inclusivity & innovation in homeless services:

findings from a national study of continuums of care

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contents

executive summary

Continuums of Care (CoCs) are one of the most important—but poorly understood—elements of our homeless service system. Intended to be robust networks where local stakeholders come together to better manage homeless services in any given region, they vary widely in regards to their capacity to do that.

To learn more about what challenges CoCs face in their work, as well as what innovative practices were in place, in 2017-18 we carried out an in-depth study of 18 CoCs that varied in regard to size, region, and structure. This was a follow up to a national survey that we carried out in 2014. We interviewed over 150 coordinators and members in order to learn about what facilitates and what hinders the efforts of CoCs to best serve consumers—people who utilize homeless services—and make progress toward the goal of ending homelessness.

In this report, we share 10 major findings from our study that reflect common concerns and some innovative solutions to these concerns generated by CoC participants themselves. We group these concerns under three areas: mission-critical work, engaging stakeholders in decision-making, and network structure.

mission-critical work

Finding 1: Meeting both HUD regulations and consumer needs is increasingly difficult.

The Hearth Act of 2009 brought substantial changes for both CoC coordinators and providers, which resulted in many CoCs worried they would be unable to meet the new guidelines. Despite the challenges, we found CoCs had a variety of effective strategies to manage these changes—and maintain HUD funding—while still meeting the needs of vulnerable consumers and engaging service providers.

Finding 2: CoCs with a large geographic spread experience unique challenges.

CoCs that cover vast distances or diverse municipalities face challenges coordinating care and meeting consumer needs. Flexible and creative actions are needed to resolve these issues.

Finding 3: Small CoCs face serious challenges regarding capacity.

Unfunded mandates by HUD and increasing reporting requirements place extra burden on small CoCs. While many small CoCs come together to meet this burden, capacity is a real challenge and HUD planning grants should be expanded to meet this vital need.

Finding 4: Meaningful engagement in advocacy is rare.

Advocacy is a key practice in order to shape policies, enhance funding, or shift public opinion in ways that could improve the local conditions for consumers and homeless service providers alike. Unfortunately, lack of capacity and not seeing advocacy as a primary responsibility leads many CoCs to under-engage. Exceptions included innovative practices such as intervening in local policies that harm consumers, engaging state leaders to adjust state funding grants, and initiating ballot referendums.

engaging stakeholders in decision-making

Finding 5: Transparency is key to engaging stakeholders in decision-making.

Clear processes and structures for deliberation and decision-making may seem frivolous or formal, but investment in clarity and communication paid significant dividends in building trust and promoting more positive outcomes for both providers and consumers.

Finding 6: Managing relationships with local government should be a top CoC priority.

Without positive collaborative relationships between local officials and CoC leaders, we saw CoCs struggle to develop new affordable housing, change zoning policies to accommodate shelters, and generate capacity. In many cases, strong informal relationships with government officials—including those in non-elected positions—helped mitigate those challenges. However, there is a fine balance: CoCs where government takes an overly authoritative role experience disengaged providers and questions about effectiveness.

Finding 7: Effective consumer engagement requires both strategy and structure.

While required by HUD, consumer engagement can be difficult to make meaningful. We saw this challenge resolved through specific time investments designed to support consumers' contributions.

Finding 8: Law enforcement can be leveraged to resolve shared problems.

For better or worse, people experiencing homelessness commonly interface with law enforcement. Relationships between CoCs and law enforcement can be mutually beneficial and help mitigate negative interactions.

network structure

Finding 9: Great uncertainty exists around CoC mergers or joining Balance of State CoCs.

While merging with another CoC or moving into a Balance of State CoC can resolve capacity issues for small CoCs, many are hesitant. We note some strategies to support small CoCs making these transitions.

Finding 10: Many CoCs are interested in pursuing 501c3 status, but provider engagement could be a cost.

While 501c3 status appears to build CoC capacity and staffing, providers often have reduced engagement in decision-making under that structure. Independent CoCs must be careful to not utilize staff to replace member engagement and input.

In each section we highlight challenges, solutions we saw enacted on the ground, and what we call tips for practice—suggestions for how you might be able to incorporate these findings into your work. We could not have come to these understandings with the considerable time and thoughtfulness provided by many CoC coordinators and members from around the country. We are incredibly thankful for insight and participation from these very busy people. It is our hope that the findings in this report enable HUD officials, CoC coordinators, board members, and homeless service providers to recognize the challenges common across CoCs, identify possible solutions that may aid CoCs in resolving these concerns, and also note key areas that may require coordinated advocacy.

definitions of key terms used in this report

HUD - The United States Department of Housing and Urban Development: The federal oversight and funding agency for homeless and housing services.

CoC - Continuum of Care: Collaborative networks comprised of nonprofit service providers, local government agencies, consumers, philanthropic organizations, and local businesses. These networks are required by HUD to develop community-wide responses to meeting the needs of those who experience homelessness.

