CONTINUUM OF CARE AND

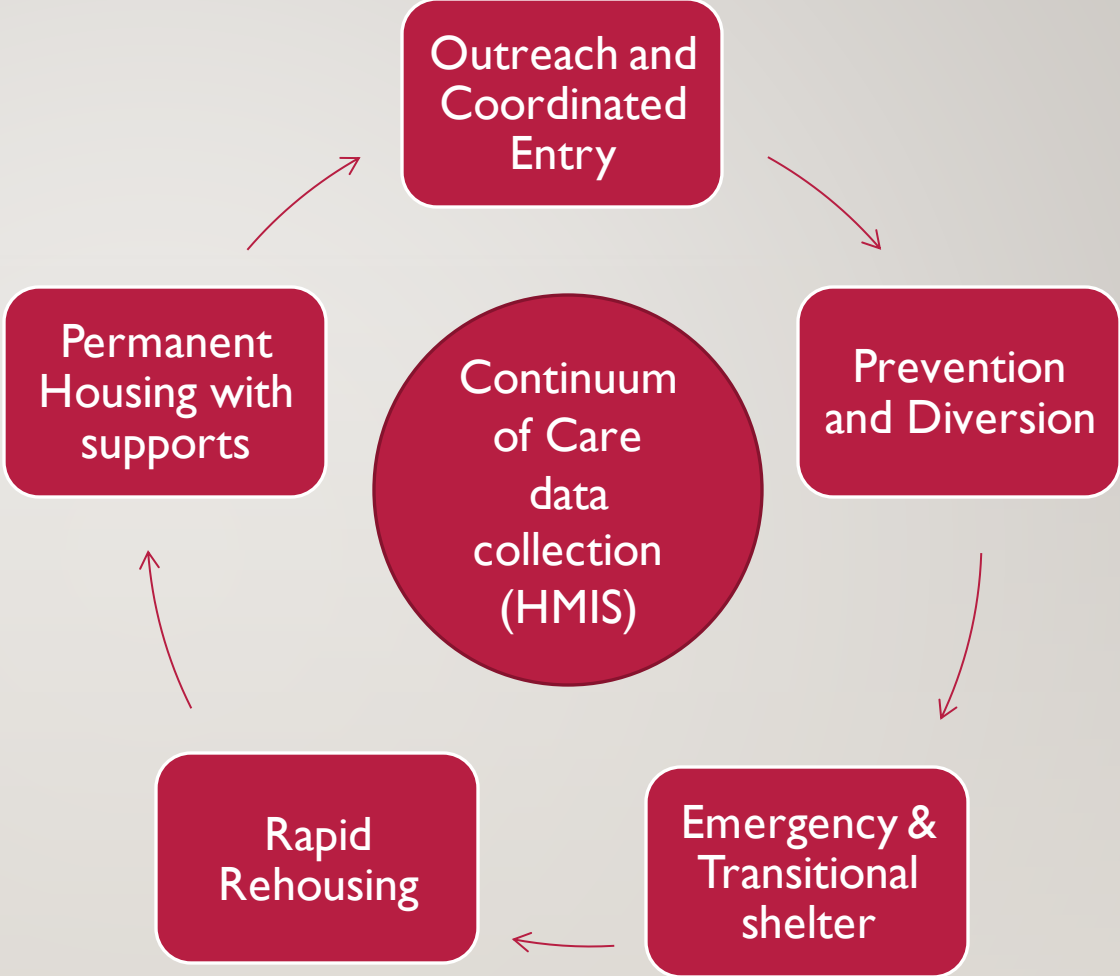# UNDERSTANDING COMMUNITY NEED

WHAT IS A CONTINUUM OF CARE?

The Continuum of Care is a community plan and planning group deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and self-sufficiency.

