

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: People experiencing homelessness

Also see: *McKinney-Vento Homeless Assistance Programs, 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. 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.

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 performance of homeless service programs and the community as a whole in reducing homelessness.

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.

HUD announced \$1.95 billion in awards in December 2016 to more than 7,600 local homeless service providers. \$139 million of this was for new permanent supportive housing and rapid re-housing projects. As in previous years, 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. CoCs had to place up to 7% of their funds in Tier 2, meaning these funds were at risk of being lost if the CoC was low performing. In the previous competition, up to 15% of a CoC's funds had to be placed in Tier 2.

FORECAST FOR 2017

The HEARTH Act placed more of the responsibility for measuring outcomes and overseeing performance on the leaders of local CoCs. The FY 2016 CoC competition was the first where CoCs were required to submit data on their system's performance. This is likely to be used as a baseline for measuring improvements in future competitions. 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 many CoCs struggle to help ineffective providers to improve their performance or shift to more effective strategies. 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>