A Coordinated Entry System for Los Angeles: Lessons from Early Implementation

Evaluation of the Conrad N. Hilton Foundation Chronic Homelessness Initiative

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Contents

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Coordinated entry is an approach to ending homelessness that requires comprehensive coordination of all housing and service resources in a community to better match people experiencing homelessness to appropriate permanent housing placements. This report is about the implementation of a Coordinated Entry System (CES) in the Los Angeles area starting in 2013, targeting service-rich permanent supportive housing (PSH) to high-needs individuals and targeting other housing resources to individuals identified with lower needs. So far the implementation of CES has focused on setting up the structure of the system and protocols for outreach and needs assessment. Recruiting providers of PSH and other housing into the system has begun but is still very much in progress as of mid-2015.

Traditionally, public housing authorities (PHAs) and individual providers managing tenant-based programs decide whom to serve based on eligibility criteria established by funders, service provider partners, and the housing project. To fill vacancies, housing projects either use a first-come first-served approach or select from clients already engaged in services offered by the project sponsor or service partner. Coordinated entry works differently from these usual processes. A CES uses a universal assessment and prioritization approach, meaning that the needs of every person experiencing homelessness is assessed and prioritized using the same schema, regardless of which agency he or she has already accessed. Individuals are then referred to the most appropriate housing resource to meet the identified level of need, or the most appropriate alternative if the preferred option is not available. Coordinated entry is a significant change both for providers of housing and services programs and for those experiencing homelessness.

The Los Angeles CES for individuals experiencing homelessness was designed and implemented under the umbrella of Home For Good, with planning support from Rapid Results Institute and Community Solutions, national providers of technical assistance, and in close partnership with the Los Angeles Homeless Services Authority (LAHSA), the agency that administers the LA City and County Continuum of Care, as well as nonprofit, philanthropic, and public sector partners throughout the region. Home For Good is a public-private partnership launched by the United Way of Greater Los Angeles and the LA Area Chamber of Commerce with the goal of ending veteran homelessness by 2015, chronic homelessness by 2016, and ultimately all homelessness. CES was implemented first as a pilot program in a small geographic area of LA County in 2013. In 2014, CES was expanded in two stages, first in regional pilots and then, with grant support from Home For Good's Funders Collaborative, scaled to the entire county.[1] Home For Good also set up the planning and policy structure of the CES by bringing together city and county PHAs, public agencies, and private funders.

Los Angeles County has a larger geographic area and a larger population than many states. The county also includes four separate Continuums of Care (Los Angeles, Glendale, Pasadena, and Long Beach). Despite these elements, the challenges facing Los Angeles as it implements a coordinated entry process are similar in substance, if not scale, to the challenges facing other CoCs. Many other CoCs have diverse geographic areas, an uneven distribution of housing and services resources, a large unsheltered homeless population, and fragmented funding and service systems.

This report documents the process of implementing CES in LA and describes lessons learned through the experience. While the report highlights the potential pitfalls and roadblocks that may befall even the most determined community leadership team working toward a coordinated entry system, it also recognizes the dramatic systemic improvements that can be achieved within a very short period of time. Some of those benefits experienced in Los Angeles are highlighted in the blue box below.

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[1] For more information on the structure and purpose of the Funders Collaborative, refer to *Home For Good Funders Collaborative: Lessons Learned from Implementation and Year One Funding*, available at http://www.hiltonfoundation.org/lessons-learned-homelessness.

Abt Associates conducted this review of LA's CES as part of a multi-year evaluation of the Conrad N. Hilton Foundation's Chronic Homelessness Initiative. Information was gathered through interviews with CES leadership, participating housing and service providers, and formerly homeless individuals. Information was also gleaned from documents describing the development, process, and funding for CES and from surveys and interviews conducted by Community Solutions in December 2014 and January 2015.

Purpose of Coordinated Entry

The original goals for the Los Angeles CES implementation discussed in this report were "enriching community collaboration and capacity around placement of highly acute chronically homeless individuals in permanent supportive housing through a coordinated process of assessment, outreach, housing navigation, placement, and retention support."[2] This purpose statement highlights the main facets of coordinated entry that can be expected to create system change: comprehensive outreach and assessment and a systematic prioritization and matching process so that the most service intensive resources are maximized by going to the people who are in the greatest need. The CES was eventually expanded to include all single adults experiencing homelessness. A coordinated entry system for families called the Homeless Family Solutions System was implemented separately in March 2013, and a coordinated entry system for transition-age youth is in development. United Way, LAHSA, and CSH have begun a process to integrate these three systems into a community-wide coordinated entry process for anyone who is experiencing homelessness.

CES Benefits

- **Shared goals and a common language** for providers means that existing partnerships are more focused on serving priority populations and new regional and cross-regional partnerships have a foundation.

- **Increased coordination** among organizations that had previously competed for resources. With CES, diverse organizations work together to develop a unified vision for their community.

- **Universal access** to services so that no person is left out of the system.

- **New partnerships** formed among organizations such as housing and service providers, local charitable organizations, law enforcement, universities, and missions. Housing providers outside the "usual suspects" are able to see where they fit in.

- **Resources are maximized** when people with the highest needs are matched with the most intensive resources. Also, some housing providers have found that filling vacancies through CES takes fewer resources than maintaining waiting lists.

- **Improved decision-making** for system-level funders like the local Department of Veterans Affairs, Department of Mental Health, and Housing Authorities. Funders are able to clearly see where the needs are and distribute resources to meet those needs.

- **Improved access to public sector leadership** by service agency staff and leadership.

Formation of the Coordinated Entry System for Individuals

Pilot Phase

In spring 2013, a group of community leaders partnered to facilitate a pilot effort to develop a systematic, replicable approach for identifying highly vulnerable, chronically homeless people living in the Skid Row area of downtown LA for placement into PSH. The group undertook a second pilot effort over the winter of 2013–2014 to expand the CES to cover all single adults in 14 pilot sites countywide. Countywide expansion was based on Service Planning Areas (SPAs), which are eight sub-regions of Los Angeles County used for many years by government departments for public planning. Although SPA boundaries are not perfect, the community leaders implementing CES countywide decided to use the long-established SPA geography.

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[2] Home For Good Funders Collaborative. *Spring 2014 Request for Proposals.* United Way.