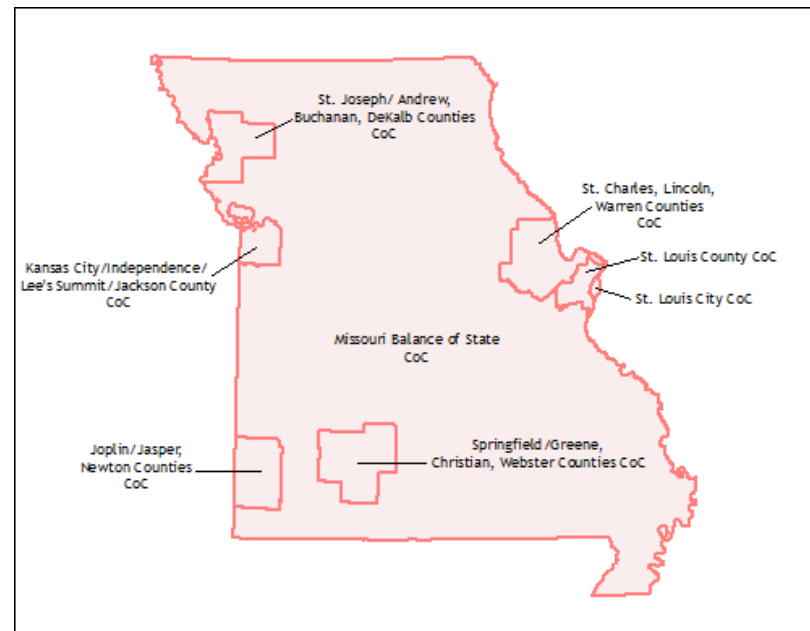It includes action steps to end homelessness and prevent a return to homelessness. (HUD, 2001)

COMPONENTS OF A CONTINUUM OF CARE

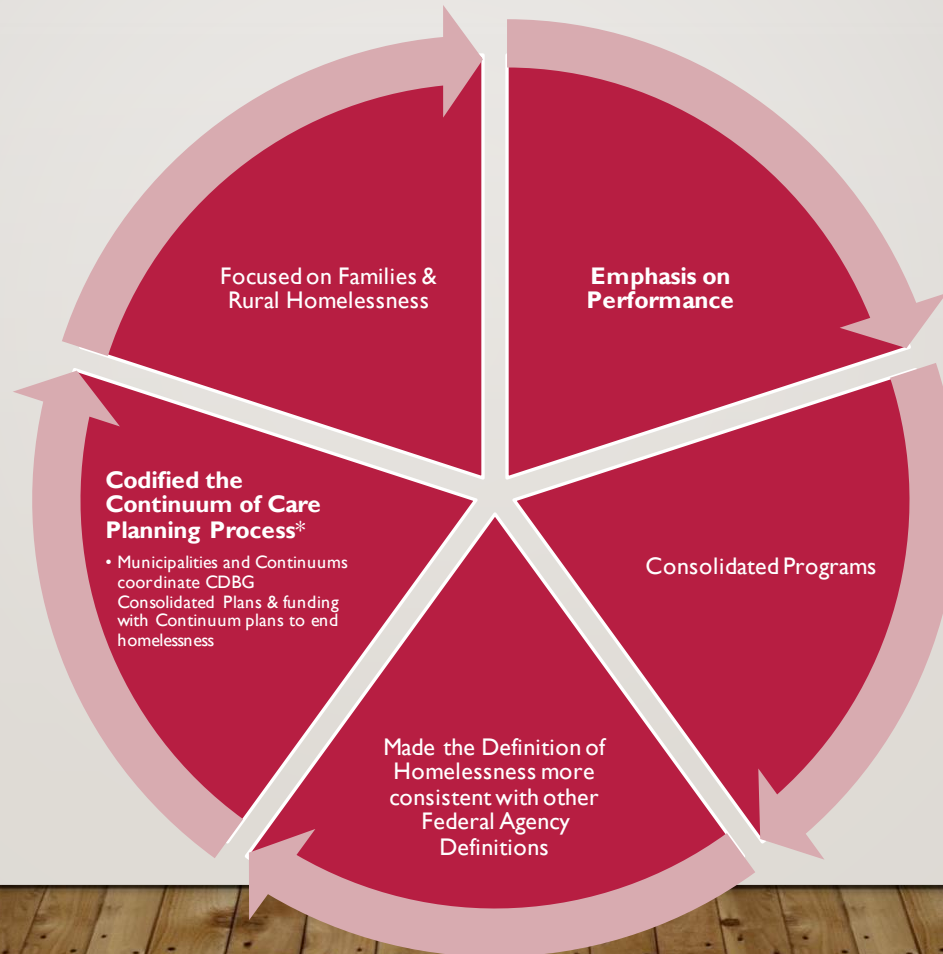Building an effective housing response system

