

Welcome to the home introduction to system serving people experiencing homelessness and at risk of homelessness webinar. In this webinar, PJs will be provided with an overview of the Continuum of Care (CoC), including the CoC roles and responsibilities within a community. This webinar will also compare the populations served by the CoC with the HOME-ARP Qualifying Populations. PJs will also be able to compare the differences in eligible activities, projects and service options typically provided by a CoC and to eligible HOME-ARP projects or activities. Lastly, the webinar will provide an overview of general funding sources typically available to help address the needs of persons experiencing homelessness.

We will start with an overview of the continuum of care.

The McKinney-Vento Homeless Assistance Act as amended by Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), set into law the Continuum of Care planning process by requiring the coordination of temporary and permanent housing and services that respond to the needs of persons experiencing homelessness, as outlined in 24 CFR part 578 and 24 CFR part 576.400.

The HEARTH Act also consolidated the Supportive Housing Program, Shelter Plus Care Program and the Moderate Rehabilitation/Single Room Occupancy Program into a *single grant program* known as the Continuum of Care (CoC) Program.

The term Continuum of Care (CoC) refers to several things within a community. First, the CoC is the **system of services and housing interventions that** are designed to meet the needs of people at risk of homelessness and those experiencing homelessness.

The **CoC planning body** is the regional or local planning body in a community that coordinates the housing and services funding for people who are experiencing and at risk of homelessness. This includes working with the Emergency Solution Grant (ESG) recipients and Consolidated Plan jurisdictions within its geographic boundaries. The CoC planning body also provides information to help inform the Consolidated Plan, develops a plan for allocating ESG Program funds, and reports on and evaluates the performance of ESG Program recipients and subrecipients.

The CoC Board is the **collective of individuals designated to provide oversight and governance on behalf of the CoC planning body**. The CoC Board's responsibilities are defined by the CoC Planning Body. The board is selected to make decisions on behalf of this planning body.

**HUD makes available federal resources for preventing and resolving homelessness** to communities around the country through its Continuum of Care (CoC) Program and its annual CoC Competition.

The CoC designates the Collaborative Applicant, as the eligible applicant to apply for funds on behalf of the CoC during the CoC Program Competition.

The CoC planning body is made up of a broad group of relevant organizations including jurisdictions, providers, consumers, funders and businesses that are responsible for creating a response to homelessness in the community.

These stakeholders have expertise, experience, and/or an interest in preventing and ending homelessness across a defined geographic area.

The planning body should be composed of representatives from organizations within the community including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

Under 24 CFR Part 578, the CoC Planning Body has four overarching responsibilities. These include operating the Continuum of Care, designating and operating a Homeless Management Information System (HMIS), Continuum of Care planning and coordination of the CoC system of services and housing interventions, and creating and enacting the Violence Against Women Act (VAWA) emergency transfer plan. We will discuss some of the required tasks under of each of these responsibilities.

The CoC planning body decides who is responsible for each of these duties. The CoC can conduct all of them, except operate the HMIS and submit the CoC application to HUD, or the CoC can designate other entities including the CoC Board, committees, subcommittees, or workgroups to carry out these duties.

Ultimately, the CoC planning body is responsible for all duties assigned in 24 CFR Part 578 as amended by the CoC Program Interim Rule, with the exception of compiling and submitting the CoC Program Competition Application and operating the HMIS. Those duties are the specific responsibility of other entities designated by the CoC.

The HMIS Lead operates the HMIS on behalf of the CoC under a Memorandum of Understanding (MOU) with the CoC.

The Collaborative applicant is a legal entity and eligible applicant under the CoC Program that coordinates and submits the CoC application.

The CoC planning body is responsible for operating the Continuum of Care, which includes establishing and operating a coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

The CoC, in consultation with ESG recipients within the geographic area, is responsible for developing written standards for evaluating eligibility for programs and services, and policies and procedures for prioritizing eligible persons for ESG and CoC assistance.