CoC Coordinators - The person(s) responsible for scheduling meetings, updating agendas, and ensuring key tasks are completed by the CoC. Coordinators are local government employees, volunteer leaders of homeless service organizations, paid staff of a non-profit that runs the CoC, or community members. CoC coordinators can be elected, appointed, volunteer, or hired.

CoC Members - Any people who participate in CoC meetings and activities. Members are non-profit managers, front-line workers, leaders of government agencies, representatives from philanthropic organizations, community members, and consumers. Some CoCs maintain formal criteria, rules, and fees for membership; others are informal and allow anyone to be a member.

Consumers - Any current or former recipient of services provided by organizations or agencies participating in CoCs. These individuals or families may or may not currently experience homelessness as defined by HUD but may experience housing or food insecurity or other challenges for which they seek support or engage with the CoC.

Collaborative Applicant - A collaborative applicant is an eligible applicant designated by the CoC. It can be a state or local government, nonprofit, a Public Housing Authority (PHA), or the CoC itself. A collaborative applicant's role is to submit consolidated applications for funding, project applications for housing and/or services, CoC planning funds, and participate in development of the governance charter for the CoC.

HMIS - Homeless Management Information System: A HUD-required data management system that each individual CoC is responsible for maintaining and utilizing regionally. This system includes data on individuals experiencing collected via annual Point-in-Time counts and ongoing counts by homeless service organizations and also data on housing, supplemental services, and beds available.

Governance - The roles, structures, and processes that facilitate or determine decision-making.

Engagement - The extent to which providers attend, participate, and have a share in CoC decision-making processes.

Advocacy - Any effort on the part of CoCs or organizations to influence decision-makers or the public on behalf of the field of homeless services or homeless people generally.

finding 1

balancing both HUD regulations and consumer needs is increasingly difficult

The challenges of meeting HUD regulations was a topic that almost every interviewee mentioned. A CoC coordinator reported a narrative that was not uncommon:

> *I think it was about four or five years ago, maybe even less than that, [our CoC] lost a bunch of funding, because we just weren't kind of doing what HUD wanted. So, we learned from that, we understood that if we don't start paying attention to what [HUD's] targets and priorities are and start reflecting that in our programs, they're just going to take the money and send it somewhere else.*

Challenges in meeting HUD regulations were different for providers and CoC coordinators, but this was an area in which all CoC members struggled. This especially applies to the provision of the 2009 HEARTH Act that changed the definition of "chronic homelessness" and prioritized permanent supportive housing for those who meet this definition over other consumers.

Many providers felt forced into a difficult choice between either shifting their mission and services to comply with changing HUD regulations or forgoing HUD funding altogether. For example:

> *We phased out transitional housing, and we're phasing in rapid re-housing. We're trying to have the right attitude about this. We've been working with people so long; we know what works. We were having 100% success rates year after year with the other program, and nobody returning to homelessness. We're a little frustrated with all of that, and I get frustrated with the bureaucracy created around homelessness. When I see things that work...we need twenty thousand more housing choice vouchers in this community, and that would put a huge dent in homelessness. We need to identify that.*

We found that nonprofits that serve very particular populations—survivors of domestic violence, single mothers, youth, LGBTQ, or immigrant populations—found HUD funding changes to be a unique hardship. For some, it leads them to opt out of HUD funding all together. As one provider told us:

> *You know, we're designed as a non-profit organization with a mission to serve homeless single mothers and babies. So, we would be really changing our mission and not serving this particular vulnerable population that we see has very special needs and lacks the resources that intact families or people who have a partner [have]. So, we decided not to renew our grant this past year. But, I've remained in the CoC, we're still participating, I'm still on the governance board, I served on the ranking committee because I wasn't applying for funding. But, you know, we're not going to change our mission for funding. We decided not to do that.*

CoC coordinators expressed the necessity of these organizations for assisting the special populations they have expertise in serving. Continuing to ensure that these providers succeed, serve consumers in their regions, and remain engaged can be a challenge. For example, if these agencies find HUD funding impossible to access they may also give up on contributing to HMIS data. However, we learned about several innovative solutions to ensure all populations are reached and HMIS data accurately reflects the consumer population. These strategies include:

- *Initiating a DV-specific HMIS intake procedure that protects consumer confidentiality and funnels consumers to appropriate sites*
- *Providing homeless youth VIP passes to skip lines at general consumer outreach events so they could move directly to the youth service providers*
- *Ensuring staff that are LGBTQ-competent were present at outreach events to welcome and support LGBTQ-identified consumers in finding resources*
- *Advocating for additional and distinct state emergency funds to serve particularly vulnerable populations like women with children*
- *Leading CoC-wide youth outreach days*

tips for practice:

Maximizing HUD funds to the region should remain a first priority for CoCs. By ensuring HUD priorities are fully met and funded, this can off-set fundraising needed to keep other providers for specialized populations afloat.

