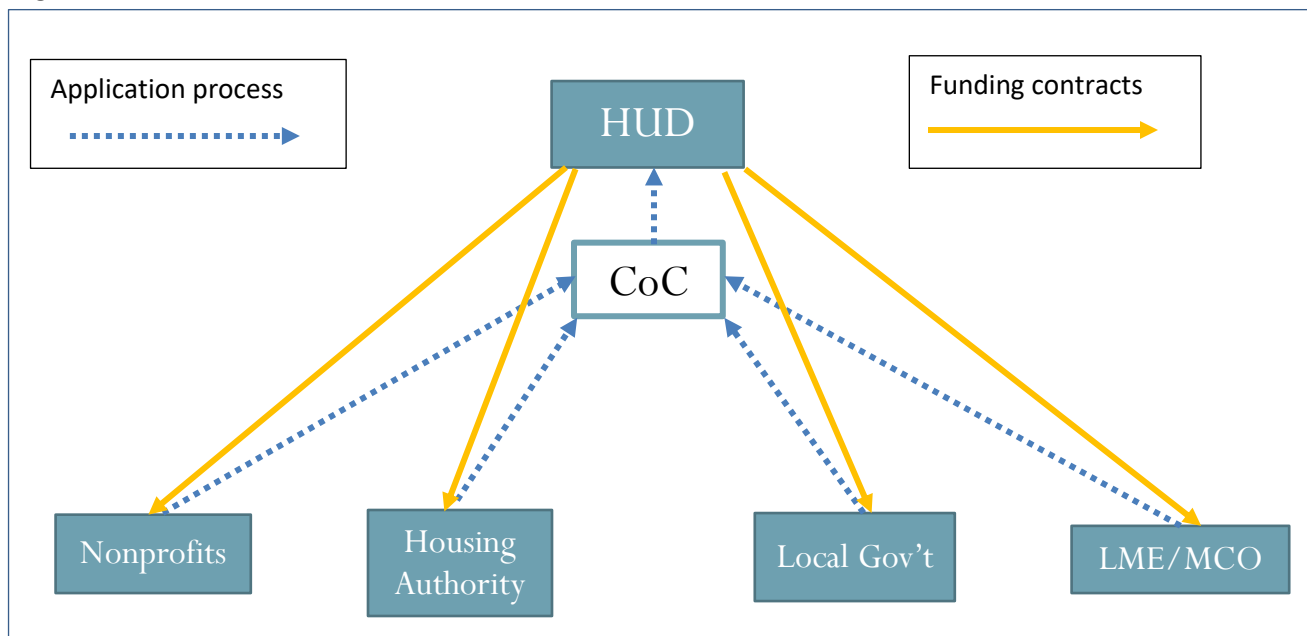
The Emergency Solutions Grant program funds homelessness prevention, street outreach, emergency shelter, and rapid re-housing.

The NC BoS CoC is responsible for preparing and overseeing the application process for HUD CoC grants and HUD ESG grants.

## The CoC program application and funding process

Agencies interested in receiving CoC funding submit applications to their Continuum of Care, which then submits a consolidated application on behalf of the CoC to HUD. HUD, then, contracts directly with the agencies operating the programs. The funding does not flow through the CoC. See figure 1.

Figure 1.



One designated agency, called the Collaborative Applicant, submits the CoC application on behalf of the CoC. NCCEH serves as the Collaborative Applicant for the NC BoS CoC. The CoC application timeline is dependent on when HUD opens the competition.

The application process is complex. Although the process changes year-to-year, it generally follows this framework:

1. [The Scorecard Committee](#) revises the CoC competition scorecards.





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2. The CoC solicits new applicants. Potential new applicants submit an intent-to-apply form.
3. HUD opens the CoC Competition with the release of a Notice of Funding Availability (NOFA).
4. New and renewal applicants submit applications to NCCEH.
5. NCCEH staff and the [Project Review Committee](#) review and score all projects.
6. The Project Review Committee provides a recommended Project Priority Listing to include in the final application.
7. The Steering Committee reviews and approves the ranked list of projects.
8. NCCEH submits application to HUD on the CoC's behalf.