The first pilot, in the Skid Row area of downtown LA, was a high-energy, short campaign to bring housing and service providers together, coordinate available resources, and establish protocols for triaging and matching clients to units. Over a period of just 100 days, providers created a list of vulnerable clients and prioritized them based on the Vulnerability Index (a tool in use nationally as part of Community Solutions' campaigns), mental health status, and length of time spent homeless. The providers then met weekly to case conference, assign a responsible agency, and track progress of clients.

Based on the lessons learned from the Skid Row pilot, CES partners spent another 100 days implementing a new assessment tool, a combination of the Vulnerability Index tool already in use and the Service Prioritization Decision Assistance Tool, called the VI-SPDAT.[3] The implementation team realized that a more robust evaluation tool would need to be in place before further expansion could occur. To address this need, the team selected the VI-SPDAT because the tool allowed for the identification of both high-acuity individuals in need of service rich PSH and lower-need individuals who may be better served by other types of housing. CES leaders also used this time to develop a standardized document for tracking assessment data and available housing resources.

The second pilot phase expanded CES from Skid Row to 14 pilot communities in seven SPAs throughout the county. Each SPA was expected to use the standard tools, but otherwise local leadership was empowered to establish partnerships and approaches that worked best given geographic constraints and provider engagement and capacity. The CES model and examples of regional variation in how the CES has been implemented are shown in Exhibit 1 (see page 4).
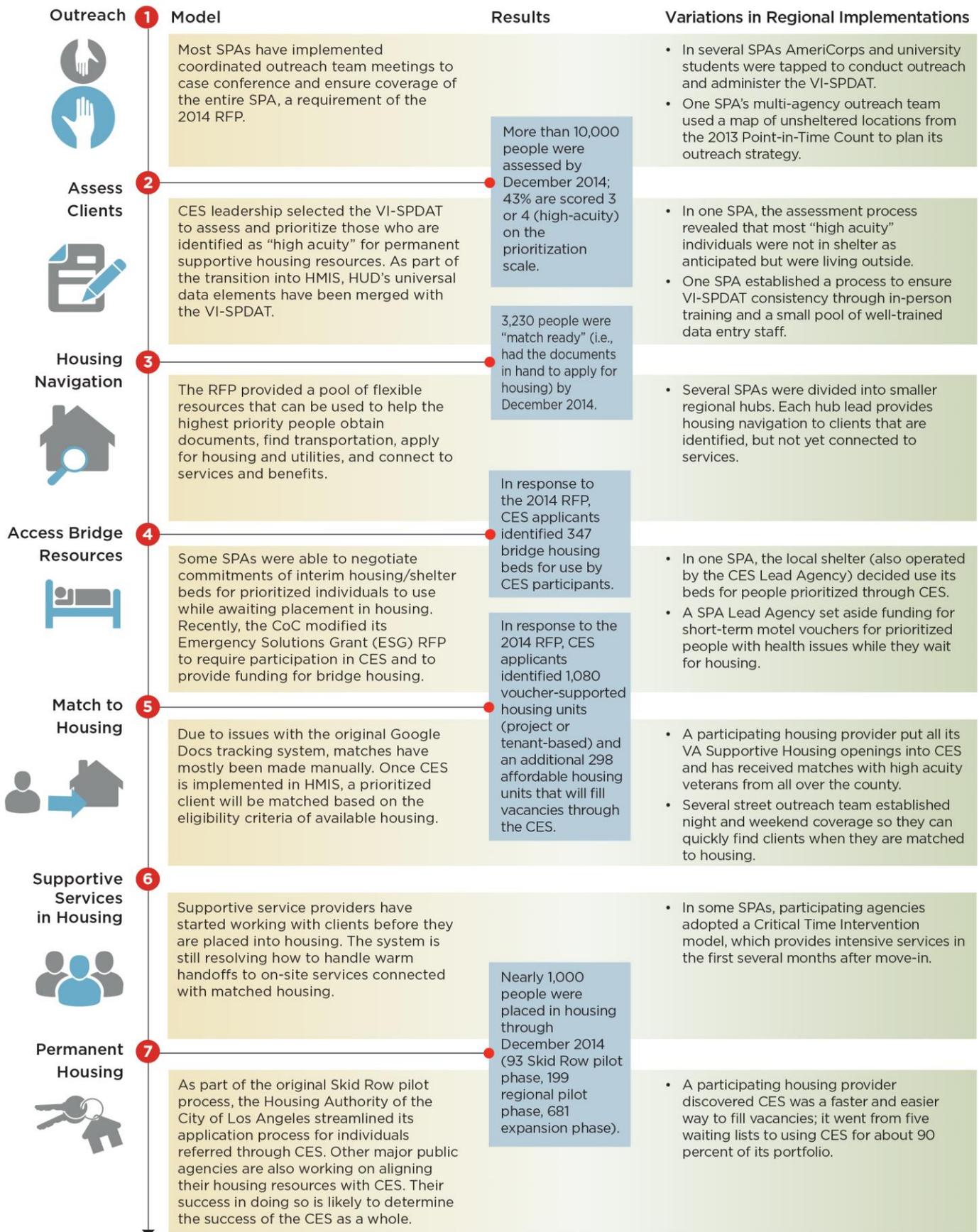
Countywide Expansion

Near the conclusion of the second pilot phase, Home For Good Funders Collaborative issued an RFP for almost $3.5 million to fund infrastructure and regional coordinators to support sustained expansion of the CES within each SPA to cover the entire county. The RFP required providers in each SPA to designate a single Lead Agency and describe how the CES would be rolled out to the entire SPA. Responses to this funding opportunity and the resulting structure of CES differed across Los Angeles County. In some SPAs, the Lead Agency serves as a single point of entry for the SPA: a centralized model. Other SPAs that comprise several distinct cities or subregions have partnered with other agencies to create single points of entry for each subregion or SPA "hub": centralized model in hubs. Other SPAs have trained outreach workers and case managers to universally administer the VI-SPDAT at all participating agencies: a decentralized model. The SPA Leads also entered less formal relationships with some agencies that were willing to commit bridge housing, permanent housing, or service resources to people prioritized through CES. The models and initial results of the expansion funded through the RFP are illustrated in Exhibit 2 (see page 5). Although the models are being implemented at the SPA level, the ultimate goal of countywide expansion is that the entire county will be covered in a single, integrated decentralized system where walk-in centers are available in each broader region and engagement with an outreach worker anywhere would provide additional points of entry.

