

CONTINUUM OF CARE POLICY BRIEF

Ending homelessness, improving efficiency: Recommendations for the HUD CoC program

What is the CoC Program?

As the primary federal resource to end homelessness, the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program competitively funds CoCs to impact homelessness at the local level to ensure an end to homelessness. CoCs apply for funds on behalf of community programs. Last year alone, HUD awarded almost \$2 billion for housing and services for individuals and families experiencing homelessness including people who were chronically homeless, disabled, veterans, and unaccompanied youth. CoC programs have contributed to impressive results: 113,000 PSH beds created since 2001, a 22% decline in chronic homelessness between 2010-2015, and reductions in homelessness among veterans and families. **HUD-funded CoC programs work and are necessary to end homelessness.**

The 2009 HEARTH Act intended to streamline the CoC program, improve community planning, and measure performance. In large part it did. As a result of the HEARTH Act, HUD has directed CoC dollars and local planning to:

- Advance strategies to end chronic homelessness and homelessness of other priority populations,
- Prioritize scarce CoC funds for permanent housing for the most chronic and vulnerable homeless persons,
- Reduce barriers to housing access by promoting Housing First,
- Focus on performance outcomes that end homelessness.

HEARTH Act implementation, while promoting this strategic approach, has also significantly increased the administrative burden at the local level which limits the ability of CoCs to effectively plan and efficiently end homelessness as Congress intended. **HUD is measurably ending homelessness with its strategic use of CoC funds, but CoC input could advance this goal even further.**

Continuum of Care Snapshot

405
Number of CoCs

\$1.9 billion
Annual HUD CoC funding

8,000+
Local homeless housing and
services programs across the
United States

What specific issues create challenges for CoCs?

HUD CoC NOFA Application:

- Application and prep require an average of 1,000 hours over four months for CoCs to complete.
- HUD policy directives and changes are often embedded in NOFA process.
- Schedule fluctuates year-to-year and is often simultaneous with other HUD CoC deadlines.
 - Streamlining and simplifying the application process would allow CoCs to concentrate on work to end homelessness.
 - Setting consistent schedule for HUD deadlines would allow CoCs to plan better and use staff time more efficiently.

HEARTH ACT Compliance:

- HEARTH Act requirements (governance charter, planning board, increased project monitoring, etc.) add new layers of local governance and new costs not covered by HUD.
- Data requirements have grown, while funding has stayed level. Data systems are often not equipped to meet new HUD requirements.
 - Streamlining would keep CoC efforts focused on ending homelessness rather than building governance systems.
 - Prioritizing key data needs and better supporting CoCs with capacity would produce better data.

Project Operations:

- Annual competition and tiering of renewals puts projects at-risk even when aligned with HUD priorities.
- Annual re-application and re-contracting and delayed awards drive up administrative costs for CoCs.
- Small admin % and limited data grants relative to mandated reporting leaves CoCs to cover much of these costs.
 - Streamlining with multi-year grants for well-aligned projects would reduce CoC contracting burden and preserve priority projects.
 - Targeting data needs to top priorities would further reduce CoC costs.

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What solutions do we recommend?

1

Listen and learn from local communities as partners in ending homelessness, by establishing a CoC Advisory Committee to HUD comprised of a cross section of CoCs from across the country.

2

Switch to a multi-year application and simplified annual updates, like the Consolidated Plan. A multi-year funding cycle would allow communities to focus on strategies to end homelessness rather than on the development of annual applications.

3

Reward higher performing CoCs by granting five-year renewals, subject to appropriation, and target poor performers with technical assistance and project changes.

4

Support better strategic planning at the CoC level with multi-year planning grants. Good planning processes to end and prevent homelessness require more time to implement than is possible through one-year grants.

5

Set a consistent schedule for the release of HUD's CoC NOFA and application deadlines, during a timeframe separate from other HUD required deadlines and field office monitoring visits.

6

Simplify and streamline data reporting to measure CoC performance and homeless trends, keeping in mind available HUD funding, realistic data system capabilities, and staffing.

Continuum of Care programs work and they are necessary to end homelessness. Without these resources, the nation will see dramatic increases in the homeless population. **The six simple program fixes described here will allow CoCs to focus on HUD's priorities—better planning and outcome-driven programs that end homelessness.**

The Continuum of Care (CoC) Policy Brief was originally written and endorsed by the 16 CoCs in Massachusetts. It has been expanded and endorsed by numerous CoCs in New England.

Questions?

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August 2016