Below is the NC BoS CoC's FY2018 CoC portfolio

<b>Entire portfolio</b>	<b>36 projects</b>	<b>\$8,410,642 total</b> <b>(\$8,146,642 excluding CoC planning grant)</b>
PSH	27 projects	\$6,404,902
RRH	5 projects	\$798,674
HMIS	1 project	\$519,299
SSO-CE	2 project	\$423,767
CoC planning	1 project	\$349,781

## The ESG Funding Process

The ESG application and funding process operates differently from the CoC Program competition. ESG funding still originates with HUD. HUD distributes funding to certain state and local governments by formula and those governments fund programs. The state ESG office in the NC Department of Health and Human Services administers ESG funding for the state of NC.

In the ESG application process, agencies submit applications to Regional Committees (Local Planning Agencies per the state ESG Office), and Regional Committees submit applications to the ESG office directly without approval from the CoC's Steering Committee. The ESG office contracts directly with individual agencies. See figure 2.





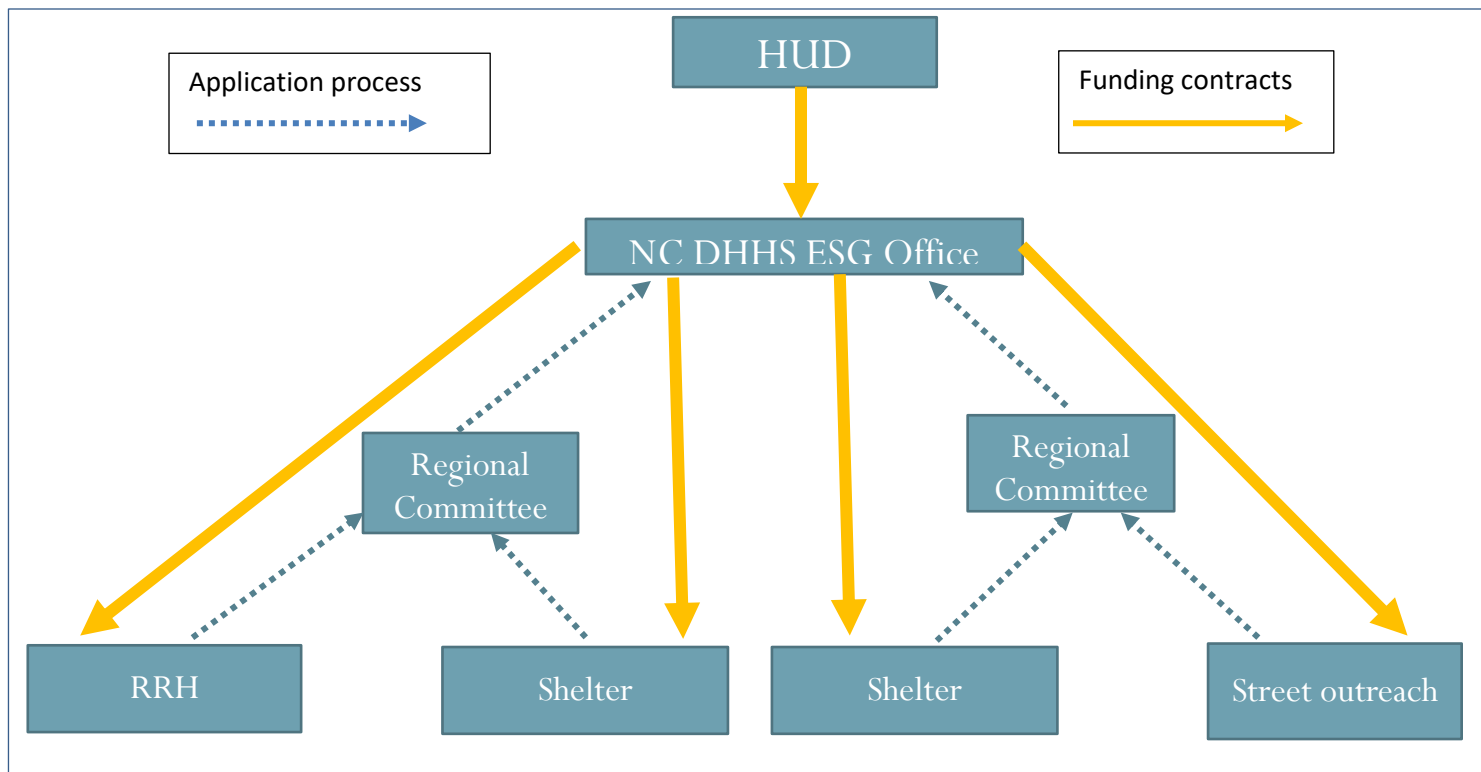
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Figure 2.