Partnering more broadly with CES as a whole are the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA). Both housing authorities have committed to fill some housing units through the CES. To reinforce the value of CES as the primary means of accessing service-rich PSH, in 2014 HACLA required all Shelter Plus Care sponsor agencies to partner with their local CES implementation to fill turnover units. Additionally, when LAHSA recently issued an RFP for emergency shelter programs, the RFP required agencies to become partners with their local CES implementation as a condition of funding. Other county agencies are anticipating creating similar policies as CES becomes more fully established.
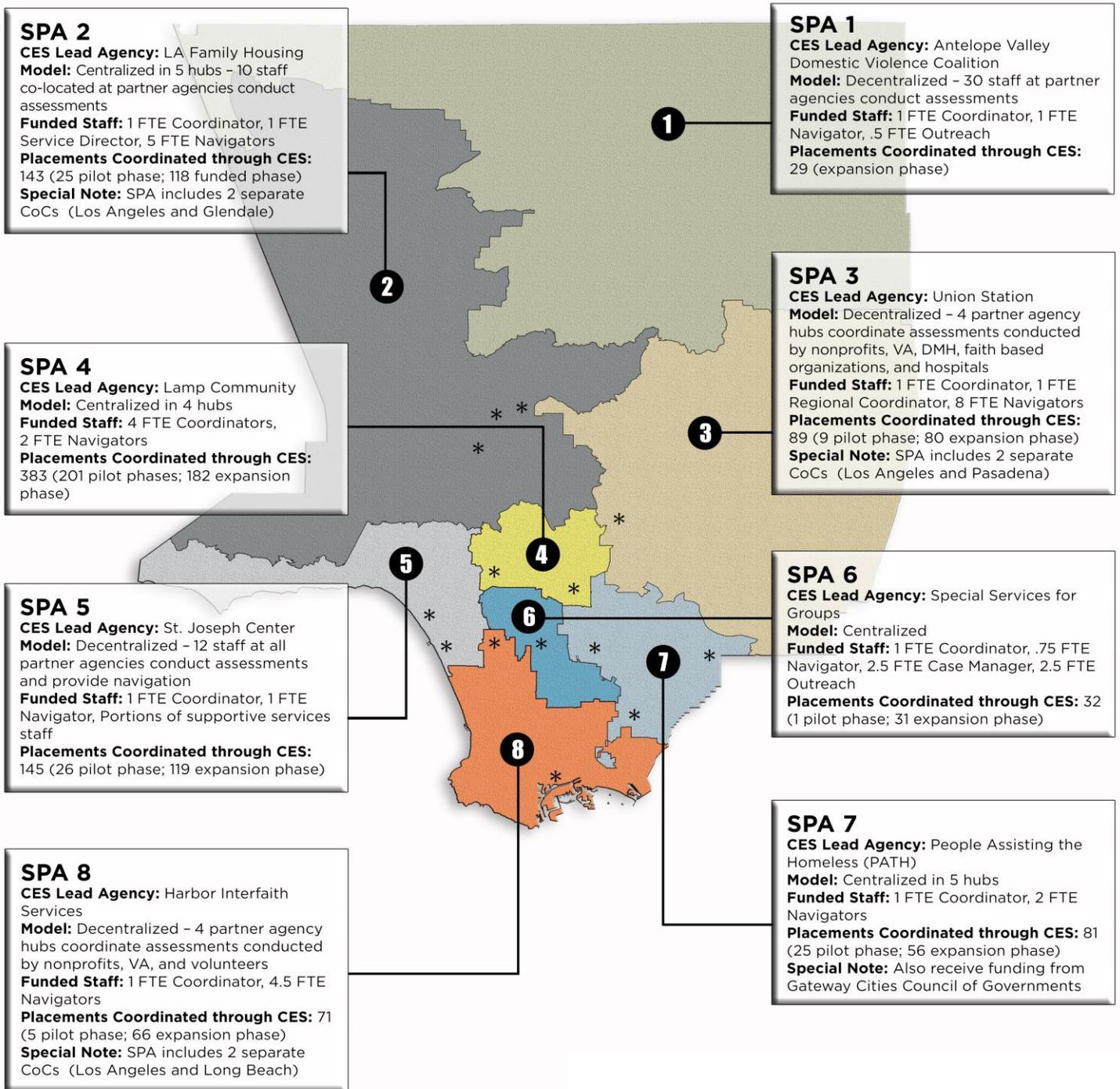
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[3] For more information about the VI-SPDAT tool, see: http://www.orgcode.com.

Exhibit 1. CES Model and Implementation Results through December 2014

	Model	Results	Variations in Regional Implementations
① Outreach	Most SPAs have implemented coordinated outreach team meetings to case conference and ensure coverage of the entire SPA, a requirement of the 2014 RFP.		• In several SPAs AmeriCorps and university students were tapped to conduct outreach and administer the VI-SPDAT. • One SPA's multi-agency outreach team used a map of unsheltered locations from the 2013 Point-in-Time Count to plan its outreach strategy.
② Assess Clients	CES leadership selected the VI-SPDAT to assess and prioritize those who are identified as "high acuity" for permanent supportive housing resources. As part of the transition into HMIS, HUD's universal data elements have been merged with the VI-SPDAT.	More than 10,000 people were assessed by December 2014; 43% are scored 3 or 4 (high-acuity) on the prioritization scale.	• In one SPA, the assessment process revealed that most "high acuity" individuals were not in shelter as anticipated but were living outside. • One SPA established a process to ensure VI-SPDAT consistency through in-person training and a small pool of well-trained data entry staff.
③ Housing Navigation	The RFP provided a pool of flexible resources that can be used to help the highest priority people obtain documents, find transportation, apply for housing and utilities, and connect to services and benefits.	3,230 people were "match ready" (i.e., had the documents in hand to apply for housing) by December 2014.	• Several SPAs were divided into smaller regional hubs. Each hub lead provides housing navigation to clients that are identified, but not yet connected to services.
④ Access Bridge Resources	Some SPAs were able to negotiate commitments of interim housing/shelter beds for prioritized individuals to use while awaiting placement in housing. Recently, the CoC modified its Emergency Solutions Grant (ESG) RFP to require participation in CES and to provide funding for bridge housing.	In response to the 2014 RFP, CES applicants identified 347 bridge housing beds for use by CES participants. In response to the 2014 RFP, CES applicants identified 1,080 voucher-supported housing units (project or tenant-based) and an additional 298 affordable housing units that will fill vacancies through the CES.	• In one SPA, the local shelter (also operated by the CES Lead Agency) decided use its beds for people prioritized through CES. • A SPA Lead Agency set aside funding for short-term motel vouchers for prioritized people with health issues while they wait for housing.
⑤ Match to Housing	Due to issues with the original Google Docs tracking system, matches have mostly been made manually. Once CES is implemented in HMIS, a prioritized client will be matched based on the eligibility criteria of available housing.		• A participating housing provider put all its VA Supportive Housing openings into CES and has received matches with high acuity veterans from all over the county. • Several street outreach team established night and weekend coverage so they can quickly find clients when they are matched to housing.
⑥ Supportive Services in Housing	Supportive service providers have started working with clients before they are placed into housing. The system is still resolving how to handle warm handoffs to on-site services connected with matched housing.	Nearly 1,000 people were placed in housing through December 2014 (93 Skid Row pilot phase, 199 regional pilot phase, 681 expansion phase).	• In some SPAs, participating agencies adopted a Critical Time Intervention model, which provides intensive services in the first several months after move-in.
⑦ Permanent Housing	As part of the original Skid Row pilot process, the Housing Authority of the City of Los Angeles streamlined its application process for individuals referred through CES. Other major public agencies are also working on aligning their housing resources with CES. Their success in doing so is likely to determine the success of the CES as a whole.		• A participating housing provider discovered CES was a faster and easier way to fill vacancies; it went from five waiting lists to using CES for about 90 percent of its portfolio.

