HOMELESS CONTINUUMS OF CARE: A REPORT OF RESEARCH FINDINGS

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Background and Executive Summary
Starting in the mid-1990s, the United States Department of Housing and Urban Development (HUD) began incentivizing collaboration among homeless services providers in order to improve service coordination and help local areas develop a community-wide approach to meeting the needs of individuals and families who are homeless. These collaborations are typically comprised of nonprofit service providers, local government agencies, consumers, and, sometimes, philanthropic organizations and local businesses. They are known as Homeless Continuums of Care, or CoCs.

Communities are required to form CoCs in order to apply for most HUD funding for homeless services, and every locale in the United States is represented by one. They represent the primary way that communities in the United States collectively respond to the problem of homelessness, and they are an important strategy for more effectively funding permanent supportive housing, transitional housing, and Homeless Management Information Systems (HMIS).

CoCs are diverse because while HUD sets expectations and guidelines, HUD also largely leaves it to communities to determine how best to meet them. HUD has also given localities significant leeway in the structure and leadership of their CoCs. Overall, this system has the potential to give providers and consumers of homeless services important new opportunities to be involved in shaping regulations and policies, though the extent to which this occurs is unknown.

This report details findings from a national survey (the first that we know of) that collected data from CoCs across the United States to learn about variations in their structure, priorities, membership, and advocacy involvement. Of the 418 CoCs we identified and contacted, 312 responded and 296 completed the survey. We received responses from all 50 states, Washington, DC, and three territories.
Our survey results indicate wide variation across CoCs on a variety of issues. First, CoCs vary greatly in size, from as small as a single city to as large as an entire state. CoCs also vary in the size of their HUD awards, ranging from $0 reported by two CoCs still struggling to obtain HUD funding to the largest award of $113 million to New York City’s CoC. CoCs cover urban, rural, suburban, and mixed regions, and CoCs have existed in some form for 1 to 38 years.

In addition to these demographic variations, there are also substantive differences in how CoCs are structured, staffed, and administered. CoC structures vary from those without any formal structure (12 percent) to those structured as independent organizations (25 percent) to those with government in a lead role (35 percent) to those that are nonprofit-led and include a variety of collaborative arrangements (28 percent). Staffing structures range from those with no director or designated staff to those with full time directors and more than 50 employees. The purpose of this report is to describe these variations, how they are related to one another, and how they may be affecting CoC performance.

The main findings from the survey include the following:

• **Size matters.** CoCs with the most funding typically represent communities with the largest populations of homeless individuals, and they are found in mostly urban or mixed regions. CoCs with the largest award amounts have larger staffs, engage in longer-term planning, and have stronger relationships with decision-makers than smaller CoCs. However, bigger does not make much of a difference when it comes to meeting the service needs of homeless populations: size has only a weak negative correlation with service gaps ($r = -.13$), indicating that as CoCs get larger service gaps do get smaller, but only by a very small amount.

• **Providers are important stakeholders in CoCs.** They make up the largest proportion of total membership at over 70 percent of all organizations represented in CoCs, they actively network with one another, and they play an important role in CoC decision-making and advocacy. Nearly half of all respondents (45 percent) reported that providers make all major decisions in the CoC. An additional 38 percent reported that providers make at least some CoC decisions. Only 17 percent of respondents reported that providers have little influence in CoC decision-making. Consumers, however, are less actively involved in CoCs; respondents reported that this has been an ongoing priority but also a challenge.

• **CoCs have close relationships with local government,** but CoCs report uneven levels of local government investment and support. CoCs in conservative regions and those with independent structures reported the lowest levels of local government investment and support, and those with structural ties to local government (e.g., those that are government-led) reported the highest levels of local government investment and support. This indicates that there is room for improvement in regards to independent CoCs communicating their value to local government.

• **Service gaps continue to challenge CoCs, particularly those in rural areas.** We asked respondents to rate their level of service gaps on a scale of 1 (low) to 5 (high). The average score was 3.2, which indicates that there continues to be serious unmet homeless service needs across CoCs. In particular, rural CoCs and those covering large geographic areas associated with long travel times for participants reported higher levels of service gaps than CoCs that are less widely dispersed. In addition, higher levels of networking among providers is associated with lower service gaps, indicating that stronger informal relationships may help providers to better meet homeless service needs.
CoCs engage in advocacy activities most frequently through formal channels, such as engaging in government-led commissions and coalitions with advocacy partners. They also engage in public education about policy issues, but they less frequently provide testimony, write op-ed pieces, or engage in demonstrations. Meanwhile, advocacy activity by CoCs is increasing. While about half of CoCs (48 percent) reported no change in advocacy activities, 8 percent reported any decrease, 29 percent reported a moderate increase, and 14 percent reported a significant increase.