The FY2019 ESG funding portfolio is below.

	2019
Emergency Response (Shelter & Outreach)	\$ 812,267
Housing Stabilization (RRH & Prevention)	\$1,225,949
HMIS	\$ 29,001
<b>Total Funding</b>	<b>\$ 2,067,217</b>

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## Types of Homeless Service and Housing Programs

### Permanent Supportive Housing

Permanent supportive housing combines long-term rental assistance and intensive services for people with disabilities, prioritized for people with the longest histories of homelessness and highest service needs. All current NC BoS CoC PSH programs are dedicated for households experiencing chronic homelessness. There is no time limit on receiving PSH.

Federal funding sources for PSH:

- CoC
- HUD-VASH (for Veterans): HUD-VASH combines Housing Choice Vouchers (also known as Section 8 Vouchers) for rental assistance and services provided by local Veterans Affairs Medical Centers.
- PSH can also be created by intentionally combining other rental assistance resources (like Housing Choice Vouchers or Public Housing) with mainstream services (like Medicaid).

State funding for PSH

- Targeted/Key Program (funded by NC DHHS)

### Rapid Re-housing

Rapid re-housing combines time-limited rental assistance and services, focused on rapid exit from homelessness. In CoC and ESG-funded RRH, households can receive rental assistance and services for up to 24 months.

Funding Sources for RRH:

- CoC
- ESG
- HOME Investments Partnership Program
- Community Development Block Grants (CDBG)

### Street Outreach

Street outreach teams engage people living in unsheltered situations and connect them with emergency shelter, housing, and other emergency services.

An outreach team's purpose is to work with unsheltered individuals who can't access the homeless service system on their own to ensure they are connected to the appropriate services and permanent housing.





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## Funding Sources for Street Outreach:

- Supportive Services for Veteran Families (Veterans only)
- Projects for Assistance in Transition from Homelessness (PATH)
- ESG

## Emergency Shelter

Any facility with overnight sleeping accommodations intended primarily to provide temporary shelter for people experiencing homeless.

### Federal funding sources:

- ESG
- VA contracting for beds
- Department of Justice Office on Violence Against Women grants
- Department of Health and Human Services – Runaway and Homeless Youth Grants (RHY)

### State funding sources:

- Supportive Housing Development Program at NC Housing Finance Agency
- NC Council for Women & Youth Involvement Grants

### Other funding sources:

- Private foundations
- Private donors

## Prevention/Diversion

Diversion targets unstably housed people who are seeking access to shelter. Services include problem solving, mediation, and one-time flexible financial assistance to preserve a household's current housing and/or to help households move directly to alternative housing.

### Funding Sources:

- ESG
- SSVF (Veterans only)

## Transitional Housing

Transitional housing is time-limited housing (can be shared units or individual apartments owned or leased by the provider agency), typically with stays of 6 to 24 months.





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Transitional housing is a service intensive model in which clients receive case management, on-site health and behavioral health services; education; employment; life skills and other services.

Transitional housing is the most expensive intervention and most evaluations find transitional housing is not cost effective. In general, HUD has stopped funding new transitional housing. Transitional housing can be effective with certain groups such as people fleeing domestic violence and youth.

## Written Standards

CoCs must set standards for program design for each of the above program types. The NC BoS CoC's written standards are available here: <http://www.ncceh.org/bos/>. All Steering Committee members should read the written standards in full.

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## Coordinated Entry

Coordinated entry shifts the response to homelessness from programs to systems. A program-centric homeless service system leaves decisions about who to serve to each individual programs, resulting in a fragmented, uncoordinated system that is difficult for people experiencing homelessness to navigate.