Sources: Interviews, United Way

SPA 2
CES Lead Agency: LA Family Housing
Model: Centralized in 5 hubs – 10 staff co-located at partner agencies conduct assessments
Funded Staff: 1 FTE Coordinator, 1 FTE Service Director, 5 FTE Navigators
Placements Coordinated through CES: 143 (25 pilot phase; 118 funded phase)
Special Note: SPA includes 2 separate CoCs (Los Angeles and Glendale)

SPA 1
CES Lead Agency: Antelope Valley Domestic Violence Coalition
Model: Decentralized – 30 staff at partner agencies conduct assessments
Funded Staff: 1 FTE Coordinator, 1 FTE Navigator, .5 FTE Outreach
Placements Coordinated through CES: 29 (expansion phase)

SPA 3
CES Lead Agency: Union Station
Model: Decentralized – 4 partner agency hubs coordinate assessments conducted by nonprofits, VA, DMH, faith based organizations, and hospitals
Funded Staff: 1 FTE Coordinator, 1 FTE Regional Coordinator, 8 FTE Navigators
Placements Coordinated through CES: 89 (9 pilot phase; 80 expansion phase)
Special Note: SPA includes 2 separate CoCs (Los Angeles and Pasadena)

SPA 4
CES Lead Agency: Lamp Community
Model: Centralized in 4 hubs
Funded Staff: 4 FTE Coordinators, 2 FTE Navigators
Placements Coordinated through CES: 383 (201 pilot phases; 182 expansion phase)

SPA 6
CES Lead Agency: Special Services for Groups
Model: Centralized
Funded Staff: 1 FTE Coordinator, .75 FTE Navigator, 2.5 FTE Case Manager, 2.5 FTE Outreach
Placements Coordinated through CES: 32 (1 pilot phase; 31 expansion phase)

SPA 5
CES Lead Agency: St. Joseph Center
Model: Decentralized – 12 staff at all partner agencies conduct assessments and provide navigation
Funded Staff: 1 FTE Coordinator, 1 FTE Navigator, Portions of supportive services staff
Placements Coordinated through CES: 145 (26 pilot phase; 119 expansion phase)

SPA 7
CES Lead Agency: People Assisting the Homeless (PATH)
Model: Centralized in 5 hubs
Funded Staff: 1 FTE Coordinator, 2 FTE Navigators
Placements Coordinated through CES: 81 (25 pilot phase; 56 expansion phase)
Special Note: Also receive funding from Gateway Cities Council of Governments

SPA 8
CES Lead Agency: Harbor Interfaith Services
Model: Decentralized – 4 partner agency hubs coordinate assessments conducted by nonprofits, VA, and volunteers
Funded Staff: 1 FTE Coordinator, 4.5 FTE Navigators
Placements Coordinated through CES: 71 (5 pilot phase; 66 expansion phase)
Special Note: SPA includes 2 separate CoCs (Los Angeles and Long Beach)

1 Antelope Valley   4 Metro   7 East
2 San Fernando Valley   5 West   8 South Bay
3 San Gabriel Valley   6 South   ✳ Pilot Sites

Sources: 2014 applications (lead, partners); midyear reports (placements); interviews (model, funded staff). Each SPA began participating in the CES at different times; placements from each phase in which they participated are shown.

Leadership Structure

During the pilot phase of the expansion of CES, Home For Good brought together a wide array of partners in the leadership structure illustrated in Exhibit 3. Each SPA Team is led by a SPA Coordinator who focuses on implementation mechanics. These mechanics include working with the SPA Lead Agency to establish partnerships, train staff, and develop local processes for each aspect of CES. The SPA teams included representation from formerly homeless individuals working in participating agencies. Community Solutions works with Home For Good staff to convene monthly meetings of the SPA Coordinators to provide coaching and space for peer networking.

Exhibit 3. Leadership Team Structure
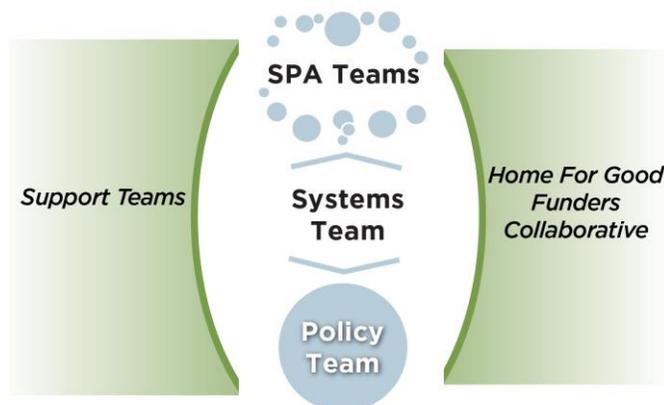
Source: United Way

A Systems Team is responsible for establishing policies, procedures, and tools common across SPAs. The Systems Team is led by Home For Good staff and is composed of manager-level staff from LAHSA, SPA Lead Agencies, other housing providers, HACLA, HACoLA, the Department of Mental Health (DMH), the Department of Health Services (DHS), the Department of Veterans Affairs Greater Los Angeles (VA), and the Corporation for Supportive Housing (CSH), a national advocate for PSH active in Los Angeles.