CoCs are frustrated by new regulations and requirements of the HEARTH Act. Some find it burdensome and report it is detracting from other CoC goals and priorities.

**What Do CoCs Do?**

There are a number of administrative requirements that CoCs must fulfill in order to qualify for HUD funding. These include:

- assessing their region’s homelessness needs by conducting community counts of homeless individuals known as the “Point in Time Count” and completing a “Gaps Analysis” of unmet service needs
- implementing Homeless Management Information Systems (HMIS) to track consumers’ service use
- selecting the priority rank order for the funding and renewal of funding for services included in the funding application
- overseeing the implementation of funded projects.

The CoC funding application does not generally include grants for emergency shelters or homelessness outreach and prevention, although organizations that provide these services are encouraged to be involved in the CoC.

**Data Collection and Survey Methodology**

Two data sources are used in this report. First, we compiled administrative data directly from HUD for all existing CoCs in 2014 (representing all 50 states, Washington, DC, and three US Territories). This primarily included funding award amounts and contact information. Second, we fielded a national survey to learn more about CoC structure, priorities, membership, decision-making, and advocacy activities. For our survey, the lead contacts of every CoC listed by HUD were informed of the study by mail and email, and they were invited to participate by completing an online survey. Individuals who no longer served as the relevant contact for the CoC were asked to forward the survey information to the appropriate contact. When lead contacts were unreachable, additional individuals listed for the CoC on HUD’s website were contacted. Of the 418 CoCs that were active in 2014, 312 responded to the survey for an 75 percent response rate. Response rates did not vary by region. Responses were obtained from CoCs in all 50 States, three US territories, and Washington, DC. Additional follow up was done by phone and email to target non-respondents in states that had initially lower response rates and to respondents who began but did not complete the survey.
Geography of CoCs

The 418 CoCs that are located across the country represent a wide range of geographic sizes and funding levels. The map in Figure 1 shows award size data from the most recently funded year available, which in most cases was 2012. This map illustrates how CoC funding levels are tied to population and need. For example, geographically smaller CoCs in urban areas typically have larger award amounts (dark red), mid-sized rural counties typically have the smallest award amounts (light red), and large Balance of State CoCs typically have moderate award amounts (medium red).

This map also illustrates the variation that exists in how states have set up CoC regions. Some states have adopted a model in which metropolitan counties have local CoCs, and all others join a Balance of State CoC. Other states have multiple county CoCs across the state. The number of CoCs in each state ranges from a low of one for the six states with statewide CoCs (Delaware, Montana, North Dakota, Rhode Island, South Dakota, and Wyoming) to a high of 42 in California. There are 33 states that have Balance of State CoCs that cover all areas not under local jurisdictions. Slightly less than half of all CoCs (46 percent) reported that their jurisdiction comprises a single service area, while 54 percent reported that they serve more than one distinct service area.

Additional findings indicate that CoC geography may be important for CoC performance:

While some CoCs have primarily rural or urban jurisdictions, most are mixed—covering multiple types of areas under one CoC. As shown in Figure 2, about a quarter of all CoCs represent regions that are primarily urban, and a quarter represent regions that are primarily rural. The majority (66 percent) of CoCs reported that participants’ average travel time to meetings was less than an hour, but participants in 10 percent of CoCs need to travel more than two hours to attend meetings. CoCs with mixed jurisdictions, as well as those with participants spread across a large area, face unique and important challenges in regards to coordination.
The number of CoCs receiving funding is decreasing overall, and there is a trend toward CoCs merging together to form multi-county CoCs or joining Balance of State CoCs. Combining jurisdictions may help small CoCs to more effectively manage the administrative functions of the CoC, but this process could introduce additional coordination issues as mentioned above.

**Award Size**

One of the most important factors affecting CoC operations is how much money they receive from HUD. We examined HUD awards and found that the largest proportion of CoCs were in the $1 to $2.5 million range, as shown in Figure 3. The average CoC award was about $4 million.

