

**TO:** Chicago Planning Council on Homelessness  
**FROM:** Governance and Structure Steering Committee  
**DATE:** July 26, 2013  
**RE:** Continuum of Care Governance and Structure Recommendations

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In late 2012, this body charged the Governance and Structure Steering Committee with proposing changes to Chicago Continuum of Care (CoC) structure and governance mechanisms, in consultation with a national technical assistance team that will help the CoC align with new HUD guidelines.

The Steering Committee is pleased to submit recommendations which are derived from stakeholder input gathered during a six-month planning process. With guidance from the technical assistance team (TA) and stakeholder feedback, the Steering Committee identified five key recommendations that align with HUD's expectations for the structure and governance of Continuums of Care and respond to feedback from Chicago CoC stakeholders.

- Establish the Chicago Continuum of Care as a membership-based organization. HUD requires CoC membership that reflects the broad diversity of stakeholder interests, including non-HUD funded providers and other community stakeholders who contribute to efforts to address homelessness.
- Designate the Chicago Planning Council on Homelessness as the formal governing body of the Chicago Continuum of Care. HUD requires the establishment or designation of a formal CoC governing body.
- Shift the scope and work of the Chicago Planning Council on Homelessness beyond HUD homeless assistance funding policy decisions to an expanded focus on achieving the goals of preventing and ending homelessness through Plan 2.0. HUD requires that CoCs promote a community-wide commitment to ending homelessness and leverage non-HUD resources to do so.
- Articulate sharper lines of demarcation between Continuum of Care and the Chicago Alliance to End Homelessness, including clear roles, responsibilities, and accountability. The CoC must designate a Collaborative Applicant to undertake defined CoC planning activities and the CoC must monitor the Collaborative Applicant's performance.
- Commit to broader and more inclusive participation throughout the Continuum of Care. In addition to broadening the diversity of stakeholders in the CoC, HUD expects CoCs to establish operational standards that include opportunities for information sharing and participation such as membership meetings, committees and work groups. Stakeholder feedback overwhelmingly embraced strategies that support participation and engaging diverse membership.

The enclosed document further discusses these key recommendations and outlines additional recommendations that focus on process improvements. In the document, corresponding TA recommendations are noted in brackets where applicable. If there is not a TA recommendation noted, the recommendation came from Steering Committee discussion.

The next step in the process will require the CoC to transform the adopted recommendations from broad concepts to a CoC charter or bylaws document. We recognize that a significant amount of work and discussion remains and we look forward to continued partnership with the Planning Council and other CoC stakeholders to achieve that goal.

#### Governance and Structure Steering Committee

Sherri Allen-Reeves	Sandi Murray	Debbie Culpepper*
Nonie Brennan	John Pfeiffer	Randall Doubet-King*
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\*The Steering Committee held open meetings and these individuals also participated and contributed to the work of the committee.

## **I. Introduction**

With the passage of the HEARTH Act in 2009 and the release of implementing regulations in 2012, Congress and the Department of Housing and Urban Development (HUD) took important steps to ensure that communities using federal funds to address homelessness implement organizational structures and governance mechanisms that will support collaborative, community-wide processes for planning and overseeing homelessness-related housing and services. HUD also funded technical assistance to communities interested in making such changes.

The Chicago Continuum of Care (CoC) requested and received such technical assistance (TA) to support its effort to broaden and deepen stakeholder involvement and to achieve greater alignment with HUD's stated goals. Technical assistance is facilitated by staff from The Collaborative Partnership (National Center on Family Homelessness, HomeBase and TDA). This report is intended to inform the next phase of work in the development of the CoC's plan to align with new HUD guidelines.

## **II. Planning Process**

The existing structure and governance for Chicago's Continuum of Care is based on a community plan that emerged with the merger of the Chicago Continuum of Care organization and the Partnership to End Homelessness. That merger created the Chicago Alliance to End Homelessness, its committees and commissions. The Chicago Planning Council on Homelessness became the public-private body designated to oversee HUD-McKinney Vento Continuum of Care program funding. Subsequently, the Chicago Alliance to End Homelessness and the Emergency Fund consolidated.