The Policy Team is a relatively smaller group of executive-level decision-makers from the major funders of housing or services: LAHSA, HACoLA, HACLA, DMH, DHS, VA, Community Solutions, and CSH under the leadership of Home For Good. This team is responsible for resolving policy barriers and coordinating funding resources.

The implementation as a whole is supported by the Home For Good Funders Collaborative. The Funders Collaborative was established to bring public and private funders together to pool resources for reaching the Home For Good campaign goals. Since 2014, the pooled funding of the collaborative has been focused on supporting the implementation as well as placements and services through CES.

Finally, Rapid Results Institute and Community Solutions, both under contract to Home For Good, served as the Support Team for the initial two implementation pilot campaigns. Though the leadership structure has evolved somewhat since the implementations have been finalized, this model provided clear roles and responsibilities during the rapid scale up.

Technology and Infrastructure

Technology is essential for managing all the information collected through CES and for matching people to housing vacancies in a CoC as large as Los Angeles County. The technology infrastructure has also proven valuable for the more localized planning within each SPA. In the initial phases of CES, a Google Docs database called Performance Management and Communications Platform (PMCP) was used, but it could not handle the complexity or volume of CES when the process expanded to all eight SPAs. During the year-long planning process for transition of the CES database into the Homeless Management Information System (HMIS), Lead Agencies used a patchwork of temporary systems and strategies to work around technology issues. In April 2015, the HMIS assessment tool went live to accept new clients. The Systems Team continues to work closely with LAHSA to establish the business rules and procedures for transitioning existing client records into HMIS.

As of mid-2015, Home For Good and its partners have focused on establishing a structure for the Los Angeles CES which covers an enormous geographic area and involves a large set of stakeholders. Particular emphasis has been placed on developing the infrastructure for the system and implementing a systematic approach to assessment that identifies the highest-needs people. Since coordinated entry is a system, rather than a new "project" or "resource," providers have not all embraced putting time, energy, and resources into it. The next phase of work will focus on ensuring that CES is a fully-functioning system, such as: recruiting additional housing providers; working through the logistics of aligning housing providers' eligibility and entry criteria work with CES; and resolving the technological issues.

Takeaways

In a brief period of time, CES has become the norm for many providers of PSH throughout the large Los Angeles region. With a lot of hard work and commitment, many organizations have incorporated the common tools, structures, and approaches of CES into their admission or housing placement policies. Interviews and surveys of housing navigators, housing providers, and community coordinators and matchers working with CES in every SPA found strong support for the goals and process of CES and anecdotal evidence that CES is identifying and housing the most vulnerable individuals.

There are still issues to resolve to maintain and expand the current level of engagement in CES and to institutionalize the practice of prioritizing the scarce resource of service-rich permanent supportive housing and other types of housing. CES is both a process of identifying, assessing, and prioritizing individuals experiencing homelessness and a system-level process of aligning and restructuring resources to meet the housing and services needs of the people prioritized through CES.

The successes and challenges of the implementation of CES in Los Angeles hold lessons that can be shared with other communities. These takeaways are described below, starting with statements that tell the stakeholders in a community what they will have to be mindful of while designing and implementing their own CES for prioritizing housing to high-needs individuals with chronic patterns of homelessness.

System Planning and Management

- **Recognize the tradeoffs between flexibility and consistency in design.** In large geographic areas, implementation leaders will need to consider how much autonomy to give local leaders in developing their system. The CES implementation team defined the minimum expectations for participation, roles, resources, outcomes, and other essential elements and then let the local leaders develop a process for their area. That was necessary in Los Angeles, where some SPAs had only a few isolated providers, while other SPAs had long-standing processes for identifying and prioritizing the people they serve. However, there are potential consequences to flexibility in design decisions. For example, training non-clinical staff and volunteers to conduct assessments may mean reaching people who would otherwise not be identified but also may result in less consistent assessments.

- **Build on existing systems where possible, but plan for different starting points.** Take advantage of existing infrastructure already established by desired system partners. In Los Angeles, using the existing SPA divisions meant that the public partners such as DMH and the VA, which also use these divisions, were able to integrate their own outreach teams and resources into CES. At the same time, consider that any existing subregions will include different groups of providers starting from different levels of collaboration and different legacy processes. As one CES leader put it, CES implementation

"gives the most to those with the least." As the CES implementation defined tools, roles, and outcomes, the SPAs without many existing collaborative relationships or entry protocols have progressed toward the common standard very quickly, whereas SPAs with more established processes have found that it takes longer to align their current practices with the new standards.

- **Recognize the tradeoffs between expediency and provider engagement.** Leaders in Los Angeles have been able to accomplish system-wide CES implementation much more quickly than was expected by community stakeholders. However, some stakeholders said that the move from piloting to countywide implementation was so quick that they did not have adequate time to process lessons learned during the pilot phase or to engage partner agencies fully in planning for the expanded implementation. As a result, some SPAs are still struggling to build or expand existing relationships between Lead Agencies and their partners around CES. Make room in the planning process to bring all providers to the table, but do not let the naysayers slow the process unduly.

- **Review housing and services funding and regulatory requirements.** Housing and services programs must continue to comply with requirements from funders, including fair housing, waiting list development, tenant and client eligibility, and reimbursement processes. These requirements can sometimes lead to apparent obstacles in implementing a coordinated entry process. Los Angeles tapped the local office of the Corporation for Supportive Housing and Public Counsel to research and make recommendations on fair housing issues in CES. They produced a "frequently asked questions" document for local providers about the issue, included as Appendix A to this report. Although this information may prove useful to other communities, local laws and requirements must be considered before adopting a similar approach.

- **Use data from CES to quantify housing need.** CES provides the infrastructure to document the level of resources that will be needed to end homelessness, both for the highest needs people and for others experiencing homelessness. This information can be used with public and private funders and with the general public to secure the resources needed to end homelessness and to show providers that the data they collect are being put to good use.

- **Help those engaged in implementation at the local level to work with the local offices of public agencies to connect with resources needed for CES.** In jurisdictions where public agencies operate in regional or district offices, CES leaders will need to make efforts to engage all levels within the agency to cement participation. In Los Angeles, a CES participating agency, Housing Works, has been able to establish a relationship with a local DMH clinic to facilitate drop-in access to mental health assessments which determine if a homeless person with serious mental illness can qualify for DMH-managed housing resources and services. However, in some SPAs, providers said that they were unsure whether engagement with county agencies was happening at the system level or if they were allowed to advocate on behalf of their clients with county agencies directly.