HUD funding awards are strongly tied to the demonstrable needs of their jurisdictions. The CoCs with the largest HUD awards represent the largest metropolitan areas in the country, where homeless rates are typically higher. This is shown in Table 1, which lists the five largest HUD awards in 2012.

<table>
<thead>
<tr>
<th>CoC Name</th>
<th>HUD CoC Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City CoC</td>
<td>$113,178,205</td>
</tr>
<tr>
<td>Los Angeles City and County CoC</td>
<td>$77,770,840</td>
</tr>
<tr>
<td>Chicago CoC</td>
<td>$52,317,876</td>
</tr>
<tr>
<td>Miami/Dade County CoC</td>
<td>$31,821,784</td>
</tr>
<tr>
<td>Philadelphia CoC</td>
<td>$30,384,189</td>
</tr>
</tbody>
</table>
Although most (if not all) of this money is passed through to providers, CoCs with larger award sizes typically have significantly more infrastructure than smaller CoCs. In general, as CoCs become larger, they have more members, have larger staffs, have stronger relationships with decision-makers, engage in longer-term planning, and participate in advocacy activities more frequently. Our survey found one important exception. The smallest CoCs broke these general trends on a few items. CoCs with awards under $500,000 reported more philanthropic CoC members, more frequent contact with local government to discuss issues of public policy, and stronger relationships with local and state decision-makers than CoCs in the $500,000 to $1 million award size range.

**CoC History**

CoCs range in age from 1 to 38 years old. Other than the fact that older CoCs tend to have larger award sizes than younger CoCs, only a few differences were found across CoCs of different ages.

*The most common CoC founding years are 1995 and 1998.* These years correspond to important regulatory changes affecting the HUD homeless services funding process. For the 1995 funding year, HUD first incentivized collaborative efforts by offering additional points on applications for funding in communities that had engaged in collaborative planning processes. In 1998, HUD first implemented the SuperNOFA funding process that further encouraged collaboration by combining multiple funding opportunities into a single application. The percent of CoCs founded in each year is shown in Figure 4.

**FIGURE 4**

CoC Founding Year

<table>
<thead>
<tr>
<th>Year Founded</th>
<th>Percent of CoCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>1980</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>1990</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>2000</td>
<td>&gt;15%</td>
</tr>
<tr>
<td>2010</td>
<td>&gt;15%</td>
</tr>
</tbody>
</table>

*About one-third of CoCs did not grow out of any pre-existing entity, and about two-thirds did.* This means that in one out of three CoCs, there was most likely no coordinating entity that made sense to serve as a starting point for developing more formal coordination to meet HUD expectations. For those that did have such a starting point, the most common pre-existing entities were government agencies and service providers’ associations, as shown in Figure 5.

**FIGURE 5**

Pre-CoC Structure

- Advocacy Organization, 5%
- Coalition of Interested Parties, 6%
- Individual Service Provider, 7%
- Service Providers’ Association, 23%
- Government Agency, 25%
- No Prior Entity, 32%
- Other, 2%
**Pre-CoC structure is related to current structure and current lead contact type.** Those that reported growing out of government agencies were more likely to have government lead contacts and government-led structures than other pre-CoC structures. Those that reported growing out of a service providers’ association were more likely to have coalition-based lead contacts and independent nonprofit organizational structures than other CoCs.

**CoC Structure**
Since CoCs emerged from a variety of different organizational forms, they are also set up in a number of different ways. To understand these different forms, we asked respondents whether they were an independent organization, mostly government run, voluntary without a formal structure, or a formal collaborative. Over half of all CoCs are structured as collaboratives, as shown in Figure 6. Those that reported a collaborative structure were then asked whether government or nonprofit members take the lead (if there is one). These were evenly split at about 25 percent of all CoCs each.

We grouped these responses to be able to describe differences between CoCs that are primarily or fully government run, nonprofit-led collaboratives, without a formal structure, and independent nonprofit organizations. We found the following differences:

**Independent-structure and no-formal-structure CoCs reported lower levels of provider networking,** as shown in Figure 7. Collaborative structures facilitated networking, regardless of whether they were primarily led by a nonprofit or by government.
No-formal-structure CoCs were most likely to report engaging in planning primarily around preparation of the CoC funding application, as shown in Figure 8. In contrast, independent CoCs were the most likely to report engaging in multi-year strategic planning.

