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

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 the process 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 modified 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 an annual plan to end 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 required coordination
between CoCs and local planning bodies that
are preparing or have prepared 10-year plans to
end homelessness. Ten-year plans are intended
to provide community-wide strategies for ending
homelessness, including use of McKinney-Vento
funding, but also including use of funding from
other HUD programs such as Section 8, the
Community Development Block Grant program,
or the HOME Investment Partnerships program, as
well as other federal, state, and local funding.

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. The most recent application, released in September 2014, and which CoCs submitted in late October 2014, was based largely upon the FY13 funding applications but included $40 million in bonus projects for permanent supportive housing projects. CoCs only had to submit updated project priority listings and small revisions to their application. HUD will announce FY14 funding early in 2015.

Similar to the FY13 NOFA, due to low funding levels for the FY14 funding rounds, applicants had to prioritize projects, including renewal projects, into two tiers. Both tiers have been virtually guaranteed to receive funding; however, applicants are still required to tier.

FORECAST FOR 2015

The HEARTH Act placed more of the responsibility for measuring outcomes and overseeing performance on the leaders of local CoCs. The HEARTH Act also authorized funding for these entities. However, Congress has not provided enough funding to enable HUD to fully implement the local administration, planning, and oversight envisioned by the HEARTH Act. In addition, with the goal of ending chronic homelessness by the end of 2016 getting closer, it is likely that HUD will emphasize allocating more funds for permanent supportive housing projects in the next NOFA.

TIPS FOR LOCAL SUCCESS

At the local level, ensuring broad participation among stakeholders and promoting access to mainstream resources are the most critical issues. 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 not only serves people who most need assistance, but also 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.

The CoC process is becoming more focused on data and outcomes. 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