Problems in the homeless service system before coordinated entry include:

- People received services on a first-come, first-serve basis, not based on their need.
- Accessing services was difficult and time consuming. Clients were expected to navigate on their own.
- Resources were not used effectively: people with low service needs received high-cost resources and vice versa.
- Communities did not know the extent of need for homeless services.

Coordinated entry tries to solve these problems. Under coordinated entry, the system sets standards for who receives which services and the path to services is clear and highly coordinated.

Coordinated entry systems can be defined by four steps: access, assessment, prioritization, and referral. The requirements of each step are below.

### 1. Access

- Defined access points into the homeless system
- Access points cover the whole CoC
- Assertive outreach and advertising to underserved groups
- Access points connect people to emergency services (shelter, DV, other)





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## 2. Assessment

- The community uses a standardized assessment tool to help assess clients' needs for homeless resources. The NC BoS CoC uses the VI-SPDAT.
- The community cannot screen people out from being considered for homeless services.

## 3. Prioritization

- The community establishes clear, transparent criteria to prioritize people for homeless services, based on the assessment tool.
- Prioritization criteria should be based on need.
- Prioritization criteria must not include barriers to housing and must be non-discriminatory.
- Only permanent housing resources are prioritized, emergency resources should be available to everyone who needs them, if possible.

## 4. Referral

- The community establishes a uniform, coordinated referral process to all services.
- All CoC- and ESG- funded permanent housing MUST take referrals only through the region's coordinated entry prioritization list.
- Programs have low barriers to receiving services.

## The NC BoS CoC Coordinated Entry process

Each Regional Committee operates its own system, under the policies and procedures set out by the NC BoS CoC's [Coordinated Entry Written Standards](#). All regional systems follow a similar model:

**Access:** All regional systems currently use a "no-wrong-door" approach – any agency that serves homeless households operates as an access point.

All access points use the Prevention and Diversion Screen to assess whether a household can be safely diverted from the homeless service system or needs an immediate referral to emergency services (shelter or domestic violence services).

**Assessment:** Once a household is homeless, the NC BoS CoC uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize households for permanent housing resources. The VI-SPDAT measures a household's vulnerability to mortality while homeless and recommends what intervention may work best for the household (rapid re-housing or permanent supportive housing).

In general, people who score higher on the VI-SPDAT are prioritized for housing, and usually served using permanent supportive housing, and people who score lower on the VI-SPDAT are usually served using rapid re-housing.





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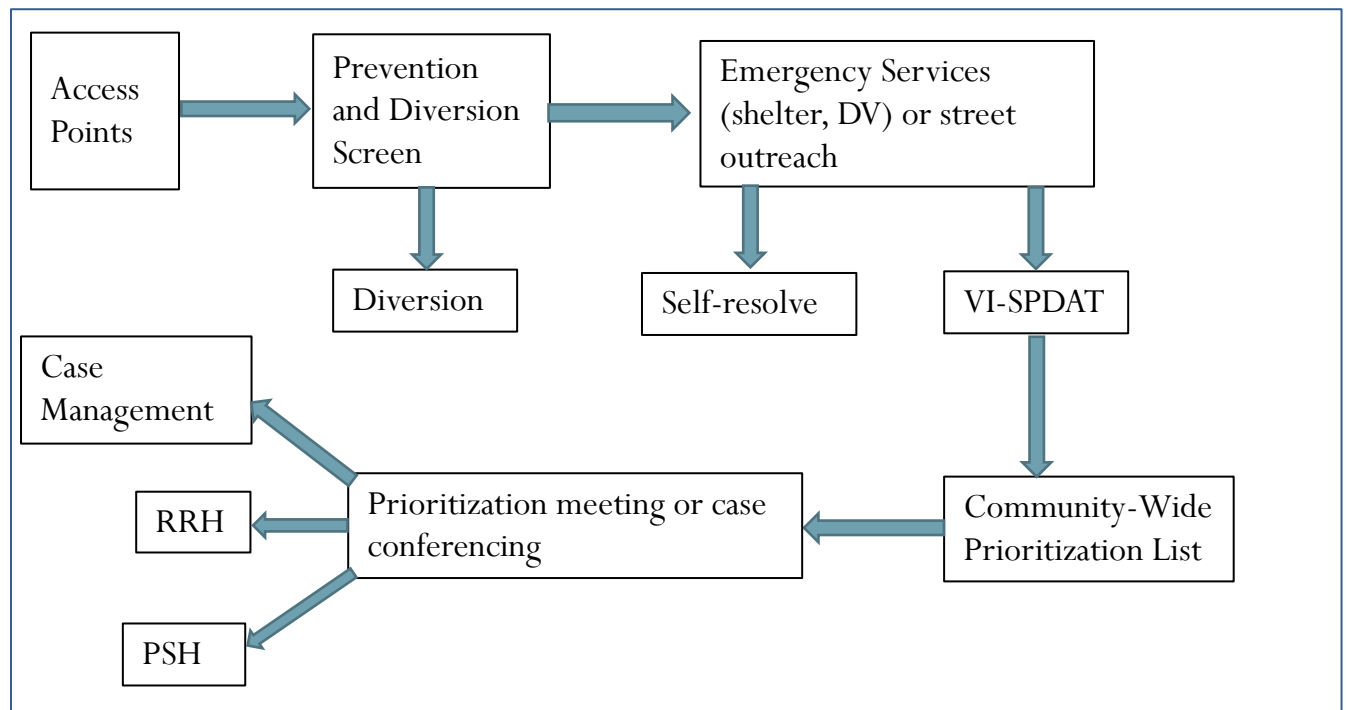
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**Prioritization:** Once households are assessed, the community uses a shared prioritization waiting list, ordered by the prioritization factors.