![Figure 8: Planning Level by Structure](image)

Figure 9 shows the various different types of organizations with which CoC lead contacts were associated. Local government is the most frequent (38 percent), and state government (4 percent) and housing authorities (4 percent) represent additional government-related lead organizations. Coalitions (22 percent) may be independent organizations with staff and a director, or they may be less formal and staffed by CoC member organizations. There are also several other types of nonprofits represented. Examples are service providers (totaling 20 percent); advocacy organizations, including Community Action Agencies (6 percent); and funders such as the United Way (2 percent). Finally, some CoCs utilize consultants (3 percent) as lead contacts.

![Figure 9: Lead Contact Organizations](image)

**CoC Staffing**

CoCs have set up staffing structures in a variety of ways. We asked survey respondents to report whether there is an individual who directs the CoC and, if so, whether they do so full time or part time. We also asked for the number of employees who work directly for the CoC and the number who staff the CoC as part of their jobs at other organizations. We term this latter category “indirect employees,” and it includes people who, for example, work for a local government agency, but for whom 40 percent of their job description is staffing the CoC. The following findings stood out:

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Leadership is haphazard. The most common types of staffing structures were to have no director and only indirect employees (23 percent), a part time director and only indirect employees (25 percent), and a full time director with both direct and indirect employees (27 percent), as shown in Figure 10. This means that over a quarter of CoCs have no official leadership, and most CoCs make do with only very part time labor.

CoC staffs are small. The average number of total employees was 4.2, but 50 percent of CoCs had two or fewer total employees, as shown in Figure 11. The average number of direct employees was 1.6, and the average number of indirect employees was 2.6. This includes both full- and part-time employees and consultants. Not surprisingly, the number of employees is correlated with the amount of funding that the CoC receives.

Service Gaps
CoCs reported moderate levels of service gaps overall, with about half of all CoCs reporting mid-range gap levels. However, more CoCs reported considerable to severe gaps (35 percent) than those that reported some or few service gaps (15 percent).

Both geographic and financial size matter for service gaps. CoCs with longer travel times for participants reported higher levels of service gaps, and so did those with smaller award sizes.
Older CoCs reported lower levels of service gaps. Severe and moderately severe service gaps were reported by 22 percent of CoCs founded before 1995 compared to 35 percent of CoCs overall, as shown in Figure 12. This is an encouraging finding as it suggests that CoCs may be making progress over time in helping to reduce those gaps.

CoCs with higher levels of provider networking reported fewer service gaps. Even when controlling for award size, region type, age, and travel time, greater provider networking is significantly related to fewer reported service gaps. This finding suggests that CoCs with high levels of provider networking may indeed be meeting the larger CoC purpose of improving service coordination.

**CoC Priorities**
We provided a list of a number of potential CoC activities and asked respondents to put them in rank order. The results are shown in Table 2. As is to be expected, obtaining funding was the most important priority for most CoCs with other mandated activities taking the second and third spots. It is important to note how important supporting homeless services that are not specifically funded by HUD is to many CoCs.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtaining HUD funding</td>
</tr>
<tr>
<td>2</td>
<td>Promoting system coordination and integration</td>
</tr>
<tr>
<td>3</td>
<td>Supporting HMIS</td>
</tr>
<tr>
<td>4</td>
<td>Supporting non-CoC-funded activities, such as outreach/assessment, emergency shelter, prevention</td>
</tr>
<tr>
<td>5</td>
<td>Promoting the adoption of evidence based practices</td>
</tr>
<tr>
<td>6</td>
<td>Engaging in policy advocacy</td>
</tr>
<tr>
<td>7</td>
<td>Other training and technical assistance</td>
</tr>
</tbody>
</table>
We found that this ordering was relatively consistent across CoCs of different award sizes and ages, although there were a few exceptions. For example, while pursuing HUD funding was towards the top of the list for most CoCs, younger CoCs and those with smaller award sizes ranked pursuing HUD funding as a lower priority than other groups. These smallest CoCs seem to see the CoC as having a broader role; they also ranked supporting non-CoC-funded activities higher than other groups.

**CoC Membership, and Provider and Consumer Involvement**

We asked survey respondents to report the number of organizations that are represented by at least one person who participates in the CoC. By this count, membership was primarily nonprofit social service agencies, at 72 percent of all reported members. Government was second at 17 percent of all reported members. The average CoC had 29 members that are service providers, seven members that are government representatives, three members from the business community, and two members from the philanthropic community, as shown in Figure 13. Having more members is associated with larger award sizes and higher staffing levels.

