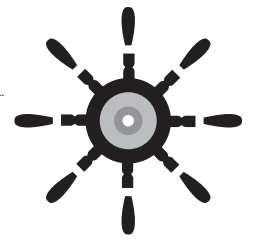


Continuum of Care Planning



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Administering agency: HUD's Office of Special Needs Assistance Programs within the Office of Community Planning and Development

Year program started: 1994

Population targeted: Homeless people

Also see: *McKinney-Vento Homeless Assistance Programs, Ten-Year Plans to End Homelessness, Federal Surplus Property to Address Homelessness.*

The Continuum of Care (CoC) planning process is used by communities to apply for funding from HUD's CoC program. Through the CoC planning process, government agencies, service providers, advocates, and other stakeholders evaluate the needs of homeless people in the community, assess the performance of existing activities, and prioritize activities going forward. The CoC process was introduced by HUD in the mid-1990s. It was codified into law by Congress through the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

HISTORY AND PURPOSE

The CoC process was developed by HUD in 1994 to coordinate the distribution of several competitive homeless assistance programs. Prior to the CoC process, organizations applied individually for funding from several homeless assistance programs. As a result, there was little coordination between these programs or between different organizations receiving funding in the same community. The CoC process was established to promote coordination within communities and between programs. It was also designed to bring together a broader collection of stakeholders such as public agencies, the faith and business communities, and mainstream service providers. Guidelines for the CoC planning process were included in annual Notices of Funding Availability (NOFAs). HUD regularly modifies the process.

On May 20, 2009, President Barack Obama signed the HEARTH Act (Public Law 111-22), providing Congressional authorization of the CoC process.

Regulations governing the CoC program were published in the summer of 2012.

SUMMARY

The term Continuum of Care is used many different ways and can refer to the planning process, the collection of stakeholders involved in the planning process, the geographic area covered by the CoC, or the actual grant received from HUD.

The CoC planning process is typically organized by either a local government agency or a community-based nonprofit. The geography covered by a CoC can vary, covering an entire city, state, or a collection of counties. The goal of the CoC process is to create a systemic response to homelessness. The CoC process involves compiling information about homelessness in the community, including information about homeless populations and inventories of homeless assistance resources. This information is used to develop a list of priorities for funding, which helps determine how much funding a community will receive and for what projects.

In recent years, HUD has incentivized coordination between CoCs and various entities including Consolidated Plan jurisdictions, public housing authorities, Housing Opportunities for Persons with AIDS, Temporary Assistance for Needy Families, Runaway and Homeless Youth, Head Start programs, and other programs.

The HEARTH Act reauthorized the housing title of the McKinney-Vento Act. HUD began issuing regulations in 2011, with the release of interim regulations on the Emergency Solutions Grant and the Homeless Management Information Systems, along with a final regulation on the definition of homelessness. Regulations on the CoC program were published in the summer of 2012. Key changes made by the HEARTH Act include changes to outcome measures, funding incentives, eligibility for assistance, matching requirements, rural assistance, and administrative funding.

HUD's annual homeless assistance NOFA has typically been issued late in the calendar year, with an application deadline later in winter. Approximately \$1.89 billion was made available in

the most recent application, released in September and which CoCs submitted in late November 2015. CoCs could also create new permanent supportive housing or rapid re-housing bonus projects. Although the available amount of funding was expected to be sufficient to fund eligible renewal projects, applicants had to prioritize projects, including renewal projects, into two tiers. This NOFA included a strong preference for performance and effective practices that Congress originally included in the HEARTH Act. Depending on the strength of a community's CoC and of individual projects, a high-performing community could increase its capacity by as much as 15 percent through the addition of new projects; a low-performing community, on the other hand, could lose as much as 15 percent in low-performing projects that are defunded.

FORECAST

The HEARTH Act placed more of the responsibility for measuring outcomes and overseeing performance on the leaders of local CoCs. HUD's emphasis on performance on outcome measures is likely to increase. Demonstrating reductions in homelessness and effectiveness of programs in particular will continue to be emphasized.

TIPS FOR LOCAL SUCCESS

The CoC planning process is intended to focus on the needs of homeless people in the community and should focus on the most effective strategies for reducing homelessness. Yet the process often ends up serving the needs of incumbent providers, even when they are ineffective, and people who are perceived to be more deserving of assistance, rather than those who are in greatest

need. Similarly, accessing mainstream resources, which are supposed to be generally available for low income people, is often difficult for people experiencing homelessness. For example, there are often numerous barriers for homeless people to access employment services, housing assistance, cash assistance, and treatment services.

Advocates play a crucial role in ensuring that the CoC process serves people who most need assistance and expands access to mainstream resources. For CoCs to be most effective, it is important that all key stakeholders have a seat at the table. In many communities, the needs of children, veterans, people with disabilities, youth, and domestic violence survivors are not always adequately represented. Advocates should work to ensure that they are part of the CoC process. By joining their local CoC, advocates can shape a community's priorities in addressing homelessness for current and emerging populations.

Critically, all stakeholders should participate in data collection efforts whenever appropriate, and ensure that programs are achieving good outcomes. Information about the CoC process and the local CoC coordinator can be found at HUD's Homelessness Resource Exchange website.

FOR MORE INFORMATION

National Alliance to End Homelessness, 202-638-1526, www.endhomelessness.org

National Coalition for the Homeless, 202-462-4822, www.nationalhomeless.org

National Law Center on Homelessness & Poverty, 202-638-2535, www.nlchp.org

HUD Homelessness Resource Exchange, <https://www.hudexchange.info> ■