- **Work to require participation in CES as a condition of funding awards and to adjust performance and accountability measures accordingly.** Provider organizations may express concerns about how participation in CES will affect their ability to meet the performance requirements of other funders. CES means that the most vulnerable homeless people in an area will be given priority for available housing resources. For an organization, that may mean prioritizing "CES clients" over the clients currently enrolled in the organization's shelter programs. Without changes in the performance and accountability measures attached to program funding, organizations will feel conflicted about housing their own clients (to meet their internal goals) versus housing CES-referred clients who may have come from other agencies. In addition, some organizations see CES as a competitor for funding. CES is a shift from funding direct services and having direct access to resources within a single organization or project to providing resources to a SPA through new infrastructure. This may mean some providers have fewer direct relationships with funders and that outcomes may need to be set at the SPA level instead of the organization level, with each organization held accountable for participation in achieving shared goals.

- **Develop policies that ensure the safety of people who are fleeing or attempting to flee domestic violence.** When HUD funding is involved, federal law requires that all coordinated entry processes include protocols to ensure the safety of the individuals seeking assistance and that any data collection adheres to the Violence Against Women Act (VAWA). CES in Los Angeles has engaged some domestic violence providers. However, HMIS-based assessments, while essential to CES in an area as large as LA County, have presented obstacles to their continued engagement because of the requirement for personally identifiable information.

Outreach and Assessment

- **Look beyond the assessment tool.** Integrating the assessment tool into provider operations and then into HMIS can help engage providers and dramatically streamline the mechanics of participation in CES for them. In Los Angeles, assessment using VI-SPDAT has become the norm. CES providers report that the use of a common assessment provides a shared language to talk about the needs of the people they are serving and has sped up the process of outreach, engagement, and referral. However, it is important to remember that assessment is just one step in the larger process. CES leaders in any implementation should "take a step back" once the mechanics of the assessment are finalized to make sure housing providers are engaging in the system and that the housing and services available are aligned with the needs of the homeless population.

- **Consider tradeoffs when allowing for flexibility in interpreting tool "scores."** No tool is perfect. Stakeholder interviews suggest that, in addition to the score produced by the assessment tool, other factors must be taken into consideration. Stakeholders reported that staff felt women sometimes do not score as high on a standardized tool as provider staff think they should. In several interviews we heard that sometimes everyone involved in a case conference agrees that a person slightly lower on the prioritization list really is the most vulnerable or high-need person and should be given the available housing unit. Allowing for the "human touch" is important, but the system must set limits to avoid prioritizing the most sympathetic people.

HUD Requirements

With the publication of the Continuum of Care (CoC) Program interim rule in July 2012, the U. S. Department of Housing and Urban Development (HUD) began requiring that CoCs establish and operate coordinated entry systems for people experiencing homelessness. To assist CoCs in developing their coordinated entry processes, HUD has articulated the general principles for coordinated entry, available at https://www.hudexchange.info/coc/.

The CES in Los Angeles meets HUD's stated goals for coordinated entry. It allocates assistance as effectively as possible through prioritization based on assessment with the VI-SPDAT, and it is easily accessible through organizations, institutions, outreach teams, and events throughout the eight SPAs in Los Angeles County. CES approaches are in line with many of the qualities HUD has described for coordinated entry, including the following:

- **Low barriers** to assistance; no one is turned away because of lack of income or employment or because of substance use or disability.
- **Client choice** during the assessment and matching process; clients are allowed to refuse a housing referral without losing their priority status.
- **Accessible** coordinated entry points.
- **Standardized access and assessment** so everyone receives the same assessment and referrals using uniform decision-making processes.
- **Links to street outreach efforts** mean that people on the street or other places not meant for human habitation receive the same assessment and referrals.
- **Full coverage** of the continuum's service area.

- **Ensure assessment consistency through on-going training and monitoring.** Though the assessment tool and matching process are standardized, the flexibility in implementation has led to inconsistencies in the way SPAs conduct assessments. For example, some stakeholders reported that for some people whose thinking and ability to communicate are impaired by serious mental illness, assessors with a clinical background are more likely to identify higher acuity symptoms than assessors who do not have a clinical background. A process for regularly reviewing assessment results for inconsistencies and unintended consequences as well as on-going training would maintain confidence in the process.

- **Consider a staged assessment.** Some interviewees find it difficult to complete the VI-SPDAT in one encounter for persons who are psychotic or otherwise hard to engage. It can take time to develop enough trust to get answers to all the questions. Also, when the VI-SPDAT was incorporated into HMIS, there were concerns that the addition of the universal data elements would make the assessment overly long. An assessment that is expected to take place over several encounters may be more realistic.

Housing Navigation and Matching

- **Work to ensure availability of housing through CES.** CES has two fundamental elements: (1) assessing and prioritizing people experiencing homelessness and (2) providing expedited access to housing resources, which must be committed to CES by public agencies and housing providers system-wide. In addition to integrating new housing resources into CES, leaders should not underestimate the importance aligning current housing providers with the process and creating clear protocols between CES and the housing programs.

- **Look beyond permanent supportive housing.** Not all people who have been assessed need PSH. Many need a lower level of housing intervention, such as rapid re-housing, shared housing, or permanent housing with family or friends. Coordinated entry needs to have different types of housing resources available to meet a broader range of needs. In LA, for example, several SPAs are working to incorporate shared housing into their CES and have requested more support in expanding this approach.

- **Be willing to integrate housing resources controlled by service systems incrementally.** Although it would be ideal to bring providers of large-scale housing resources into a CES process up front, it may be more practical to test the process with a few units. In Los Angeles, DMH is making some housing resources available through CES and some resources available to chronically homeless people with serious mental illness through direct referrals by providers in the county's mental health system. Meanwhile, some of the agencies participating in CES have been effective at tapping into existing relationships with local DMH offices to get clients assessed and help them become eligible for DMH-managed housing resources. DMH is expanding its capacity to assess and engage homeless people with serious mental illness who are not already connected to the mental health system. This should improve access to housing through DMH for people who are identified and prioritized through CES. Ultimately, DMH anticipates channeling most of its housing resources through CES more formally.