With HUD's release of the Continuum of Care Interim Rule, the Chicago Continuum of Care (CoC) began work to strengthen its structure and governance mechanisms. The Chicago Planning Council on Homelessness appointed a Steering Committee facilitated by the Department of Family and Support Services to work with the technical assistance team at The Collaborative Partnership to create a process that informs decision making about changes to the CoC's structure and governance.

The Steering Committee emphasized its commitment to community feedback and input in the planning process. In the last quarter of 2012, 53 individuals responded to an online survey developed by the technical assistance team. That feedback and further recommendations from the Steering Committee informed the questions and topics explored during small group meetings facilitated by the technical assistance team over a three-day period from May 13-15, 2013, engaging 52 active stakeholders. In addition, the technical assistance team conducted 15 telephone interviews with formerly or less active stakeholders, and an additional seven interviews with active stakeholders who were unable to attend the small group sessions. A follow-up survey was sent to participants at the in-person meetings to solicit additional thoughts about some of the meeting topics. 27 participants completed that survey.

### III. Chicago Continuum of Care Governance and Structure Core Values

During the planning process, the Steering Committee developed core values for governance and structure, which were broadly supported by community stakeholders during the small group meetings and in survey responses. We recommend that these values are embedded in the resulting Chicago Continuum of Care (CoC) charter or bylaws.

- a) **Clear and logical** governance processes, structures and lines of accountability.
- b) **Transparent** decision making that makes the greatest possible use of data.
- c) **Open, accessible** CoC that includes all stakeholders and allies needed to achieve Plan 2.0 goals.
- d) **Compliance** with federal requirements for Continuums of Care.
- e) **Communication** between all members, committees and bodies that make up the CoC.
- f) **Flexibility** to respond to emerging ideas and challenges.

### IV. Recommendations

The staff from The Collaborative Partnership prepared recommendations that address both issues raised by stakeholders and issues that the CoC must address to align with HUD requirements. The Steering Committee reviewed the recommendations, endorsed the broad recommendations, further defined recommendations where the TA team did not prescribe a specific course of action and identified areas where additional work will be required to obtain consensus. Stakeholder feedback from those actively and formerly engaged, including consumers, providers and government representatives, directly informed this phase of the planning process. This resulting report and recommendations propose strategies to address issues raised by the community as we adopt and implement a new Continuum of Care structure and framework for governance.

#### Community Feedback Process at a Glance

**October – December 2012:** Initial Survey – 53 respondents

**January – May 2013:** Steering Committee Planning Process

**March 2013:** Chicago Alliance e-news update on survey results

**April 2013:** Update to Chicago Planning Council on Homelessness

**May 13-15, 2013:** In-person small group meetings - seven sessions, 52 participants

- 34 service providers
- 13 consumers
- 3 government representatives
- 2 Collaborative Applicant representatives

**May/June 2013:** 15 telephone interviews with formerly/less active stakeholders and 7 telephone interviews with active stakeholders.

**May 2013:** Feedback session with Service Providers Commission Executive Committee

**May/June 2013:** Follow-up survey for small group participants; 27 respondents

**June 2013:** Update to Chicago Planning Council on Homelessness

**August 2013:** Steering Committee Recommendations presented to Chicago Planning Council on Homelessness

### **Continuum of Care Structure and Purpose**

- a) Establish the Chicago Continuum of Care (CoC) as a separate entity from the Chicago Alliance to End Homelessness with its own, separate governing body. The Chicago Alliance to End Homelessness (CAEH) fully supports this recommended structure. [TA Recommendation 2]
- b) Designate the Chicago Planning Council on Homeless (CPCH) as the formal governing body of the Chicago CoC, and formalize the existing committees of the CPCH (HNV, Plan Advisory Committee, and HMIS) as committees of the governing body. Evaluate the need to create additional committees to support the expanded scope and purpose of the CoC, including but not limited to a membership committee.

The CoC will need to work with CAEH to establish clarity on the role of CAEH commissions and committees and how they function within the CoC.