Providers that serve niche populations but don't obtain HUD funding have little reason to be engaged if they are not shown the mutual benefits of participation and given a voice in decision-making. When these providers are engaged meaningfully as members, innovative solutions that allow the CoC to meet more consumer needs are often initiated and streamlined.

Engaging these providers is a win-win for CoCs in building capacity, serving all client populations, and accurately documenting all consumer identities and needs in HMIS.

finding 2

CoCs with a large geographic spread experience unique challenges

Our sample included a number of CoCs that struggled with issues related to geography. Some were rural, while others spanned urban, suburban, and rural areas. We found that managing large or diffuse geographic and provider landscapes presented CoCs with unique challenges regarding communication, provider engagement in governance, and coordinating services for consumers.

Issue #1: Alignment between transportation, housing, and employment in CoCs that include multiple, geographically dispersed, cities or regions.

Members told us that making best use of coordinated entry in geographically disperse areas often required creativity, resourcefulness, and caused additional stress. Access to transportation, work, and adjacent services often are weighed against access to housing; often, affordable housing and shelters are located in places where transportation and work opportunities are less. In the following quote a suburban provider shared struggles to meet consumer needs given how far they are located from the urban center:

> *We have no public transportation, we have no other services up here. So, our consumers, if they really needed a service, would have to travel to City A. Well, transportation is an issue, so if you don't have transportation, it's very difficult to get to City A, and we don't have the availability of services like people in that area do.*

Another problem is coordinating services among governments to meet needs across municipalities within a CoC. A suburban provider from a different CoC shared similar difficulties ensuring housing, work, and transportation all are in alignment for consumers.

> *Each community in this county or this whole metro area is a stand alone. I think you would get a lot more cooperation if you started having more of the governments work together. They don't provide any services out here because they don't want anybody out here using them. Even though the suburbs are filled with service entry jobs, all of the Taco Johns. People have to work there and then they have to live somewhere, too.*

tips for practice:

CoCs may need to strategically map provider resources to best match consumers to appropriate providers in suburban or rural locations.

Advocacy for housing vouchers, transportation, and employment opportunities may require extra effort for those CoCs spanning multiple types of communities.

Issue #2: It is not uncommon for CoCs feel overrun by new residents from neighboring areas

A surprising number of CoCs expressed a different challenge: meeting needs of consumers who they perceived were being driven or choosing to move to their jurisdiction due to better services and available housing. Both providers and CoC coordinators felt frustrated and ill-equipped to meet the needs of these new residents:

> *Because this is perceived as the more affordable part of the state, we do get folks who migrate here who when they get here…yes, things are a little cheaper, the cost of living is a little bit more affordable, but they don't have any support system. They don't have any connections here. They don't know the city. They often come alone with their children so they don't have child care. No one to fall back on if you need an emergency babysitter or someone to give you a ride somewhere. They don't know the city well, so that's an added challenge. We're seeing a lot of the folks are not native to this area.*

Another CoC coordinator discussed how perceptions can lead to negative community sentiment:

Respondent:

We have the best social services, people come from all around... so there's been quite a bit of chaos, so there's a lot of talk about that, a lot of talk about subsidized housing and we have too much subsidized housing, we have too many low-income people here. Let alone the homelessness. What I can tell you is unsheltered homelessness is not the problem. We have a very, very low census. The issue is couch surfing. People are doubled up next to each other in an apartment and our school system for instance-- 72% free or reduced school lunch, and the community just can't afford that anymore.

Interviewer:

They don't pay for it, do they? Isn't that a federal program?

Respondent:

Right...but [according to the community] there's too many people. That means we have too many poor people and the poor people need to leave and they need to get the interlopers out of here, so it's a hot bed of controversy

tips for practice:

Smaller municipalities may especially feel the strain of consumers who have moved to the area, but all CoCs experience the challenges that come with consumer mobility, periods of influx, and supporting consumers with few supports or social ties.

CoC members may need to challenge community perceptions and acknowledge equal and opposite pressures on large cities where consumers often seek expansive services.

Issue #3: Large, rural CoCs require innovation to engage providers across distance

The kinds of problems noted above require more—not less—member collaboration. They are the kinds of problems that only find solutions when providers work closely to find innovative solutions. Yet, geographically dispersed CoCs often have trouble engaging providers because of distance. Multiple hours of driving, perceptions of serving distinct communities, and less dense relational networks between members decrease incentives for engagement. We spoke to CoCs who use numerous strategies to combat this challenge.

- *One regional CoC coordinator facilitated smaller district monthly meetings and quarterly CoC board meetings.*
- *Another CoC coordinator utilized video conferencing to increase communication and minimize travel.*

tips for practice:

For CoCs covering a large geographic spread clear, consistent, and frequent communication is critical to fostering provider and stakeholder engagement.

