Relationship of Entities in Continuum of Care (CoC) Organizational Planning Structure

North Dakota Interagency Council on Homelessness was established by Governor Hoeven in 2004 to develop a comprehensive 10-year plan to end long term homelessness. This is made up of State Government Department Directors, Mayors, the NDCHP, and homeless provider agencies.

Lead Entity

North Dakota Coalition for Homeless People (NDCHP) is a non-profit organization comprised of a diverse group of agencies that serve homeless consumers and are committed to ending homelessness. NDCHP is the lead entity in the ND Continuum of Care (CoC) and staffed by an Executive Director who is responsible for overall coordination of the statewide CoC. The NDCHP is the primary decision making body for the CoC. NDCHP is also staffed by an HMIS Administrator, and a part-time administrative assistant.

Executive Board - Oversee one inclusive statewide CoC planning process; align CoC plan with jurisdictional 10-year plans and consolidated plans; approve CoC grant application

Legislative Committee
Develop/implement strategies for interfacing with the ND legislative assembly and U.S. congressmen on increasing supportive housing/services and ending chronic homelessness

Public Awareness/Resources Committee
Develop/distribute information tools and materials to raise awareness about homelessness, educate communities about the CoC, and promote the initiative to end chronic homelessness

Finance Committee
Oversee policy-making and procurement of funding to support the work of the NDC, and the CoC process

Membership Committee
Build broad participation in the NDC and North Dakotaôs CoC process

Continuum of Care Development Committee
Establish subcommittees as needed to accomplish CoC objectives and action steps; ensure open solicitation, objective project review, and selection process

Needs Assessment Subcommittee
Supervise CoC homeless data collection, compilation, and dissemination; coordinate point-in-time survey, housing inventory update, unmet need and gaps analysis; coordinate HMIS

Mainstream Resources Subcommittee
Develop strategies to improve access to mainstream resources; facilitate ongoing training on how to identify eligibility and program changes for mainstream programs

Discharge Planning Subcommittee
Develop strategies and carry out action steps for improving discharge planning from public institutions of care to prevent discharges that immediately result in homelessness

Prioritization Subcommittee
Review, score, and rank eligible new and renewal project proposals for the CoC application, ensure that funding requests address priority needs

Monitoring/Evaluation Subcommittee
Track project implementation and goal accomplishment; perform project site visits and monitor compliance with CoC regulations; track status of CoC Action Plan

State Human Service Centers provide staff and admin support to regional coalitions

Eight Regional Coalitions
Carry out the work of the CoC at the local level. At least one representative from each regional coalition serves on the CoC Development Committee