- c) The Chicago CoC should be a membership-based organization whose membership and governing body reflect the broad diversity of stakeholder interests identified in HUD's CoC Interim Rule. In particular, every effort should be made to include and acknowledge the value of small, non-HUD-funded housing and service providers, members of the faith community, cooperating housing providers and landlords, cooperating businesses and employers, individual community representatives and stakeholders contributing to efforts to address homelessness from the diversity of Chicago neighborhoods and community groups. [TA recommendation 3]
- d) Adopt preventing and ending homeless in Chicago through the strategies endorsed by Plan 2.0 as the purpose and mission of the Chicago CoC and its governing body. The CoC and its committees must comply with the requirements set forth in HUD's CoC Interim Rule; however, the scope of its work must not be limited to applying for and managing HUD funding and its structure and governance must be broadly enough defined to support the larger mission of addressing homelessness in Chicago through Plan 2.0. [TA recommendation 4]

### **Continuum of Care Membership**

- a) Define what it means to be a member of the Continuum of Care (CoC). Membership should include the following [TA Recommendation 6):
  - 1) The opportunity to receive information about CoC meetings and decisions.
  - 2) The opportunity to attend and suggest agenda items for any CoC planning meetings and the opportunity to participate in at least one relevant constituency group.
  - 3) The expectation that members embrace the overall goals of preventing and ending homelessness in Chicago, but CoC membership should not require adherence to specific housing or service delivery models or approaches. However, access to HUD or other government funding could require or favor adherence to certain models and approaches.

Participation in Chicago Alliance to End Homelessness (CAEH) activities alone will not constitute CoC membership. In the new structure, the CoC and CAEH will need to clarify to members and potential members the path to joining and participating in either entity.

- 4) An explanation of the expectations and requirements for members to remain in good standing with the CoC.
- b) Establish a membership dues structure that incorporates the different needs of individual members, organizational members and consumer members.
- c) Designate membership dues to support the Collaborative Applicant. Such dues will have no bearing on funding and the CoC should establish clear protections for ensuring that actions by the Collaborative Applicant do not favor or penalize organizational members of the CoC based upon payment of or non-payment of such dues or assessments. Additionally, the CoC should clarify consequences of non-payment. [TA Recommendation 13]

Currently, the Service Providers Commission (SPC) of the Chicago Alliance to End Homelessness assesses annual membership dues. In the new structure, the CoC and CAEH will need to determine the continued role of SPC dues and clarify their difference from CoC membership dues.

- d) Establish a CoC membership committee responsible for enacting membership activities. The development of the membership committee should follow the recommended selection process outlined in the participation and representation section of this document.

### **Communication Strategies**

- a) Develop a Continuum of Care (CoC) communication strategy that results in improved inclusion and participation in CoC activities and levels of transparency and accountability. Such a strategy should incorporate the following key elements [TA recommendation 5]:
  - 1) Timely and regular dissemination of information via multiple methods about all upcoming meetings (all CoC, governing body, committees and constituency groups). Meeting information includes meeting agendas, meeting minutes and information about decisions made at such meetings.
  - 2) Reduce the need for emergency decision-making (i.e. decisions that have to be made without timely notification and information) by instituting provisions for timely dissemination of information about pending decisions to allow adequate time for members who represent committees or constituencies to disseminate information and engage in necessary dialogue with those constituencies for their feedback.
  - 3) Use of strategies to make meetings more accessible. For example, phone access, transportation assistance for consumers, and podcasts of meetings posted on the CoC website.
  - 4) Utilize all CoC meetings as a method to keep members informed of key updates and decisions.