The CoC is responsible for the selection of a Board to act on behalf of the CoC and appoint additional committees, subcommittees or workgroups to carry out the duties of operating the CoC.

Lastly, the CoC must establish performance targets, monitor performance, evaluate outcomes and take action against poor performers.

The CoC planning body is also responsible for designating and operating an HMIS, through an HMIS Lead. The HMIS Lead is the entity designated by the Continuum of Care planning body or CoC Board to operate the Continuum's HMIS on its behalf. There must be a Memorandum of Understanding (MOU) between the CoC and the HMIS Lead outlining expectations for the HMIS Lead. The CoC must monitor the HMIS Lead.

HMIS is a locally implemented data system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness.

Housing and service providers receiving HUD Continuum of Care or ESG funding to operate programs within a CoC's geographic area are required under 24 CFR 578 and 24 CFR 576 to enter data into HMIS.

Most CoC planning bodies also encourage housing and service providers receiving other Federal, State, Local, or private funds to enter data into HMIS.

The CoC is responsible for system coordination, including coordinating the implementation of a housing and service system within its geographic area that meets the needs of persons experiencing homelessness (including unaccompanied youth) and families and persons experiencing a housing crisis. At a minimum these include outreach, engagement, and assessment, shelter, housing and supportive services and homeless prevention strategies. As part of the CoC Planning responsibility, the CoC must develop a plan outlining the coordinated housing and service system that meets the needs of homeless individuals and families.

Lastly, the CoC is responsible for creating and enacting the VAWA Emergency Transfer Plan that meets the requirements under 24 CFR [§ 578.99\(j\)\(8\)](#). CoC homeless assistance programs providing housing or rental assistance must allow participants who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking to request an emergency transfer from the participant's current unit to another unit. This requirement applies to programs receiving Continuum of Care (CoC) funding, as well as Emergency Solutions Grant (ESG) funding.

In this section, we will discuss the HOME-ARP Qualifying Populations compared to eligible participants typically served by a CoC and ESG programs. CoCs are charged with addressing the needs of people experiencing homelessness or at risk of homelessness.

The populations served by CoCs are a subset of the HOME-ARP qualifying populations.

The HOME-ARP QPs include: Homeless as defined in 24 CFR 91.5 Homeless 1,2, or 3; At risk of homelessness as defined in [24 CFR 91.5](#); Persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined by HUD in 24 CFR 5.2003, and Other populations including other families requiring services or housing assistance to prevent homelessness as well as those at greatest risk of housing instability.

In the next slides, we will compare and contrast these HOME-ARP qualifying populations and the COC/ESG eligible participants. PJs might want to use HOME-ARP funds to further their existing efforts to reduce and prevent homelessness. It is important that PJs understand the differences between the populations currently served by homeless service providers and populations that qualify as HOME-ARP QPs. In addition, HOME-ARP permits the use of the CoC's coordinated entry (CE) system(s) as a referral method if certain conditions are met. PJs should understand how the populations covered by the CE system differ from HOME-ARP QPs before making decisions about how to expand CE for HOME-ARP or implementing other referral methods for HOME-ARP projects and activities.

HOME-ARP, ESG and CoC programs all serve households experiencing homelessness. While the Homeless definitions are similar, there is one exception. The ESG and CoC Program definitions include a 4<sup>th</sup> category of homelessness. Category 4 under the ESG and CoC definitions, are excluded in the HOME-

ARP homeless definition. Under HOME-ARP individuals fleeing or attempting to flee domestic violence are a separate Qualifying Population from the homeless QP.

HOME-ARP, ESG and CoC program all serve households at risk of homelessness. There is no difference in the definitions for households at risk of homelessness between the three program definitions. ESG homeless prevention programs can serve individuals and families at risk of homelessness. Under the CoC program CoCs, designated as High Performing Communities (HPCs) may serve individuals and families who are at risk of homelessness, while some do not qualify to or chose not to. To qualify as an HPC, a CoC must demonstrate through:(1) Reliable data generated by HMIS that it meets set standards outlined in Subpart E of [24 CFR part 578](#).