Flexibility and creativity around webinars, online video meetings, and/or meeting with smaller sub-networks of providers can help bring providers to the table with lower costs in regards to time and financial resources.

Minimizing required travel while maximizing member engagement ensures providers are looped into decision-making and can share concerns about coordination of care.

finding 3

small CoCs face serious challenges regarding capacity

Uncovering differences between small and large CoCs was a major consideration in our research design, and we found that challenges among CoCs did, in fact, really differ by size. Small CoCs face serious challenges in their efforts to maintain the capacity of both the CoC and the smaller non-profits who often make up the membership.

Without HUD planning grants, the operations of the CoC often fall on over-stretched leaders who also maintain important roles within their own organizations. The lack of financial support provided by HUD for infrastructure is increasingly untenable for small CoCs as federal expectations for grant quality and HMIS participation ramp up. We find this to be a considerable burden to small CoCs, which is troubling considering that we also find those CoCs often have the most cohesive cultures and strongest provider engagement in decision-making.

The highly technical nature of the grant and regulations work is a particular burden. A provider who serves on the board of a small, rural CoC noted this about the CoC's administrative responsibilities:

> *[We are] pretty small and staying on top of the ever changing and almost overwhelming compliance issues, just reading regs non-stop, reading procedures non-stop, reading, you know, things from Washington affecting those regs and maybe modifying those regs, is difficult and until recently carried out mostly by a volunteer attorney.*

A CoC leader who had been doing the vast majority of work for a different small, rural CoC shared this very common sentiment about the problems they face:

I will admit I have a hard time. I used to make a point to watch all these HUD webinars and do all this stuff, and now I've backed off, it's like I don't have time to do this. It's like I get this, but we gotta get the other side of this too. And fortunately I still have staff here that, if I'm not gonna do something, they do it, and then they tell me about it. I think it's a capacity issue and a capacity issue in many ways. It's funding and they [our providers] don't have the adequate staffing to begin with, so they don't have the time to develop these skills.

These concerns led to substantial concerns about the long-term sustainability of the CoCs participants felt very invested in:

I have to tell you, it's getting harder and harder and harder. Smaller CoCs, my fear someday is they're going to say, "Sorry, you either have to merge or go with the balance of state, or you're not going to continue to receive funds because of scores. When I first started here, we scored really high, always. And then our scores have progressively gone down. Why? Because it's really been very hard to meet all of the criteria that they expect with such a small Continuum. And they've clearly told us that—that there's no way you're going to be able to do all of what we expect with such a small Continuum.

tips for practice:

HUD should allow a percentage of grants to be utilized for CoC maintenance and oversight or provide planning grants to small CoCs.

CoCs should leverage strong voices from their communities and political leadership to advocate for this HUD policy change.

Without support for small CoC capacity, many of these CoCs may be lost to mergers or Balance of State—significantly reducing local, provider-driven responses.

finding 4

meaningful engagement in advocacy is rare

Engaging in advocacy is something not all CoCs think about. Many CoC respondents told us things like "we can't engage politically" or "we don't have any time or capacity." Given the knowledge contained within CoCs, however, it is important for CoCs to find ways to share that with policy makers. Several of the CoCs we talked to were able to leverage advocacy activity as a way to improve local conditions for consumers, increase funding for their CoC, or simply raise community awareness. Below are some great examples of CoC advocacy, utilizing very different strategies:

- *A CoC board in a rapidly-growing urban area initiated a referendum on the ballot to raise money for affordable housing and homeless services. This was meant to both prevent homelessness among those who were being priced out of housing and to educate and engage the public in resolving issues of homelessness.*
- *A CoC board in a large metropolitan area worked with local government and philanthropists to raise funds for and build a new, centrally-located, homeless services hub with showers, lockers, mailboxes, and access to case managers from multiple providers. This not only provided needed services but made HMIS more efficient and effective.*
- *The coordinator for a rural CoC successfully convinced state officials to change the way emergency grant funds were allocated—helping small rural CoCs gain eligibility for more rapid re-housing funds without having to compete against larger urban areas.*
- *One small CoC had board members engage state and local politicians directly via phone and email whenever a homeless family was unable to be housed. They utilize these calls to build constant investment and understanding of the challenges homeless families face and to generate small solutions—like motel vouchers—when none appear to be available.*

Many of the CoCs that were highly engaged in advocacy followed the passion and example of their coordinators. One leader shared their approach to engaging members in advocacy:

> *I would say it's calling people and sitting on committees. I do write letters. Those are maybe part of a larger advocacy effort when I'm really working on something for us that I want to see happen, I'm dialing for dollars. Meeting, talking to those people face to face. I'm trying to work it as much as I can and that's where the executive directors of those service providers come into play. We will talk offline, bounce off some strategies and I'll hit it with that same angle. So, the EDs get very involved at that level.*

In a few regions, other homeless advocacy groups played an outsized and sometimes adversarial role to local government agencies. In these situations, CoC coordinators often expressed positioning themselves between the more radical calls for change and the status quo. The advocates pushed the envelope and the CoC benefited from providing a pragmatic outlet for reform. These CoC leaders emphasized positive insider relationships with local officials and bringing solutions to key stakeholders.

tips for practice:

Identifying points of leverage in the community, in policies, or with officials can help CoCs to develop an advocacy strategy focused on small, attainable wins that build momentum.