### **Participation and Representation**

- a) Develop policies and procedures for allocating and filling the seats of the governing body and standing committees that support the work of the Continuum of Care (CoC). In doing so, the following recommendations should be considered [TA Recommendation 7]:
  - 1) Maintain balance in the number of consumers, providers and other constituencies represented on the governing body.
  - 2) Consider and define the role of the Collaborative Applicant's voting seats on the CoC governing body. If the number of seats is ultimately reduced, the CoC should consider creating an opportunity for a set number of collaborative applicant representatives to serve in an advisory capacity to the governing body.
  - 3) Maintain as much as possible the current number of seats (25-30), even as the number and diversity of stakeholders are expanded.
  - 4) Convene shorter-term, as-needed committees as a way promote broader involvement in CoC planning projects and committee work where possible.
  - 5) The CoC values a balanced approach to representation on standing and shorter-term committees. The representation of consumers, providers, public sector agencies and other constituencies on CoC committees needs not be exactly the same as the proportions of the governing body. To the extent that any constituency is excluded from the membership of a committee or is represented at a substantially lower level as compared to its representation on the governing body, the reason for that decision should be stated by the entity charged with allocating and filling the seats of that committee.
- b) Develop and articulate a clear pathway for joining standing and shorter-term, as-needed CoC committees for both elected seats and for open stakeholder participation.
- c) Embed governance best practices in the structure of the CoC. The Chicago CoC values the development and recruitment of new stakeholders for leadership roles and strives to establish mechanisms that encourage turnover on CoC committees and the governing body while maintaining continuity of leadership to the extent possible. These best practices should include the following:
  - 1) Establish term limits as a mechanism to encourage turnover on CoC committees and the governing body. The CoC should consider how term limits will apply to stakeholders who represent a governmental department or a specific seat on the governing body. [TA recommendation 8]
  - 2) Define clear grounds for removal, such as poor attendance at meetings and violations of conflict of interest policy. In doing so, the CoC should consider provisions that address stakeholder concerns about members having to vote against their conscience in order to vote with a bloc, out of fear of being removed from their seat and additional concerns that the inability to compromise could force delays of time sensitive decisions. [TA recommendation 8]

- 3) Establish institutionalized board governance policies, including orientation policies for new CoC committees and governing body representatives. Include as a CoC governance responsibility a clearly communicated process to get involved with the CoC, including the development of a nominating committee to recruit new leaders, educate them on the work of the CoC committees and governing body and provide support as they begin their roles as representatives.
- 4) Ensure that orientations or mentoring opportunities are open to all members of CoC committees and governing body. [TA recommendation 9]
- 5) Encourage practices to formalize institutional memory/knowledge by spreading the power of decision-making. For example, stakeholders who step off the governing body may assume roles on CoC committees and vice versa.
- 6) Establish a process for reviewing slates for CoC committees and governing body to ensure adequate representation across race, gender, geographic area, and target population. The CoC should consider this as a role for the proposed membership committee.

### **Roles and Responsibilities**

- a) The Continuum of Care (CoC) should clearly articulate the respective roles and responsibilities of the governing body, of the executive committee of that governing body if one is defined, of all CoC committees and of the Collaborative Applicant. Roles and responsibilities should explain the following: [TA Recommendation 10]
  - 1) The types of decisions and actions that will be taken by each body and how to handle decisions and actions beyond the purview of such body. This includes clarifying whether the body has the authority to make decisions or whether it makes recommendations that will inform decisions of another body.
  - 2) In addition to creating a representative slate for each body, the CoC should establish a basic governance structure for committees and delineate roles and responsibilities for those leadership positions.
  - 3) Minimum frequency of meetings based on expected workload of each body.

### **Accountability**

- a) Define and implement a mechanism for establishing performance metrics for the Collaborative Applicant and HMIS lead agencies using Plan 2.0 metrics and requirements for the respective entities. Create a schedule and process for tracking and reporting on the progress of the Collaborative Applicant and the HMIS lead agencies in meeting established goals. Designating and monitoring the performance of the Collaborative Applicant and HMIS lead agencies are governance responsibilities of the Continuum of Care. [TA Recommendation 14]

- b) Formalize a public comment section on governing body meeting agendas as a process for stakeholders to bring concerns about governing body or committee decisions to that body. [TA Recommendation 12]

**Staffing the Continuum of Care**

- a) The Continuum of Care (CoC) should develop clear guidelines for determining the level of staffing support that will be provided to specific committees by the Collaborative Applicant. Committees should be advised about the availability of such staffing support so that they can plan accordingly. If the Collaborative Applicant has no funding or not enough funding to staff CoC committees, it will be the responsibility of the CoC to raise and/or identify funds to meet the need. [TA Recommendation 11]
- b) Codify a process for stakeholders to bring concerns about Collaborative Applicant decisions or policy implementation. The CoC may consider broadening the scope of the Appeals Committee and making it a standing body that meets as needed to respond to such concerns. Historically, the Appeals Committee has been a task-specific group of stakeholders that reviews appeals submitted related to the annual CoC evaluation tool. Alternately, the CoC may consider creating a separate committee tasked with responding to Collaborative Applicant appeals that are not related to the evaluation tool. [TA Recommendation 12]