![Figure 13: Total CoC Membership](image)

Providers not only make up the largest proportion of members but they also play an important role in CoC decision-making. Most CoCs (77 percent) reported that providers serve on all committees, and 45 percent reported that providers make all major decisions. Provider influence on CoC decisions differed by structure, with independent and government-led CoCs reporting lower levels of provider influence, and no-formal-structure CoCs reporting the highest degree of provider influence, as shown in Figure 14.
That said, most CoCs reported that engagement is not spread equally across providers. The vast majority (80 percent) reported that some providers are more engaged than others, with about 10 percent each reporting either equal engagement or that only a few providers are deeply engaged.

The overall high level of involvement by providers contrasts with the lower level of involvement by consumers. Some CoC respondents indicated that they want to involve consumers to a greater extent but that it is difficult to find people who have enough interest and stability to be actively and consistently involved. However, most CoCs indicated that consumers do have influence in the CoC, with 47 percent indicating that consumers influence some decisions but not others (see Figure 14). However, only about 15 percent of CoCs indicated that consumers influence all major decisions. Consumer involvement also varied by structure, with collaborative-structure CoCs indicating the highest levels of consumer involvement in CoC decision-making. Several factors are associated with high consumer involvement, including having a part-time director, engaging in higher levels of planning, and having large award sizes.

**Government Support and Investment**

Respondents were asked to rate the levels of local government support (including human resources and in-kind support) for their programming, as well as local government financial investment in homeless prevention and services. CoCs experience a range of levels of government support and investment. Overall, however, they reported less financial investment than they do other kinds of support.

Levels of government support and investment varied by organizational structure. Government-led CoCs reported a higher degree of government support and investment and independent organizations reported lower levels in both categories, as shown in Figure 15.

Responses also varied by political climate, with extremely progressive locations reporting the highest levels of government support and investment and extremely conservative locations reporting the lowest, as shown in Figure 15.

**FIGURE 15**

Local Government Support and Investment
**CoC Advocacy**

The purpose of CoCs is to bring public and private actors together in order to better manage and coordinate the services funded by HUD. This intermediary role leads many CoCs to be engaged with government decision-makers on matters of public policy advocacy. One of the purposes of this survey was to determine the ways that CoCs engage in advocacy and the factors that influence their advocacy activities.

Because not everyone understands the word “advocacy” the same way, we asked respondents directly about the kinds of activities they engage in to influence public policy, which government decision-makers they communicate with about such matters, and how frequently they do so.

**CoCs engage in some advocacy activities more frequently than others.** The most frequent activities reported were participating in government-led commissions, working with coalitions, and educating the public about homelessness issues, as shown in Figure 16. Only 5 percent of respondents reported that they “never” engage in any of these three activities, while 10 percent participated in all three of these activities “frequently” or “very frequently.” On average, respondents reported engaging in these activities “occasionally,” while other activities had averages closer to “rarely.” For example, few CoCs participated in protest, with only 23 respondents (about 7.5 percent) reporting ever engaging in protest; among these, almost all reported that they do so rarely.

**Capacity matters for how frequently CoCs engage in advocacy activities.** Advocacy frequency was significantly correlated with having a higher award amount and having more employees.

**Advocacy is increasing, not decreasing.** Few CoCs (only 8 percent) reported that their advocacy activity has decreased over the last five years. About half (49 percent) reported that their advocacy stayed about the same, 29 percent reported that it increased somewhat, and 14 percent reported a significant increase.
On average, respondents reported communicating with local government agencies 3 to 4 times per year, and they reported communicating with state agencies, local elected officials, and the general public an average of 1 to 2 times per year. CoCs were least likely to engage with federal and state level elected officials, as shown in Figure 17.