Constraints will always be present but can be overcome via planning. CoC leaders can plan proactive events like breakfasts or coffee-chats where local public officials engage with both providers and consumers. Doing so prior to problems arising helps to build go-to relationships when needed and public officials appreciate opportunities for positive media coverage.

Engaging non-elected staff from local public agencies or political offices can build ties and help each side understand the motives and goals of the other.

finding 5

transparency is key to engaging stakeholders in decision-making

Throughout our interviews, one thing was clear—CoCs worked best when structures, minutes, goals, priorities, and decision-making processes were transparent, public, and communicated in advance. When they were not, members often expressed feeling out-of-the-loop, disengaged, and suspicious about inaccurate data or even mishandling of public funds. This was true across different regions, contexts, and types of governance. Transparency and collective decision-making go hand-in-hand, and they affect provider buy-in and CoC group processes.

These quotes from a CoC coordinator highlight that transparency elicits ongoing engagement and healthily engages conflicting views:

> *First the decision gets made in principle and then we have to figure "Ok now we decided that we're gonna do this. How do we do it?" Then we do call people in as resources, we have had a lot of presentations on how other people did it before we finally start doing it. Then there's a committee that will work on that... I think we have pretty good participation from every agency on that committee so then they can work out the details. It's not like two agencies or whatever, we're all there. Then [the decision] gets presented to the full CoC...There was one situation where the CoC said "no, we don't agree with the ranking committee's suggestions", and it was re-motioned, and re-discussed, and then re-voted on for the full CoC. We're pretty careful when we make the decisions, certainly much more so than we used to be. Because we have a process now.*

In direct contrast, the following quotes from members of CoCs with less developed transparency and communication processes demonstrate the extent to which a lack of inclusion undermines efforts at collaborative governance.

> *I think that our CoC has meetings to go through the form. Meeting so we can pull funding. Too often we get in those meetings and we hear comments like we had meetings outside of the meeting. And decisions made in closed door meetings. We hear way too much of that.*

That was a huge discussion in one of our last CoC meetings that we're [the providers] told we lack capacity but they fail to recognize what capacity we do have. And then the fact that they've already chosen who they want to give the dollars to. That's always their catch-all excuse. I wish they would be more honest and upfront with the non-profit agencies. And really do more; make more effort to build the non-profit agencies. If you say [we] don't have capacity, help us get there.

tips for practice:

Building trust may seem amorphous, but consistent and concrete processes can increase transparency and build trust.

CoCs should post updated agendas and meeting minutes on a public website or email links to publicly accessible files, communicate carefully when important decisions are to be debated, allot time for members and consumers to speak, allocate space for written comments to be submitted and reviewed, and ensure updated leadership, membership, and committee information is publicly available.

In order for CoCs to work effectively, all members must feel included. Coordinators need to build trust via structures that provide a forum for a collective will to be determined, and collective decision-making to take place.

finding 6

managing relationships with local government should be a top CoC priority

CoC leaders and members were often looking for "right answers" about the relationship between local governments and nonprofit providers in the CoC. How involved should government agencies be? How empowered should providers be? What is the proper role for a housing authority?

CoC relationships with local governments varied greatly across our sample. These relationships range from local government agencies serving as collaborative applicant and providing backbone staff to the CoC, to serving as a collaborative applicant in name only in order to provide financial capacity while awaiting HUD funding payouts, to government agencies having little to no engagement with a privately run CoC.

Regardless of the formal relationship, it is clear that a collaborative and productive relationship between CoCs and local government agencies vastly improves the capacity, coordination, and collaboration of the network. Those things, in turn, are key to progress on the goal of ending homelessness. At the same time, government agencies and CoCs serve distinct constituencies and sometimes conflicts in goals arise. Here, we highlight some of the most productive relationships between CoCs and local government and share examples that may alert CoCs and government officials to potential challenges:

- *A CoC in a small city struggling with rental stock and available housing brokered an innovative collaboration between the local housing authority and providers. In order to expand permanent supportive housing, the local housing authority renovated an outdated building, provided on-going security, and up-keep. The CoC then enlisted local nonprofits to provide on site case-management and supports to consumers housed from the HMIS list. This dramatically extended the capacity of the CoC to serve difficult-to-house consumers.*

- *A CoC with paid staff was able to staff a position within the local Department of Social Services (DSS) office in order to assist on-site as consumers sought services. The local DSS Director was first invited to CoC meetings, then voted onto the board. This helped the CoC obtain buy-in to generate this innovation. The DSS Director saw this as a win-win—building the capacity of his staff and ensuring homeless clients were diverted to necessary services immediately.*