Outreach and Coordinated Entry

Prevention and Diversion

Continuum of Care data collection (HMIS)

Emergency & Transitional shelter

Rapid Rehousing

Permanent Housing with supports

There are 8 Continuums statewide

Missouri Continuum of Care Jurisdictions

St. Joseph/ Andrew, Buchanan, DeKalb Counties CoC

St. Charles, Lincoln, Warren Counties CoC

St. Louis County CoC

St. Louis City CoC

Kansas City/Independence/ Lee's Summit/ Jackson County CoC

Missouri Balance of State CoC

Joplin/Jasper, Newton Counties CoC

Springfield/Greene, Christian, Webster Counties CoC

- **McKinney Act – 1987**
  - Established or modified programs in federal agencies to target homelessness ; Established the US Interagency on Homelessness (USICH)

- **HUD-1996**
  - Began requiring Communities to develop a Continuum of Care (CoC) to apply for federal housing funding

  - Required CoCs to coordinate services and conduct community planning to address homelessness in partnership with municipal governments

FEDERAL INVOLVEMENT IN HOMELESSNESS

THE HOMELESS EMERGENCY ASSISTANCE AND RAPID TRANSITION TO HOUSING (HEARTH) ACT (2009)

LOCAL COORDINATION BETWEEN CDBG AND CONTINUUM PLANNING

- The Hearth Act requires **measureable goals and progress in addressing homelessness in the Consolidated plans for CDBG funding**

  - **A community's homeless plan is <u>evaluated to determine how homelessness is reduced</u>**.

  - Communities are evaluated on responsiveness to need and the quality of outcomes

- The HEARTH Act requires **goal setting**, **performance outcomes,** data sharing, and coordination between Municipal CDBG Consolidated plans and Continuum plans.
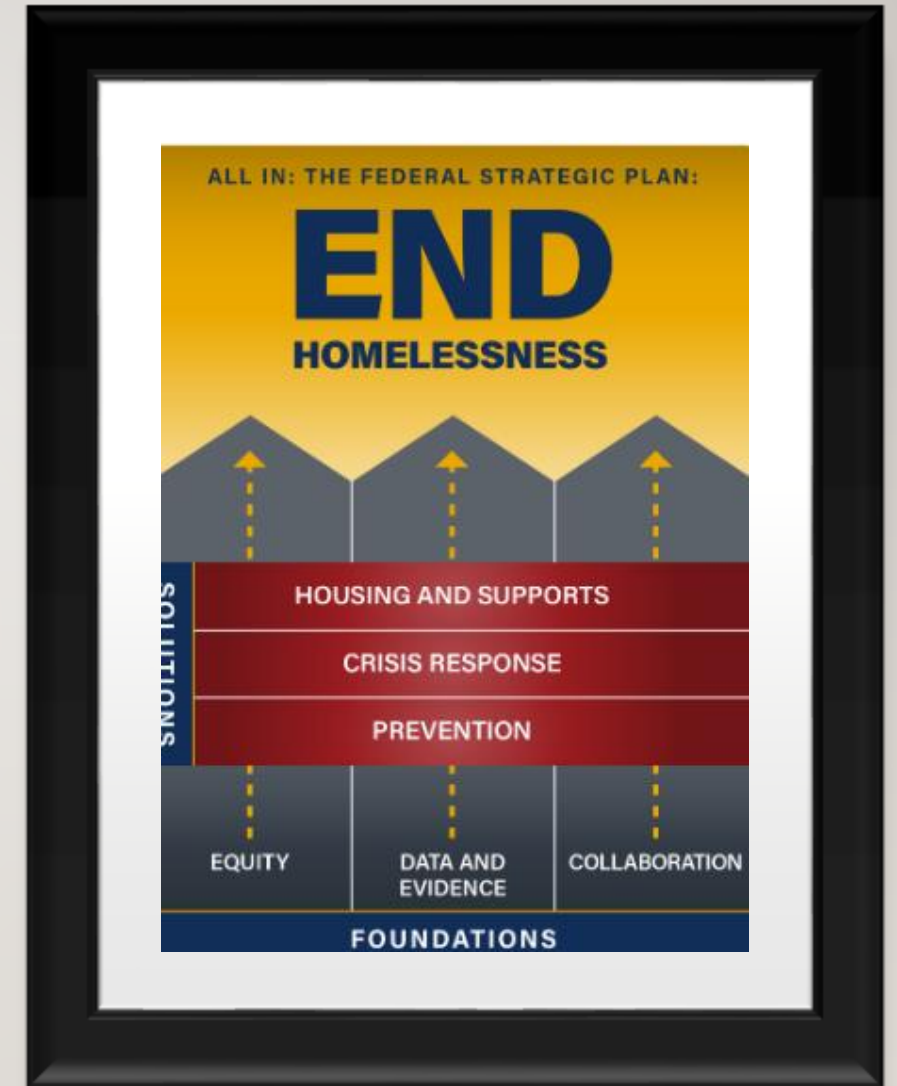
THE NEWEST FEDERAL STRATEGIC PLAN