CoCs report close relationships with local government. Despite their somewhat infrequent contact, almost 45 percent of CoCs reported multiple strong relationships at the local level, while 16 percent reported multiple strong relationships at the state level. Among the respondents who reported having multiple strong relationships at the local level, about one-third said they communicate with local government agencies two times a year or less. Still, contact frequency was significantly related to relationship strength, and in general those who reported strong relationships also reported more frequent contact.
Advocacy Capacity-Building: There are several time and monetary investments in advocacy that we find are related to a CoC being more active in advocacy overall. CoCs made those investments at the following rates:

• 45 percent of CoCs engage in coordinated advocacy campaigns with external partners
• 29 percent of CoCs have a staff person responsible for the CoC’s advocacy and policy work
• 26 percent of CoCs have an advocacy committee
• 14 percent of CoCs offer advocacy trainings

As mentioned above, 29 percent of CoCs reported having a staff person responsible for the CoC’s advocacy and policy work. Figure 19 shows the breakdown of the titles held by these individuals. The most frequent title is the top executive at 42 percent of CoCs that have a staff member responsible for advocacy. Top executives are followed by program coordinators at 24 percent, program directors at 13 percent, and staff with policy-specific titles at 8 percent.

We also asked respondents the proportion of that staff member’s time that is spent on advocacy activities. While staff with policy-specific titles are less common, they devote the highest proportion of their time to advocacy activities, at an average of 35 percent of their time. Program directors spend an average of 23 percent of their time on advocacy efforts, while top executives and program coordinators spend an average of 18 percent of their time. Dedicated staff holding board positions reported spending the smallest proportion of their time on advocacy activities, at an average of 13 percent.
Providers are more involved in CoC advocacy than consumers, but there is room for improvement with both. As Figure 20 shows, about 22 percent of CoCs report that providers are “not at all” or only “a little” involved, and 64 percent of CoCs report that consumers are “not at all” or only “a little” involved.

Providers and consumers have less influence over advocacy decisions than they do in CoC decisions overall. While 45 percent of CoCs reported that providers influence all major decisions, only 15 percent reported that providers are involved in all advocacy decisions, as shown in Figure 21. Similarly, while 14 percent of CoCs reported that consumers influence all major decisions, only 5 percent reported that consumers are involved in all advocacy decisions.
Advocacy goals are split about evenly between promoting social benefits for homeless people and expanding or protecting funding streams. Changing regulations to expand or improve service provision was relatively less emphasized. There were some systematic differences by award size. As CoCs get larger, they tend to devote a smaller proportion of efforts to general benefits for homeless people, as shown in Figure 22. Instead, larger CoCs devote a higher proportion of efforts to seeking regulatory changes.

![Figure 22: Advocacy Goals by Award Size](image)

**Notes from the Field**

Many survey respondents chose to share additional information with our team about issues of particular concern. We found that those concerns were focused primarily in three areas: difficulties implementing the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, constrained resources and their impact on organizational performance, and the need for (and challenge of) advocacy involvement. Below are some representative quotes from CoC leaders.

First, HEARTH, which was enacted in 2009 and revised in 2012, changed the structure and functioning of many CoCs. Respondents frequently mentioned challenges with implementing requirements related to the HEARTH Act, particularly unfunded mandates.

*The CoC, since it has no municipal support, is increasingly stressed with increasing oversight, governance, and coordination requirements imposed by the HEARTH Act.*

*HUD allows small percentages of funds to be used for administration, monitoring, and overall coordination/planning. This creates a disincentive when trying to meet the statutory requirements of the HEARTH Act. Collaborative Applicants or Lead Agencies […] must have adequate funding to provide the necessary administrative supports, reporting, and data collection required to operate a successful system.*

A number of survey respondents mentioned a lack of resources as a challenge to performing well as an organization or engaging in various types of work. The general sentiment was that their limited personnel and financial resources were only barely sufficient for carrying out basic tasks, making it
A CoC will only function as well as it is funded to function. If HUD is going to fund Collaborative Applicants, it needs to fund them OUTSIDE of the CoC application so that such funding is not in competition with housing programs. CoC planning should not be on the tiers of the CoC application—having it there gives CoCs an incentive to NOT fund planning. [...] Having to constantly fundraise to support running the CoC takes away from actually running the CoC.

The HEARTH Act and Interim Rule, which codifies the CoC, has created an industry around CoC functioning that siphons funds away from interventions that prevent or resolve homelessness. Many CoCs that have formalized their existence are struggling to secure and maintain funding to support the activities of the CoC.

Despite limited resources and the challenges with HEARTH, some CoCs were still able to engage in advocacy. In fact, in many cases, limited resources and complaints regarding HEARTH drove CoCs to engage more heavily in advocacy. Some, however, sacrificed advocacy to tend to other CoC needs.