- *In one CoC where NIMBYism was particularly constraining, the CoC board worked with the city council to generate a solution whereby a local council-member could vote against a homeless shelter in the neighborhood he served, but all other city officials would vote in favor. This provided political cover for the official whose constituency was to host the site. The agreement between the council ensured shelters or subsidized housing units could be spread to other constituencies in the future utilizing this strategy.*

On the other hand, when government took too strong a leadership role, providers often felt disempowered or suspicious that their voices and needs were being overlooked. The following quotes from participants demonstrate their level of frustration:

> *The government people are there to solicit extra dollars and bring in extra dollars for the county and for government. The agencies are left in the cold trying to scramble and trying to figure out how we're going to do the work.*

> *Being a member of the board, I didn't really have any power because it's basically stacked. I [thought] being at that table, I would be a voice to help make sure what the community needs is actually being put on the agenda. But what I found out, once I got there, is that it's basically another county department because you'll never make a difference. You can't make a difference as a non-profit organization.*

tips for practice:

Assess relationships between your CoC and multiple parts of the local government and elected officials—try not to underestimate less obvious agency partnerships.

Look to city and state policies, budgets, and political priorities to generate shared interests and points of leverage.

Build strategic, informal, and lasting relationships between CoC leaders, providers, and non-elected local officials whose collaboration can be lasting and subject to less political pressure.

Try to avoid overly formal or authoritative relationships between the CoC and local governments where one agenda drives the priorities—effective partnership requires leveraging shared priorities and wins as well as openly acknowledging the areas of conflict where negotiation and compromise may be required.

finding 7

effective consumer engagement requires both strategy and structure

CoC coordinators and providers alike expressed genuine desire to engage and include consumers on boards and in meetings. Unfortunately, a number of challenges stood in their way, and the vast majority felt their CoC felt short in eliciting meaningful consumer engagement. The two barriers we heard the most often came in the form of beliefs that: 1) consumer lives are busy and unpredictable, so they often miss meetings or can't be relied on, and 2) the highly technical nature of policies and procedures addressed in meetings bores consumers, who then don't want to come back. Combined, these barriers/beliefs make effective consumer engagement both difficult to accomplish and easy to dismiss.

This comment, from a provider and CoC board member, was emblematic of what we heard:

> *We have two seats for consumers or formerly homeless people. We have someone on our board right now that's not homeless anymore, but he was. So, they're involved. We just recently got this young man on the board that was in our transitional housing program. He has some real-life perspective to add—young guy, has been in prison, the whole bit—but he hasn't showed up to any of the meetings. He was all gung-ho about being on the board...so that's kind of what we have. I found over the years with our CoC boards that we always have a seat or two for consumers, but they don't show or they don't feel like they're up to speed with what everybody's talking about or they're not as active on the committees. I don't know how to get people more involved.*

However, we heard from a few CoCs that by investing time in consumer engagement, they have gained productive members who present new solutions to persistent problems. One CoC we talked to had particularly robust consumer engagement. When we asked how they did it, a staff member shared her process for establishing a productive consumer workgroup:

> *We've used a different set of methods for engaging the set of folks in that [consumer] workgroup. We've used the same ones we've used with providers and some others. We are sending out mass emails to our listservs, announcing it at CoC meetings. In addition, we have put out fliers and, to be honest, the way that we've gotten the most involvement is through word of mouth. So, folks just talking to each other, reaching out to people they meet. I think what's really made it work over time is the consistency. We meet every Friday at the same time in the same place. So over time it's become a reliable space that they know will be there every week. We've developed a core group of eight to ten who come almost every week—as well as some other folks that come in and out. So now that they're pretty well established; they're thinking about changing that a little bit...to maintain that ability for people to come in off the street, but also have enough focus to move forward some concrete objectives. So, they're looking at a modified version so some days are open discussion and other days are focused around their work plans. But, yeah, I think just the intensity of the time and effort that's put into it along with some more like targeted individual recruitment and communication on the ground has helped build that up.*

While this CoC invested in internal capacity-building with consumers, another CoC took advantage of outside trainings for consumer members. They sent consumers serving on their board to workshops provided by the state for housing authority board participants. The workshops train consumers on the procedures, goals, and responsibilities of boards. This training is a promising intervention to generate effective consumer leadership in public governance among consumers that who experience marginalization.