**Referral:** Households are referred to services based on need from the prioritized, community-wide waiting list. Regional Committees hold regular prioritization or case conference meetings to help make referral decisions.

Figure 3, below, illustrates the NC BoS CoC's coordinated entry process.

Figure 3.



## After permanent housing placement: The Case Management Tool

The NC BoS CoC has also adopted a tool called the Case Management Tool to help case managers assess a household's progress toward stability. It helps case managers determine when a household could receive less assistance or live completely independently. Successfully moving households out of services is important to allow newly homeless households to receive help.





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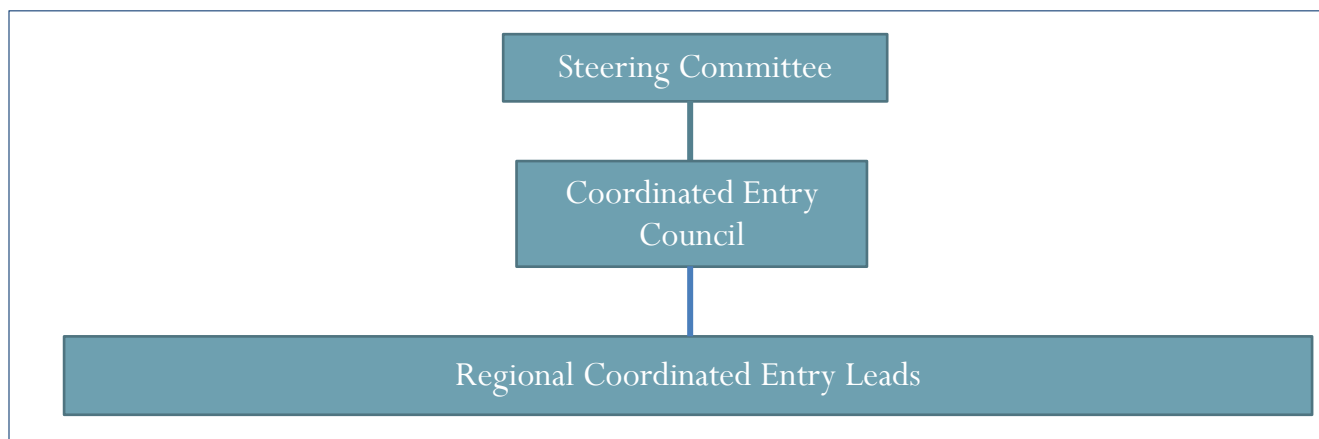
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## Structure and Oversight of Coordinated Entry

The chart, below, outlines how coordinated entry is structured in the NC BoS CoC. The Steering Committee has ultimate oversight over the system. The Coordinated Entry Council sets policy, reviews outcomes, and provides technical assistance. The Regional Committees, led by Coordinated Entry Leads, implement and operate the coordinated entry system itself, with each Regional Committee operating a semi-independent system or "referral zone." See figure 4.