Limited staffing and differing opinions among funders have made it difficult to do significant policy advocacy. We recently added a part time staff to address affordable housing policy.

HUD [regulations] and increased work load of leading a CoC and implementing HEARTH Act meant sacrificing many, many things, including advocacy.

Alternatively:

We have been more active in submitting comments to legislation, specifically HEARTH Interim Rules.

As HUD policies have become more prescriptive, we have felt the need to comment—particularly on the challenges of operating in a suburban environment.

**Implications**

Findings from this survey indicate a number of trends associated with staffing and structural variation across CoCs. There are tradeoffs between different set ups and structures, and understanding the strengths and limitations of each may help CoCs to meet their goals. These findings may also help HUD in designing better ways to support CoCs in fulfilling their missions.

* In order to effectively represent and serve their communities, CoCs benefit from higher staffing levels. It appears that the presence of a full-time director and dedicated staff members offers additional capacity for CoCs in some important ways. Having a full-time director is associated with multi-year planning, more equal provider engagement, and more frequent communication with decision-makers. Having direct staff members is associated with more frequent advocacy, particularly more labor-intensive advocacy activities such as issuing policy reports and meeting with legislators and government administrators. Although CoCs report strong relationships with local government decision-makers, many are only in contact a few times a year, and greater staffing levels could strengthen lines of communication. In order for CoCs to effectively represent the needs and concerns of providers to relevant government actors, greater investment in personnel to staff the CoC is needed. Furthermore, as CoCs adjust to new regulations under
the HEARTH Act, additional staffing is critical to developing and sustaining change. HUD should consider making more operating funds available to CoCs to expand staffing levels.

- **In order to stay in touch with the needs and concerns of providers and consumers, CoCs benefit from involving them in leadership roles.** While adding capacity through full-time directors and staff members may improve communication with government, this is also associated with lower levels of provider and consumer influence on decision-making. Having a part-time director was associated with consumer involvement that was higher than CoCs either without a director or with a full-time director. Part-time directors may be in a unique position to incorporate multiple perspectives, perhaps because they sustain service delivery and administration roles outside the CoC. Future research should explore ways to maximize provider voice and leadership in ways that avoid the burden of unequal participation.

- **Smaller CoCs and those with no formal structure have unique needs and goals.** These CoCs tend to disproportionately engage in relationship-building with government and philanthropic actors. In addition, they make strong efforts to position their CoCs as central to a broader effort to resolve homelessness, by advocating disproportionately more for general social benefits for homeless individuals and by focusing more on non-CoC-funded activities. Despite these broader goals, these CoCs are less likely to engage in long-term planning and coordination, which is likely due to lower staffing and resource levels. CoCs that represent smaller communities may provide one of the few forums that bring together local service providers that are in touch with a broad array of community needs. These organizations, like all CoCs, may benefit from more flexibility in their funding in order to focus on non-HUD-funded activities such as outreach and prevention. This flexibility may help them better meet the broader goals to which they aspire.

- **Provider networking is key to addressing service gaps.** Above and beyond the influence of size and staffing, provider networking levels stand out as an important factor associated with lower levels of reported service gaps. Networking likely helps providers know more about the services being offered by other providers because they are in more frequent contact with them. This knowledge may enable providers to work together to fill gaps in the service system. This is particularly important information for independent-structure CoCs that reported lower levels of provider networking. Facilitating such networking should be a goal of all CoCs.

- **Local government support and investment is uneven across CoCs.** When government takes on more leadership roles, CoCs indicate higher levels of government support and investment. Other CoCs, particularly formally independent CoCs, experience government support and investment at lower levels. In addition, local government support for CoCs in places where there is a conservative political climate is also low. Given the many tasks for which CoCs are responsible, a mechanism to institutionalize local government support for CoC operations may help improve the effectiveness of CoCs overall.

CoCs fulfill an important role in coordinating the delivery of vital services to some of the most vulnerable members of our society. As described in this report, there are many ways that these collaborative bodies act to give voice to and meet needs identified by homeless services providers and consumers. That said, opportunities to do so seem to be limited by funding and regulatory constraints. We have identified some key structural and operational components that are associated with success in meeting various goals. These may help CoCs identify ways to adjust operations to meet their goals in the current environmental conditions. However, CoCs could benefit from greater flexibility and support in order to best identify and meet community needs.