Despite the challenges, we found that consumer engagement can payoff, often leading CoCs to consider topics or issues previously neglected. One CoC leader shared how consumer engagement has aided their action with a lens toward racial equity:

> *There pretty significant racial disparities in homelessness in our metro area... So that's been an area of consistent tension that comes through both in terms of naming the racial disparities, talking about ways to boldly implement it, managing risk against compliance with federal regulations, and then more broadly creating a truly inclusive and empowering community process. Especially for a lot of marginalized folks, people of color, people who have experienced homelessness, bringing them into a process that was designed from the beginning as a top down enterprise and having a lack of clarity around their empowerment and inclusion and whether it's going to be meaningfully incorporated into our policy and funding decisions. I'll tell you our consumers that have been involved on the board level have had really significant roles, particularly on our rating and ranking committee and our project selection committee.*

tips for practice:

Given growing expectation that consumers engage in governance, CoCs should assess in-house capacity to support this endeavor. If resources do not exist, look outside the CoC for opportunities to train consumer board members.

Consider forming consumer workgroups outside of standard CoC committees, where consumers can be leaders and set priorities.

Meaningful consumer engagement can move CoC priorities significantly, but this takes support, consistency, and capacity-building.

finding 8

law enforcement can be leveraged to resolve shared problems

Law enforcement naturally comes into contact with consumers, often in ways that are unproductive for both sides. Because of this, they are a critical constituency for CoCs to engage, but we found wide variation in how CoCs worked with law enforcement. While many CoCs reported challenges, others shared strategies that have worked to minimize harm to consumers. Below are a few examples of productive work with law enforcement from around the country that may be inspiring to others.

Perhaps the most common strategy was to partner with local law enforcement for street outreach to connect consumers with service providers. In an interview, a district commander—who was a leader in setting up the program—shared this about their engagement with the CoC, demonstrating that appreciation goes both ways:

> *When we went over there [to the CoC member meetings] and I told them "here's what we plan on doing." I've been explaining outreach is part of our goal but also to do a better job because we're not going to arrest our way out of this problem. I mean I even got people clapping you know and they basically said, "This is great because law enforcement has never really been a big participant in this area." So, it was very welcomed. There were people in the community in that group that I already knew. It just kind of fit in well and the good part is that we didn't just show up and then disappear. We have been sending someone there to these meetings. We have been working closely with the CoC on many issues moving forward and not just the continuum directly but also with some of the partners there as they need it.*

In another region, issues with the local law enforcement were resolved efficiently with direct communication between the director of CoC and the local police department, even though there was no law enforcement present at CoC meetings. In the quote below, the coordinator for the CoC explains how they handled a situation in which people who were homeless often lost property upon arrested.

So …there were a few homeless people who had frequent interactions with the police who had their birth certificate, [something] really valuable to them, pictures of their mother, something like that in their backpack. And it was just a couple of people but the public defender's office came and talked to me—I was also a member of the coalition—and said "We need to do something about this because my entire life was in that and everything was destroyed. I had no way to get it out." So, what we did was we asked other providers if they were hearing this. They said, "yes we are, what can we do about it?" And so we came up with a release, so that a provider could get a release signed for somebody they were case managing…that would allow the provider to pick up the backpack and hold it until the consumer was released. Or, you know, return that property to a family member or their best friend, or maybe even a partner they knew…And the police department was super receptive because they said, "We don't want to keep all this stuff either."

Other creative examples of positive engagement with law enforcement include:

- *Utilizing the county sheriff for rural outreach and transporting consumers to services*
- *Using law enforcement data to identify trends in the arrests consumers are subject to—dispelling myths and advocating for changes*
- *Developing a memorandum of understanding to prevent law enforcement from issuing warrants in food pantries or lines for support services or outreach*

tips for practice:

By engaging law enforcement in CoC processes, providing training, and leveraging street-based contacts, CoCs can become more effective in identifying and serving street-based consumers or newly homeless individuals.

Finding key partners within law enforcement and acknowledging ways in which coordination solves shared problems is a good first step in relationship- building.

Working with law enforcement to resolve small issues—like preserving the belongings of the homeless or determining where arrests can occur—can help to build momentum toward resolving larger issues.

finding 9

great uncertainty exists around CoC mergers or joining Balance of State CoCs

Talk about merging with other CoCs or joining in a Balance of State CoC was common among smaller CoCs who felt overwhelmed by increasing demands from HUD and faced threats to sustainability. Although many felt they had no other option but to try to merge, they shared concerns regarding local autonomy, having a voice in decision-making in the larger CoC, ensuring quality service provision for local consumers, and potential lack of competitiveness when up against more well-resourced regions.