- **Accommodate additional eligibility criteria to be inclusive of multiple systems.** In any implementation, housing providers will have different eligibility requirements that will need to be addressed. In Los Angeles, significant housing resources are controlled by DMH and DHS. A CES will need to have the capacity to identify individuals who have high acuity "scores" and who also meet the eligibility criteria associated with the resources managed by those agencies. CES could be considered a platform for organizing housing and services resources for vulnerable people targeted by multiple systems with alternative eligibility criteria. One strategy for accomplishing this would be to establish

the capacity to match high-priority people to more than one offer of housing. This approach would allow for a referral to a housing resource that has some uncertainty—in Los Angeles, for example, the DHS Flexible Housing Subsidy Pool or HACoLA's homeless preference vouchers—without eliminating an individual's opportunity to be matched to a unit made available from another part of CES.[4]

- **Engage public housing authorities.** If PHAs are made part of the development and policy-setting process for the CES, they may be willing to adopt new processes that fit their resources more effectively into the coordinated entry process. In Los Angeles, HACLA has been a strong partner in prioritizing highly vulnerable people for housing resources from the beginning: it lowered the barriers for people with drug-related convictions and those who are on probation; it streamlined its application for referrals through CES; and it has required referrals for all turnover Shelter Plus Care vouchers to come through CES.

- **Adjust coordinated entry processes to accommodate the processes of tenant-based housing assistance.** With tenant-based vouchers, people prioritized for assistance must go through the PHA application process and find a willing landlord of a unit that has a reasonable rent and passes inspection. Since many housing resources are provided as tenant-based subsidies, a CES needs to support the funding and training of housing navigators to help people through the PHA's processes and to help people find housing. An additional step for facilitating the use of tenant-based assistance would be to identify landlords willing to accept vouchers when residents will be supported by services and to pre-inspect their units.

- **Address the challenges of applying CES to project-based housing assistance.** Units in project-based housing properties can only be filled at times when a vacancy occurs. Once CES is fully implemented, outreach workers and housing navigators in an implementation need to commit to updating location and point of contact for high-priority people to minimize periods of vacancy and to avoid the need for a housing operator to place lower-priority individuals in vacant units in order to meet funding or performance obligations. Another challenge associated with applying CES to project-based housing is that buildings have tenants who are connected to multiple service providers. This can create challenges for responding in a timely way when a resident needs assistance, for determining which providers have an on-site presence of supportive services staff, and for documenting the value of services to meet requirements associated with funding for housing. In Los Angeles, this uncertainty is affecting the willingness of service providers to partner on new housing projects, because they do not know if the people referred through CES to occupy the housing will use or be eligible for the services they provide.

Supportive Services

- **Recognize the importance of funding to support critical roles in CES.** The funding provided through the Home for Good Funder Collaborative supported new staff for implementing the CES process, but more is needed to support prioritized individuals moving from homelessness to housing. Navigators who help secure identification and other documents, accompany people to appointments, and assist with housing applications and flexible funds to cover the costs of securing and moving into housing are essential for successful coordinated entry.

- **Establish outreach and service provider case conferencing** among the organizations participating in CES. In Los Angeles, this approach has helped resolve issues for specific individuals by combining resources from multiple organizations. It also has built up a collective response to homelessness that takes providers out of their silos.

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[4] For more information about the DHS Flexible Subsidy Housing Pool, see: http://file.lacounty.gov/dhs/cms1_218377.pdf.

- **Build capacity of supportive services providers.** Supportive services models, approaches, and clinical sophistication vary greatly across organizations. Some are working to serve high needs clients and delivering services using a low-barrier, housing-first approach with the needed service models. Other providers are continuing old service delivery patterns, either seeing clients the minimum times required by their contract or using a clinic- or office-based model rather than meeting the tenant in their home or community. In Los Angeles, Home For Good has established Standards of Excellence for PSH in partnership with CSH, nonprofit providers, and public and private funders, which provide a good model for service delivery. If similar standards are implemented as part of a CES implementation, funding needs to be available to support the recommended level of services.

- **Connect with other major systems of care.** Bringing the major systems together for coordinated entry can highlight the players missing from the table. In LA, CES is working to change the service delivery patterns that previously existed in project-based PSH and for services linked to tenant-based vouchers. However, there are still challenges for prioritized people who are not connected to any services or who are connected to a different service provider than the one that traditionally provides services in the housing project with the next available unit. One area in particular that continues to be a struggle in Los Angeles is providing services to supportive housing tenants who have on-going substance use problems that interfere with their ability to keep their housing. The substance use disorder treatment system needs to be engaged in CES and needs to have the capacity to provide mobile services that will engage clients in their homes to motivate change, connect people to treatment and recovery supports, and prevent housing loss.

CES Infrastructure and Data Systems

- **Ensure that the identified data system has sufficient capacity to support coordinated entry.** The Skid Row pilot program used a data system built on Google Docs. With fewer than 150 people assessed and served in the pilot, the PMCP supported the process without problems. But as CES expanded to all the SPAs, the complexity of the design and the volume of entries overwhelmed the technology. As a result CES staff in the SPAs lost some client and housing information, housing vacancies could not be matched with eligible people as envisioned in the CES design, and CES numbers and reports were not trusted by CES stakeholders from the community. The challenges with the data system have undermined confidence in CES. Leaders are working to resolve the situation by moving CES to LAHSA's HMIS, but the complexities of HMIS have caused delays in making the transition.

- **Work out the kinks before integrating CES into HMIS.** The PMCP was ultimately not able to accommodate the number of records Los Angeles needed to manage, but it did serve an important purpose. By using the system across multiple SPAs, providers and system leaders, including the HMIS lead, were able to understand the functionality they would need to build into HMIS before requesting their vendor design and building the module, an expensive undertaking. In addition, use of the PMCP allowed CES to move forward even as the year-long design and implementation phase for the HMIS module was under way.

- **Share client-level data in HMIS.** Extensive data-sharing between assessment, housing, and service partners is essential to the CES concept. The PMCP did not include any personal identifying information, so the associated client consent form did not authorize information-sharing. This has caused problems with identifying duplicates in the system and locating people who moved from the area where they were initially assessed. With the transition to HMIS, all "match ready" clients will be asked to re-consent to participate and participating agencies will have to sign new HMIS agreements to allow for data-sharing with other CES agencies. This is particularly challenging when inviting HIPAA-covered entities (such as DMH and DHS and their hospitals, clinics, or contract providers) to

participate in HMIS.[5] The client consent forms have been revised to accommodate sharing sensitive information gathered in the VI-SPDAT (such as HIV status) with non-HIPAA covered agencies, but additional legal counsel is being sought to modify the practices to allow for HIPAA-covered agencies and providers to participate (such as through a business associates agreement). To the extent the implementation leaders can take into consideration the long-term plans for the system in the design phase, consent and other related forms can be designed to serve the implementation.

