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 Started: 1994

Population Targeted: People experiencing homelessness

See Also: For related information, refer to the McKinney-Vento Homeless Assistance Programs, Ten-Year Plans to End Homelessness, and the Federal Surplus Property to Address Homelessness sections of this Guide

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), recently changed to Notices of Funding Opportunity (NOFOs) in 2021. 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 (CoC) is used in many 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 lead 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 that 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 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, health care, and other programs.

Due to the pandemic, there was no FY 2020 CoC Program Competition, instead awarded $2.5 billion to renew approximately 6,600 existing grants for local homeless assistance programs across the country. The CoC process was picked up again in 2021 and awards were made. Communities have applied for FY 2022 funding and are awaiting HUD’s decision. Congress has not yet passed funding measures for FY 2023. Renewed funding continued to support various interventions for individuals and families experiencing homelessness.

**FORECAST FOR 2023**

The FY2022 CoC NOFO applications were due September 30, 2022, with approximately $2.8 billion available. Awards could be announced at any time. Assuming timely passage of appropriations bills by Congress, the FY 2023 NOFO applications will probably be released during the summer of 2023.

The “HEARTH Act” placed more of the responsibility for measuring outcomes and overseeing performance on the leaders of local CoCs. The FY 2022 NOFO continued to require CoCs to submit data on their system’s performance and to place a strong emphasis on performance measures that ensure homelessness is a rare, brief, and one-time experience. As CoC data collection and quality improve, HUD will likely use requested data to establish baselines for measuring improvements in future competitions. Demonstrating reductions in homelessness, the time people experience homelessness, and the effectiveness of programs continue to be emphasized.

The FY2022 NOFO returned to emphasizing system performance, an aspect that was deemphasized in FY2021 to take account of COVID. It is likely this will be continued for FY2023. System performance is likely to include emphasis on racial equity in homelessness and in emphasizing the roles in planning and service delivery of people with lived experience of homelessness. It is also likely to emphasize using evidence-based practices, which emphasize moving people quickly into housing. Finally, it is likely to emphasize partnering with housing, health, and services agencies to improve all available resources.

The FY2023 NOFO will continue to allow Tribes and Tribally Designated Housing Entities (TDHEs) to apply for funding. HUD is in the process of reviewing its technical policies to ensure that this can be a practical source of funding for these entities.

**TIPS FOR LOCAL SUCCESS**

The CoC planning process should focus on the most effective strategies for reducing homelessness. CoCs should monitor performance of grantees, and 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, and due to historical and ongoing structural racism, these barriers are magnified for Black, Indigenous, and other people of color (BIPOC) experiencing homelessness.

Advocates play a crucial role in ensuring that the CoC equitably 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, BIPOC, LGBTQ people, 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 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 safe and ensure that programs achieve positive and equitable outcomes. Information about the CoC Program and the local CoC coordinator can be found at HUD’s Homelessness Resource Exchange website.

FOR MORE INFORMATION