In regards to joining a Balance of State CoC, a coordinator explained the potential benefits as follows:

> *I think overall, it's a good idea and it needs to happen. [We're] still going to have to do certain things, but the Balance of State has some staff, and our CoC has a little bit of money they could throw into that too, so [they] probably could hire another maybe part time person or something. But then they would have the training, all these things to help [us] develop this capacity. Bottom line is, whether we agree on things or not, [our CoC is made up of] very caring people that don't want people to be homeless, and they want them to have stable lives. That is the one core thing I see. And I think it's frustrating for all of us because we don't have that capacity.*

Many CoC coordinators and members expressed fear about what will happen both with and without a merge:

> *I think a few [providers] are worried that they're going to lose funding [in a merge], and it's very possible. But they're going to lose funding if [the CoC] stays on by themselves. To me, it's kind of this vicious circle, because it's the capacity issues that are causing the scoring issues, and it's like I'm watching this slow death, and I don't think I've ever articulated it that way to anyone else, but that's kind of how I feel.*

Another CoC coordinator shared the challenges in executing a merger despite attempts to do so, pointing to an issue with some CoCs wanting to protect their turf. In this case, there were multiple CoCs working in a single county:

> *We tried to merge...And those two will not merge with us because their mayors are just wanting to keep their own separate Continuum because they have their own issues in those cities. Not that we don't in our cities, but HUD has really encouraged us to merge, but they don't want to merge. We want to, but when it comes to the money and the money coming to the city for their work in housing in the specific cities, that's where the problem comes. They don't care that we're doing work across the county together, they care about their specific two and a half million bucks that come into their cities. We get less than a million--they're government-run and we're not.*

tips for practice:

While many CoCs are considering mergers, little is known about those who have merged successfully already. It would be helpful to learn from CoCs that have experienced mergers about what the pros and cons have been in retrospect.

Larger CoCs and those from Balance of State CoCs should be sensitive to concerns from potential partners about getting swallowed up.

CoC boards can prepare for potential mergers by analyzing previous grant applications within the potential merging CoC to identify benefits to merging and potential overlaps in services. Doing so at least one grant cycle in advance of the merger can help providers prepare and adapt.

finding 10

many CoCs are interested in pursuing 501c3 status, but provider engagement could be a cost

During the course of our interviews, many coordinators asked for advice on pursuing 501c3 status for the CoC. Others reflected on their journeys down this path. Our team found that there are pros and cons to a Continuum of Care becoming its own 501c3 or "backbone" organization.

advantages

Based on the CoCs in our sample, the main advantage of having 501c3 status appears to be enabling providers to focus on their own work of serving consumers while a paid CoC staff focuses on securing HUD funding (as well as other grant funding) and coordinating the work of the CoC. We found that CoCs that had incorporated as 501c3s did seem to have greater capacity when it came to leadership, fundraising, and planning. CoCs with paid staff were also better able to maintain public websites, more effectively engage cross-sector stakeholders, and could provide additional support to housing and homeless service providers in managing HUD regulations and grants. These regions also seemed to have advantages in regards to strategic planning and preparing for changes in HUD regulations proactively. One coordinator who was hired as an Executive Director for an incorporated CoC in a small city said:

I didn't know anything about the Continuum of Care prior to starting, so I think there was a lot of things to just set up. So, for example, in our most recent grant that we submitted, we came out with a worklist of things that we needed to work on from a CoC perspective. And we are working on a process improvement to make that grant and the cycle run more efficient and effectively. So in August, our Continuum of Care Board just voted and adopted our strategic plan. It's a twenty-four-month strategic plan, and I just completed our first quarter... And now it's how do we get outside of, out of the weeds of HUD talk, and move to more of a thirty-thousand foot view, so that we can really start discussing higher level work, and not have it always be through the lens of HUD focus.

challenges

Of course, while there are real benefits to incorporating, there are also real costs. We found that increases in paid staff often came along with a reduction in provider engagement in strategic planning, problem-solving, and decision-making. Relief from heavy participation was welcomed by some providers and resented by others, due to a perception of reduced say in important decisions. It appears that without meaningful work in coordinating and planning for the CoC, providers may become disengaged and lose out on decision-making opportunities. One coordinator described her relationship with local providers as follows:

Our obligation is to make sure they're given resources, anytime HUD sends us anything, we get them the information. We let them know of any other resources available to them for the meetings ... send minutes and agendas and handouts ahead of time, prior to the meetings. And the committee meetings, we expect them to come and to sign in and to participate, so we do go around the room and ask for everybody's participation, too, on what's going on in their agencies. So, we have an hour and a half, so we try to make it educational, but also make it where they participate.

While this coordinator is trying, it is clear that participants are not in the drivers seat and it is not surprising that this CoC has an issue with provider disengagement. The lack of substantive engagement seems to work in two ways. First, providers who perceive or experience little decision-making power within the CoC find little reason to engage fully and/or send managerial-level staff to CoC meetings. The converse is also true. Some CoCs that struggle to engage providers actually simply provide few opportunities for providers to make real decisions. These different dynamics lead to similar outcomes—a cyclical and reinforcing reduction in the engagement, ownership, and voice by providers over time.

tips for practice:

501c3s can build capacity, but they also often drain collaborative effort from providers. If your CoC is considering transitioning to a 501c3, openly discuss these trade-offs with your CoC members and board.

Consider building investment and collective decision-making during this process because doing so may be difficult once the 501c3 status and staff are in place.

CoCs operating as a 501c3 must put effort into building both the culture and systems that reinforce engagement in decision-making as a worthwhile process and outcome.

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