HOME-ARP, ESG and CoC programs serve households fleeing or attempting to flee domestic violence, however the HOME-ARP QP differs from the domestic violence population served by the CoC/ESG program(s) because it includes persons fleeing or attempting to flee human trafficking, which includes both sex and labor trafficking, as outlined in the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7102).

In addition, HOME-ARP does not include the requirement that an individual or family:

- 1) have no other residence; and
- 2) lacks resources or support network

Unlike the CoC/ESG program(s), HOME-ARP PJs must consider the DV/Sexual Assault/Trafficking QP a separate population from the homeless population.

The fourth Qualifying Population under HOME-ARP includes two criteria. The first is Other Population includes other families requiring services or housing assistance to prevent homelessness. This QP is defined as households who have previously been qualified as “homeless” under [24 CFR 91.5](#), are currently housed due to temporary or emergency assistance, and who need additional housing assistance or supportive services to avoid a return to homelessness.

There is no equivalent definition under ESG or CoC, however these households may currently be served in a homeless service program and or considered homeless under the CoC/ESG definition, depending on the temporary or emergency assistance being provided.

The second criteria under the Other Population QP includes those At Greatest Risk of Housing Instability. Under this QP, households meet paragraph one or two. Paragraph one includes households with an annual income that is less than or equal to 30% of the area median income, as determined by HUD and is experiencing severe cost burden (i.e., is paying more than 50% of monthly household income toward housing costs).

There are no equivalent definitions under the CoC/ESG program.

The HOME-ARP QP is different than CoC/ESG programs. ESG/CoC at risk of homelessness definitions do not include the condition experiencing severe cost burden.

Under paragraph 2 of the HOME-ARP “other population” *At Greatest Risk of Housing Instability* includes households with an annual income that is less than or equal to 50% of the area median income, as determined by HUD, AND meets one of the following conditions from paragraph (iii) of the “At risk of

homelessness” definition established at 24 CFR 91.5. Which includes (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the PJs approved ConPlan.

Next we will discuss common housing and services provided through the CoC homeless service system. Housing and service options vary across CoCs, based on the unique needs of the community. The geographic area of the CoC can include a large metropolitan area, rural areas, multiple smaller cities and towns, or a large sections across a state or balance-of-state CoC. Housing and services will likely differ depending on the geographic service area. PJs with geographic service areas that include multiple CoCs should be aware that neighboring CoCs may offer different mixes of services and housing. It is important PJs coordinate with their local CoCs during allocation planning to understand what is available within their community.

There are several common CoC or ESG funded housing and service programs for persons experiencing homelessness. Some of the housing and services available through a CoC are similar to HOME-ARP eligible activities and projects. In the next slides we will compare and contrast the HOME-ARP eligible projects and activities and CoC/ESG housing and service programs.

**Homeless Prevention:** As defined in the ESG regulations, homeless prevention activities are designed to prevent an individual or family from becoming homeless.

Services and assistance consist of short-term and medium-term tenant-based or project-based rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair.

CoC Program: only a CoC with a HPC designation can carry out Homeless Prevention

The HOME-ARP supportive services activity combines support services concepts and eligible activities from the CoC and ESG regulations. It includes HOME-ARP Homelessness Prevention Services which were adapted from eligible homelessness prevention services under the ESG regulations at [24 CFR 576.102](#), [24 CFR 576.103](#), [24 CFR 576.105](#), and [24 CFR 576.106](#), and are revised, supplemented, and streamlined in Section VI.D.4.c.i of [CPD-21-10](#).

Likewise, supportive services described in the CoC regulations have been adapted by HOME-ARP and are the services listed in section 401(29) of [McKinney Vento](#).