All In: **Vision for the Future**

This plan is built upon our vision of a nation in which **no one** experiences the tragedy and indignity of homelessness—and **everyone** has a safe, stable, accessible, and affordable home.

GOAL: Reduce homelessness 25% by 2025

QUICK FACTS

- Nationally, about 1.25M people experience homeless in a year, and 580,000 people experience on a single night in January.

- In St. Charles County, approximately 1100 households become homeless in a year; approximately 425 are homeless on any day.

- About 30% of the total homeless population in our county is part of a family; about 5% are veterans; 16% have experienced domestic violence

QUICK FACTS

Coordinated Entry received over 10,000 calls for housing assistance in 2022.

Our CoC receives 4% of the regional CoC funding, although we have 25% of the regional homeless population, and 36% of the regions unsheltered homeless

90% of the households that are rehoused do not become homeless again within 2 years

It takes an average of 212 days to rehouse a homeless household in our community

THE INSTABILITY CASCADE
(ISAAC D. CASTILLO)

For a fragile family, a single instance of instability can trigger a cascade of additional events that cause further instability:

Employment instability → Economic instability → Residential instability → School instability

When families face multiple forms of instability, stress can become overwhelming and prevent a family from accessing sufficient resources to buffer the impact on their child's well-being.
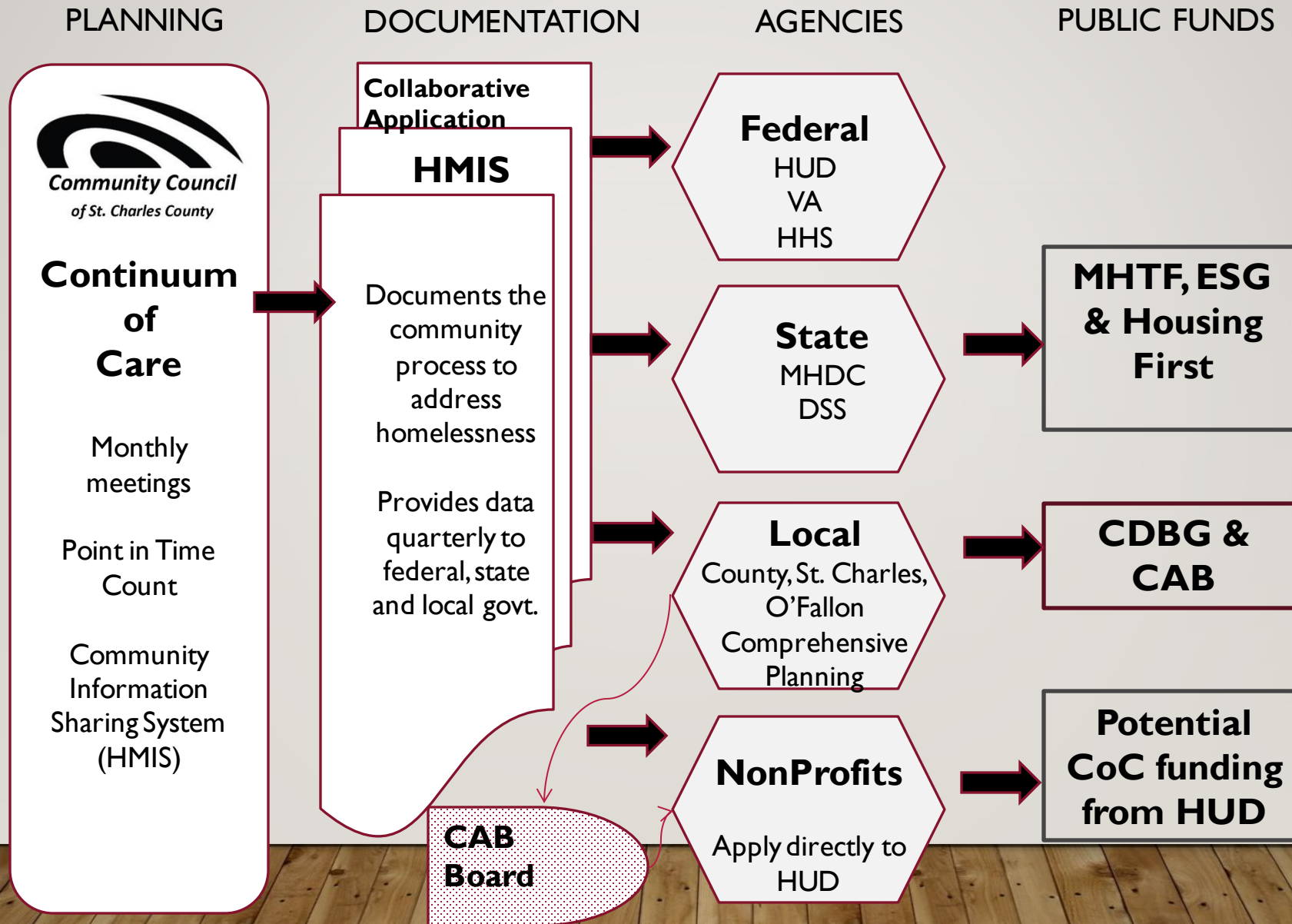
IMPACT OF INSTABILITY AND POVERTY

➢ **Induces stress** and a loss of resources which affect parent's ability to buffer against consequences on child well-being.

➢ **Chronic instability** is associated with toxic stress and **leads to the most adverse child outcomes**

➢ **Affects kinship & social support systems**, including the ability of "anchor" institutions (such as schools, childcare, health care) and public safety net programs to effectively reduce negative outcomes.

RESPONSIBILITIES OF THE CONTINUUM OF CARE, IN PARTNERSHIP WITH COUNTY GOVERNMENT AND THE CAB BOARD:

- Assess community need, gather data to address needs, and develop plans to address homelessness in coordination with state and federal plans

- **The CAB Board oversees and allocates Homeless and Indigent Funding to support community, municipal, and Continuum goals**

- The Continuum of Care coordinates other Federal, State and Local funding available at the community level to address homelessness

COORDINATION OF HOMELESS PLANNING & FUNDING WITH OTHER GOVERNMENT PROGRAMS

PLANNING

DOCUMENTATION

AGENCIES

PUBLIC FUNDS

Community Council of St. Charles County

Continuum of Care

Monthly meetings

Point in Time Count

Community Information Sharing System (HMIS)

Collaborative Application

HMIS

Documents the community process to address homelessness

Provides data quarterly to federal, state and local govt.