Figure 4.



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## Data and HMIS

### Introduction to Homeless Management Information Systems (HMIS)

All CoCs must operate a Homeless Management Information System or HMIS. The HMIS helps the CoC collect data on the services they provide, the number of people experiencing homelessness in the CoC, the number of people receiving services in the CoC, and outcomes of the CoC's programs.

Each CoC must designate an HMIS Lead to operate the HMIS system. Currently the NC BoS CoC's lead is the North Carolina Coalition to End Homelessness. The CoC is using a regional HMIS called HMIS@NCCEH that serves the NC BoS CoC along with the Durham and Orange CoCs.

Most federally funded homeless service programs are required to enter data into HMIS, including CoC- and ESG- grantees and SSVF grantees, though domestic violence programs are expressly prohibited from entering data into HMIS, even if they are a homeless program grantee. Domestic violence providers must use a comparable database to HMIS that can pull required documentation for





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CoC- and ESG-funded projects. Other homeless service providers may, and are encouraged to, also use HMIS.

## Key CoC Performance Data

The CoC must provide four annual reports to HUD:

### 1. The Point-in-Time Count (PIT)

The Point-in-Time Count is a one-night count at the end of January of all people experiencing homelessness in the CoC (or CoCs may count a representative sample). HMIS provides some of the data for this count, but it must also include counts of people who are not participating in a homeless program, including people living in unsheltered situations and people being served by programs that do not enter data into HMIS.

2019 NC BoS CoC's Point-in-Time Count				
Total Homeless	Total homeless people in families	Chronically homeless	Homeless Veterans	Unaccompanied Youth (under 25)
2,989	776	299	166	169

### 2. The Housing Inventory Count (HIC)

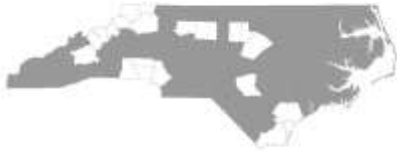
The HIC counts the beds specifically for people experiencing homelessness, including emergency shelter, transitional housing, rapid re-housing, permanent supportive housing and other permanent housing.

2019 NC BoS CoC's Housing Inventory Count			
Total emergency shelter beds	Total transitional housing beds	Total rapid re-housing beds	Total permanent supportive housing beds
2,653	668	336	1,720

### 3. The Annual Homeless Assessment Report (AHAR) using the Longitudinal System Analysis

This report counts the number of people served by the CoC each federal fiscal year and includes data from HMIS and the annual PIT count. The CoC submits this report to HUD and is shared with the U.S. Congress to make annual allocations for homeless service funding.





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#### 4. System Performance Measures (SPMs)

System performance measures are the key outcomes HUD requires CoCs to use to evaluate their performance. They are generated by HMIS.

There are six SPMs currently used by HUD to evaluate the NC BoS CoC:

1. Length of time homeless
2. Returns to homelessness after exiting to permanent housing
3. Number of homeless persons
4. Employment and income growth (CoC grantees only)
5. Number of first-time homeless
6. Placement into and retention of permanent housing

### Coordinating services with HMIS

HMIS can also help coordinate services by sharing data between agencies. The NC BoS CoC is currently working to track “by-name lists” in HMIS, which are lists of every person currently experiencing homelessness in a community. These lists are used for coordinated entry to target resources and refer each household to an appropriate program.