These services include housing related services: 1) financial assistance in the form of short-term and medium-term financial assistance for rent, rental arrears, rental application fees, security deposits, advance payment of first and last month's rent, utility deposits and payments and moving costs; 2) housing support including, landlord/tenant liaison costs, mediation, legal services, and credit repair; 3) income stabilization services including life skills training, child care, transportation, food, employment assistance and job training, and education services; and 4) health services like: mental health, outpatient and substance abuse treatment. In addition, HOME-ARP supportive services include services for special populations so long as the cost of providing the services is eligible under the Supportive Services section of [CDP-21-10](#).

Street Outreach works to engage individuals experiencing unsheltered homelessness, provide support for basic needs, and connect them to services and housing. Services consist of engagement, case management, emergency health services, emergency mental health services, specific transportation costs and services for special populations.

Outreach is eligible under HOME-ARP as a Supportive Service [VI.D.4.J.](#), and covered costs include staffing (salaries, travel and cellphones); direct services like crisis management, information and referral, and the cost of food, blankets, and hygiene kits.

Emergency Shelter is a short-term shelter for literally homeless individuals and families to meet their urgent safety needs. Emergency Shelter can be congregate or non-congregate. Domestic Violence Shelters are short-term interim shelter options designed to meet the additional needs of persons fleeing an abusive situation.

HOME-ARP funds can also be used to acquire or develop non-congregate shelter. NCS is defined as one or more buildings that provide private units or rooms as temporary shelter to individuals and families and does not require occupants to sign a lease or occupancy agreement.

Rapid Re-housing (RRH) is an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. The essential components of RRH are housing search, financial assistance and case management. RRH programs serve all homeless populations including veterans and people fleeing domestic violence.

The total amount of rental assistance cannot exceed 24 months.

HOME-ARP funds may be used to provide tenant-based rental assistance to qualifying households. HOME-ARP TBRA is a form of rental assistance that is attached to a household and not a particular rental unit. In HOME-ARP TBRA, the PJ assists a qualifying household with payments to cover the entire or a portion that the qualifying household cannot pay for housing and housing-related costs, such as rental assistance, security deposits, and utility deposits. HOME-ARP TBRA assisted households may choose to rent a unit in a HOME-ARP rental project or any other eligible rental unit.

HOME-ARP Supportive Services can also be used to provide voluntary case management services.

CoC-funded Transitional Housing is interim housing for persons experiencing homelessness with services to stabilize and facilitate moving into permanent housing within two years. Leases are not required but often there may be resident agreements signed with the Transitional Housing operator. HUD's CoC program has moved away from funding TH to focus efforts on RRH. TH can be a useful housing strategy for specific populations, such as youth and survivors of DV.

Eligible HOME-ARP rental housing includes "housing" as defined at [24 CFR 92.2](#), including but not limited to manufactured housing, single room occupancy (SRO) units, group housing, transitional housing (see note below) and permanent supportive housing. HOME-ARP funds may be used to acquire, rehabilitate, or construct affordable rental housing primarily for occupancy by households of individuals and families that meet the definition of one or more of the qualifying [populations](#).

Transitional housing under HOME-ARP is designed to provide housing and supportive services to persons **and** has as its purpose facilitating the movement of individuals and families to independent living *within a time that is set by the PJ or project owner before occupancy*.

*Transitional housing under HOME-ARP requires that a lease be in place with the tenant household that does not contain any prohibited lease provisions. Without leases the transitional housing does not qualify as rental housing and is NOT a HOME-ARP eligible activity.* Given that CoC transitional housing is time-limited, I think it's important to address this for HOME-ARP as well. The definition of transitional housing at 92.2 is:

Transitional housing means housing that:

(1) Is designed to provide housing and appropriate supportive services to persons, including (but not limited to) deinstitutionalized individuals with disabilities, homeless individuals with disabilities, and homeless families with children; and

(2) Has as its purpose facilitating the movement of individuals and families to independent living within a time period that is set by the participating jurisdiction or project owner before occupancy.

CoC-funded Permanent Supportive Housing (PSH) is low-barrier permanent housing with supportive services for individuals or families who have experienced chronic homelessness and have inherent barriers to achieving and maintaining stable housing. CoC providers develop and operate site-based permanent supportive housing themselves or in partnership with for-profit or non-profit housing developers. CoC providers can also provide rental assistance and services to people being served in a tenant-based or sponsor-based PSH program where the units are usually owned by private landlords.