Federal
HUD
VA
HHS

State
MHDC
DSS

Local
County, St. Charles, O'Fallon Comprehensive Planning

NonProfits

Apply directly to HUD

CAB Board

MHTF, ESG & Housing First

CDBG & CAB

Potential CoC funding from HUD

THE COC EXECUTIVE COMMITTEE LEADS PLANNING AND MONITORS COMMUNITY PROGRESS TO END HOMELESS

MO-503 Continuum of Care Progress Report 2021-2023

Summary of Key metric results 6-12				Annual 10/1/20-9/30/21		Q1 (10/1/21-12/31/21)	Q2 (1/1/22-3/31/22)	Q3 (4/1/21-6/30/22)	Q4 (7/1/22-9/30/22)	Annual 10/1/21-9/30/2022
	Key result	Metric	Community System Performance	Target (2022)	Result	Result	Result	Result	Result	Result
Out-comes	1	SPM 5.1	% of people experiencing First time homelessness	90%	(86%) 641	80%	81%	80%	78%	(79%) 472
	2	SPM 1.a	Average length of time persons remain homeless (in ES)	24 days	25 days	23 days	25 days	28 days	35 days	32 days
	2a	LSA	Average length of time homeless for families							
	3	SPM 7b.1 and LSA	% of households in Emergency Shelter (ES), Transitional Housing (TH), and Rapid Rehousing (RRH) obtaining permanent housing	60%	36%	31%	33%	37%	32%	36%
	3a	SPM 7b.2	% of households in permanent housing retaining permanent housing	95%	98%	98%	98%	99%	100%	99%
	4	SPM 2.a and LSA	% of persons/households returning to homelessness over a 12 month period	3%	3%	3%	3%	2%	1%	1%
	4a	SPM 2.a	% of persons/households returning to homelessness over a 6-month period	2%	2%	3%	2%	2%	8%	3%
	5	SPM 4.4	% of adult leavers with increased earned income	22%	21%	13%	13%	10%	10%	11%
	5a	SPM 4.5	% of adult leavers with increased non-employment cash income	22%	21%	16%	13%	20%	0%	18%
	6	MOHIP CE	# of households prevented from becoming homeless		2957	892	746	983	961	3582
	7	Tableau-exits to PH	# of households rehoused		348 (year)	132	145	78	55	410 (year)

	Key result	Lead Committee	Key Results	Annual Result	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Annual Result
	1	Executive	**Reduce and Prevent homelessness among households in a housing crisis** Develop CoC strategies to best capture and use federal funding available. (ARP, CoC, Etc.) Promote need for funding for shelter, housing, prevention, and transportation needs of persons in a housing crisis Set target production goals to increase shelter and affordable housing to improve CoC performance Strengthen CoC capacity through monthly Exec. planning sessions, 10 monthly information sharing meetings, and basecamp. Recruit and maintain a strong, diverse CoC leadership team. Engage new community partners.	61% reduc. In evictions.; CV funding secured for motel sheltering and transporation; regular church food delivery to homeless and fragile HH; 10 informative CoC meetings; Partnerships with Lincoln & Warren Co. providers strengthened. Exec. committee recruited diverse membership and met monthly to review progress of CoC	CE assessed 1150 persons; Agencies accepted 543 referrals.New board members added to Ex.Committee; Compass crisis access program opened	CE assessed 910 persons; agencies accepted 508 referrals; PIT count & debriefing were held; HMIS capacity grant progress shared; racial equity outcomes by program type shared	CE assessed 983 persons; agencies accepted 498 referrals; public hearing for ARPA funds for St. Charles Co. & O'Fallon; approved 2 new board members	CE assessed 1317 persons; agencies accepted 502 referrals. CoC collaborative app. & special unsheltered collaborative app were submitted with requests for renewal and new funding.	As of 11/7/22, nearly 17 M in SAHFR funding in St. Charles, Lincoln, and Warren Co. has assisted over 3500 households remain in their homes; 410 households rehoused; responded to 75 flooding calls

COORDINATED ENTRY

- Captures unmet need
- Allow people seeking assistance to complete one intake for all housing programs in the community
- Screen for program eligibility for all publicly funded community housing programs
- Since client information is collected at one housing intake, persons needing help make one call to access all services that they may be eligible for, and agencies spend less time on intake and eligibility screening.

IN SUMMARY…WE ARE ALL IN THIS TOGETHER!

- "Stable housing is the foundation on which people build their lives. Absent a safe, decent, and affordable place to live, it is next to impossible to achieve good outcomes or reach one's economic potential."

  -US Interagency to End Homelessness