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## Ending Veteran Homelessness

### The NC BoS CoC Plan to End Veteran Homelessness

In 2016, the NC BoS CoC outlined a [plan to end Veteran homelessness](#). This plan designates Supportive Services for Veteran Families (SSVF) grantees as the main leaders of efforts to end Veteran homelessness in the CoC. The plan has three basic components:

1. Regional Veteran leadership: One SSVF grantee in each region is designated as the lead and must coordinate the whole region’s response to Veteran homelessness.
2. The NC BoS CoC Veteran Subcommittee: This subcommittee oversees the NC BoS CoC’s plan to end Veteran homelessness. It consists of all SSVF grantees, representatives from federal and state government, representatives from every VA Medical Center serving NC BoS CoC counties, and other interested parties.
3. Using by-name lists to track Veteran homelessness: The CoC uses by-name lists that track every Veteran experiencing homelessness and their housing and service needs. These lists are tracked using HMIS.







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## **Regional Veteran Plans**

Each of the 13 Regional Committees has a plan to end Veteran homelessness. The plan identifies a primary SSVF grantee for each region who provide outreach to homeless Veteran households, assess them for eligibility, and oversee their connection to housing. These SSVF grantees will act as system navigators for each identified Veteran, no matter the Veteran's VA eligibility status, to ensure data collection and connection to permanent housing as quickly as possible.

Veteran by-name lists are tracked in HMIS and are available for Coordinated Entry Leads and SSVF providers to track progress toward ending Veteran homelessness in each region. In 2019, the NC BoS CoC will improve integration of Veteran by-name lists into coordinated entry systems.

These plans should be updated regularly and evaluated for effectiveness. Regional plans can be found on the Regional Committee webpages via this link: <https://www.ncceh.org/bos/regionalcommittee/>

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## Appendix A. Resources list

### **The McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act**

The [HEARTH Act](#) is the statute that authorizes and governs CoC and ESG programs.

#### **CoC Program Interim Rule**

[The CoC Program Interim Rule](#) outlines HUD's regulations that implement the HEARTH Act. The interim rule details requirements of CoCs and CoC programs.

#### **The ESG Interim Rule**

[The ESG Interim Rule](#) outlines HUD's regulations that implement the HEARTH Act. The interim rule details requirements of ESG grantees and ESG-funded programs.

#### **CoC Competition NOFA**

HUD uses the annual Notice of Funding Availability for CoC program funds to set additional requirements for CoCs and CoC programs. The [2019 NOFA](#) includes items like providing services to special populations (survivors of domestic violence and youth), meeting goals like ending Veteran and chronic homelessness, and using system performance measures.

#### **NC BoS CoC Resources on NCCEH's website**

- The [Governance Charter](#)
- [Coordinated entry documents](#)
- [Street Outreach Written Standards](#)
- [Emergency Shelter Written Standards](#)
- [Transitional Housing Written Standards](#)
- [Homelessness Prevention and Rapid Rehousing Written Standards](#)
- [Permanent Supportive Housing Written Standards](#)
- [Resources on Veteran homelessness](#)
- [Subcommittees and Workgroups](#)
- [HMIS resources](#)
- [Regional Committee webpages](#)
- [Resources for CoC grantees](#)
- [Resources for prospective grantees](#)
- [The CoC application](#)
- [The ESG application](#)

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## Appendix B. Acronyms

AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report
CAPER	Consolidated Annual Performance and Evaluation Report
CE	Coordinated entry
CoC	Continuum of Care
ES	Emergency shelter
ESG	Emergency Solutions Grant (formerly Emergency Shelter Grant)
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009
HIC	Housing Inventory Count or Chart
HMIS	Homeless Management Information System
HP	Homelessness prevention
HUD	United States Department of Housing and Urban Development
HUD-VASH	HUD-Veterans Affairs Supportive Housing Programs
ICCHP	Interagency Council for Coordinating Homeless Programs
LSA	Longitudinal System Analysis
NC BoS CoC	North Carolina Balance of State Continuum of Care
NC DHHS	North Carolina Department of Health and Human Services
NCCEH	North Carolina Coalition to End Homelessness
NOFA	Notice of Funding Availability (usually referring to the CoC competition NOFA)
PIT	Point-in-Time Count
PSH	Permanent supportive housing
RRH	Rapid re-housing
SO	Street outreach
SPM	System Performance Measures
SSO	Supportive services only projects





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SSVF	Supportive Services for Veteran Families
TH	Transitional housing
TH-RRH	Joint component transitional housing and rapid re-housing programs

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