HOME-ARP Rental Housing includes “housing” as defined at 24 CFR 92.2, including but not limited to manufactured housing, SRO units, group housing, transitional housing and permanent supportive housing.

HOME-ARP funds may be used to acquire, rehabilitate, or construct affordable rental housing primarily for occupancy by households of individuals and families that meet the definition of one or more of the qualifying populations.

Just as there is diversity in the housing and services provided by a CoC, there is diversity in how programs are funded. There are several funding sources that a community may have to address the needs of people experiencing homelessness. As noted earlier in this webinar, while the CoC does not apply for CoC Program Competition funds directly, it is responsible for designating the collaborative applicant. The CoC also coordinates on all funds available to the homeless serving system including federal, local, and private funds to avoid gaps and duplication of services.

In the next two slides, we will discuss some of the common funding sources available to providers to address the needs of persons experiencing homelessness. We will highlight the eligible activity types the funding source can pay for, including if the funds can be used for capital costs or operating costs. Capital costs are typically associated with one time expenditures while operating costs are annual costs which can include the day-to-day operation and or maintenance of a building.

Not every source allows for a full range of capital costs or operating costs. If considering using any of the funds discussed in this presentation, PJs must review all eligible expenses and any associated terms and conditions for the use of the funds.

Knowing the eligible uses for the existing funding sources is an important consideration when PJs think about where funding gaps exist in the current provision of housing and services and the best use of HOME-ARP funds.

While HOME-ARP can be used to fund a wide variety of projects and activities, it may be necessary to utilize multiple funding sources to maximize HOME-ARP funding.

If multiple funding sources are needed to fund a project, PJs should carefully consider how it will align HOME-ARP funds with other funding sources. PJs must consider the differences in eligible uses, eligible participants and any possible conflicting requirements between HOME-ARP and other funding sources used in the development and operation of HOME-ARP projects or activities.

The Emergency Solutions grant is a formula grant program. Eligible recipients generally consist of metropolitan cities, urban counties, territories, and states, as defined in 24 CFR 576.2. These funds can be used for capital costs and operating costs for emergency shelter, rental assistance and supportive services.

The CoC Program is a competitive grant. Applicants must be an eligible applicant as outlined in the CoC Program Interim Rule (§ 578.15(a)) and CoC NOFA and must have been designated by the CoC to submit an application for grant funds. These funds can be used for capital and operating costs for rental housing, rental assistance and supportive services.

Some communities utilize CDBG funds for homeless services. These can include emergency shelter capital costs and operating costs. Operating costs are considered a public service and are subject to the 15% cap. CDBG can also be used to acquire and rehabilitate rental housing. CDBG can also pay for rental assistance and supportive services.

The HOME Program can also be used for the acquisition, new construction and rehabilitation of rental housing. In some communities, HOME TBRA is used to assist persons experiencing homelessness.

The Housing Opportunities for Persons with AIDS program provides a wide range of services and activities for people living with HIV/AIDS. These include acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services, New construction (for single room occupancy (SRO) dwellings and community residences only), Project- or Tenant-Based Rental Assistance

Short-Term Rent, Mortgage, and Utility Assistance (STRMU) to prevent homelessness

Operating Costs for housing and Supportive Services: including health, mental health, assessment, personal assistance, and nutritional services.

As with the funding sources noted on the previous slide, the Tribal HUD VASH program and SSVF and VASH programs serve special populations, more specifically, veterans experiencing homelessness. These programs offer rental assistance and supportive services for veterans and their families experiencing homelessness.

Family Violence Prevention Services is a formula grant to some states and territories. These funds support the establishment, maintenance, and expansion of programs and projects to prevent incidents of family violence, domestic violence, and dating violence; provide immediate shelter, supportive

services, and access to community-based programs, and to provide specialized services for children exposed to family violence, domestic violence, or dating violence.

