

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

See also: 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. 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 in 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 led and staffed 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 is to create a system-wide response to ensure homelessness is rare, brief, and nonrecurring. The CoC is tasked with 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.

On January 11, 2018, HUD announced over \$2 billion to more than 7,300 local homeless housing and service programs in the U.S. HUD's encouragement to applicants to prioritize their funding allocations based on performance data and local needs resulted in \$90 million in renewal

funding from lower performing projects to new housing projects. All told, between reallocation and bonus funding, HUD awarded \$120 million in new projects dedicated to permanent supportive housing and rapid re-housing. In addition, HUD awarded Joint Transitional Housing-Permanent Housing-Rapid Re-Housing funds to 83 new project types. As in previous years, although the available amount of funding was expected to be sufficient to fund eligible renewal projects, applicants for the 2017 CoC NOFA had to prioritize projects, including renewal projects, into two tiers. The 2017 CoC NOFA included a strong preference for performance and effective practices that Congress originally included in the HEARTH Act. CoCs had to place up to 6% of their funds in Tier 2, meaning these funds were at risk of being lost if the CoC was low-performing.

FORECAST FOR 2018

The HEARTH Act placed more of the responsibility for measuring outcomes and overseeing performance on the leaders of local CoCs. Like the previous year, the FY 2017 CoC competition required CoCs to submit data on their system's performance. As CoC data collection and quality improve, it is likely that HUD will use requested data to establish baselines for measuring improvements in future competitions. Demonstrating reductions in homelessness, the time people experience 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

assist lower performing providers to improve their performance or shift to more effective strategies. Similarly, accessing mainstream resources, generally available for low income people, is often difficult for people experiencing homelessness. For example, there are 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 serves people most in need of assistance and expands access to mainstream resources. For CoCs to be effective, it is important that 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 they are part of the CoC planning process. By joining their local CoC, advocates can inform and 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 achieve positive outcomes. Information about the CoC Program 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>