For additional information and other possible funding sources, see the HOME-ARP Project and Activity Funding Homeless Housing and Services Funding crosswalk on the HUDExchange.

Each individual and family experiencing homelessness has unique needs and experiences. This includes household composition and services needed to quickly end their homelessness. CoCs have common practices for preventing and addressing homelessness.

Providing safe, stable housing, is the solution to homelessness. The goal for CoCs is to make homelessness rare, brief, and non-recurring across the United States. To accomplish this, CoCs and the housing and services providers in the community's homeless system implement programs in alignment with HUD guidance and best practices. Next we will review some of these best practices.

HUD encourages CoCs and providers to adopt a Housing First approach. Housing First is a person-centered, evidence-based approach to addressing the needs of persons experiencing homelessness. The Housing First approach can benefit individuals and families at risk of or experiencing homelessness with any degree of service needs. This includes households who need homeless prevention services to those who may need a higher level of service, such as chronically homeless individuals. Under a Housing First approach, individuals and families can access housing without any prerequisites such as sobriety or income and services are offered and readily available but are voluntary, not mandatory. People's needs are best addressed once someone has stabilized in housing, rather than prior to being housed. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services.

Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Black, Indigenous and People of Color (BIPOC) are disproportionately represented in the population of people who experience homelessness. HUD requires CoCs to understand and address this overrepresentation. This includes reviewing data, developing and implementing policies and procedures to reduce disparities, and actively addressing racial inequities. CoCs must understand who is becoming homeless and how they are being served by the system including analyzing exits to different destinations, length of time homeless and returns to homelessness by race and ethnicity. CoCs should be doing system planning to address disparities by adjusting policies and procedures. In order to do this effectively CoCs include BIPOC representatives in system planning and program design. CoCs are also required to include persons with lived experience of homelessness on the CoC Board.

Through the consultation process with CoCs, PJs will gain insight into the disparities within the community and better understand the needs of BIPOC and persons with lived experience of homelessness.

CoCs use data to ensure the homeless system is efficient and effective at moving individuals and families experiencing homelessness into permanent housing quickly. CoCs are charged with reviewing HMIS data, assessing the performance of CoC and ESG grantees to make data informed decisions about system improvements and future funding decisions.

HUD expects CoCs to understand who is experiencing homelessness in their community and how the homeless system is meeting their needs, and to improve their system using data and performance improvement strategies.

HUD developed seven System Performance Measures to help communities gauge their progress toward the goal of ending homelessness. Each CoC is expected to use these measures to evaluate how well homeless systems are functioning and where improvements are necessary. These include measures such as the length of time someone experiences homelessness in the CoC, recidivism rates, and successful placement and retention in permanent housing.

In conclusion The Continuum of Care (CoC) is the planning body responsible for operating the homeless service system, designating and operating an HMIS, Continuum of Care planning and coordination of the CoC system of services and housing interventions, and ensuring there is a Violence Against Women Act (VAWA) emergency transfer plan.

CoCs often serve many of the HOME-ARP qualifying populations, however they likely do not serve all QPs. The other populations At Greatest Risk of Housing Instability (ii) QP is not often served by CoCs.

The HOME-ARP QP Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD, is a more expanded definition from that population served by CoCs.

HOME-ARP eligible activities and projects often align with the common housing and service programs being offered within the homeless and homeless prevention service system.

There are often Federal, State, local, and private funds available to CoCs to address the housing and service needs of individuals and families experiencing homelessness. Not all CoCs have access to all these resources. Collaboration between PJs and the CoC or CoCs serving its geographic area can be useful for identifying available resources, services and populations prioritized with these funds.

Providing safe, stable housing, is the solution to prevent and provide exits from homelessness. The goal for CoCs is to make homelessness rare, brief, and non-recurring across the United States. To accomplish this, CoCs, and the housing and services providers in the community's homeless system, implement programs in alignment with HUD guidance and best practices.