- **Develop accurate and timely reports on the process.** Regardless of the technology platform used in a coordinated entry implementation, reporting on provider and system performance must be readily accessible to participating agencies and system leaders. In Los Angeles, as CES is integrated in HMIS, robust reporting must be available directly to participating agencies and SPA coordinators on a frequent basis to rebuild trust in the process.

Looking Ahead

CES is being adopted rapidly throughout Los Angeles. Most of the stakeholders interviewed about CES implementation understand that it is a complicated task with many moving parts, but they are hopeful that CES will bring change to the systems addressing homelessness in LA. Now, public and private funders and local leaders will use this information to begin a discussion about how to fill the gaps that have been identified through CES and how funding processes, priorities, expectations, and service delivery models will change to meet the need.

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[5] Under federal rules, an organization is a HIPAA-covered entity if it is a health care provider that conducts certain transactions in electronic form or a health plan. For more information, see: http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/downloads/coveredentitycharts.pdf.

For more information about CES, Home For Good, and the Funders Collaborative, contact:

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Los Angeles Coordinated Entry System:
Frequently Asked Questions about
Fair Housing and Regulatory Issues
May 1, 2015

Beginning in 2013, housing developers, service providers, and system leaders addressing homelessness in Los Angeles came together to develop a "Coordinated Entry System" (CES) to create a more systematic and efficient way of connecting individuals experiencing homelessness to housing and services appropriate for each individual's specific needs.

CES is a comprehensive program. It uses a standardized assessment tool to evaluate an applicant's service needs and his or her history of homelessness to match the applicant to appropriate housing and services. These assessments are conducted through street outreach, shelter and services intake, and engagement at clinics and other institutions. The assessments are used to prioritize applicants with the most severe needs for referral to permanent supportive housing (PSH), while referring other individuals experiencing homelessness to other available and appropriate housing.

The goal of CES is to match vulnerable individuals who otherwise face enormous, if not insurmountable, barriers to safe and secure housing that is appropriate for their needs. The goal of fair housing laws and policies, at core, is to remove barriers so that individuals can access housing of their choice, irrespective of race, gender, disability, ethnicity or any other personal characteristic against which it is illegal to discriminate. These are complementary goals. However, because the system matches individuals with housing, it is important to make sure that the system works in an equitable manner. To do so, CSH convened a group of experts in the areas of fair housing and disability rights in order to identify and understand fair housing concerns.

Additionally, as the community transitions to a coordinated system, permanent supportive housing providers, funders, and advocates have asked questions about participation in CES. CSH and Public Counsel created this paper to identify and answer commonly asked questions related to two main areas: compatibility with existing regulations and regulatory agreements that govern supportive housing providers; and fair housing and accessibility.

Because CES is new, and continues to expand, some questions are not addressed here. However, as the system evolves, we expect to update this paper.

This paper is intended to provide general information and not legal advice. For specific advice, please consult with your legal counsel.

Commonly Asked Questions Regarding CES Implementation

- *Is coordinated entry recognized by HUD?*

  Yes. In 2009, Congress enacted the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act, creating the Continuums of Care Program. A Continuum of Care is an integrated system of care that guides and tracks homeless individuals and families through a comprehensive array of housing and services designed to prevent and end homelessness. Continuum of Care also refers to a jurisdictional body: a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

  After passage of the HEARTH Act, the Department of Housing and Urban Development (HUD) directed Continuums of Care to establish and operate centralized or coordinated assessment systems for participant intake, assessment, and provision of referrals, with the intent of increasing the effectiveness of community-based systems that provide housing and services to homeless individuals and families.[6] In July 2014, HUD's Office of Community Planning and Development issued a Notice that provided guidance on implementing coordinated assessment to prioritize homeless individuals and families based on history of homelessness and severity of service needs.[7] In the coming months, HUD anticipates releasing further requirements and guidance for development and implementation of coordinated entry processes within Continuums of Care.

- *What are the benefits of coordinated entry?*

  Coordinated entry benefits participants and housing providers, and furthers our community's goal to prevent and end homelessness.

  For participants, coordinated entry simplifies and expedites access to housing. The assessment matches the participant to available and appropriate housing programs, eliminating the need to individually contact separate housing providers. The participants will also receive assistance in applying for the housing or services with which they are matched. CES more effectively connects individuals experiencing homelessness to the most appropriate housing resources.

  For housing providers, coordinated entry ensures that the applicants referred through CES are screened for eligibility. Coordinated entry also creates a more inter-connected community of housing providers. Because CES leverages the outreach efforts of community providers across Los Angeles County to reach greater numbers within this

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[6] 42 U.S.C. §§ 11381-11389; 24 C.F.R. § 578.1 et seq.

[7] Dep't of Hous. & Urban Dev., CDP-14-012, *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status* (Jul. 28, 2014) ("HUD 7-28-2014 Notice").

population, participating providers can more effectively reach vulnerable populations and reduce duplicative efforts.

Through community-wide data collection, CES also allows advocates to capture the larger picture of homelessness in the community.

Further, CES is designed to achieve the federal mandate included in the HEARTH Act that every Continuum of Care must create a coordinated or centralized assessment and housing placement system that will prioritize access to housing and services based on service need in order to be eligible for federal homeless assistance funding.

- *Is coordinated entry consistent with federal regulations governing the HOME program's tenant selection requirements?*

Some supportive housing providers who received funds from HOME Investment Partnerships Program (HOME) have expressed concern that HOME regulations may not permit coordinated entry, specifically tenant prioritization. Recent guidance from HUD's Office of Affordable Housing Programs addresses this concern and indicates that housing providers subject to HOME requirements may participate in CES.[8]

In this guidance, addressed to the Housing and Community Investment Department of the City of Los Angeles (HCIDLA), HUD acknowledges that federal law and regulations require that tenants of HOME programs are selected "from a written waiting list in the chronological order of their application, insofar as is practicable."[9] However, the guidance points out that the regulations also state that this waiting list process for units may defer to the process allowed by other federal programs, including those that limit eligibility or confer preferences tailored to serve a particular population, such as Housing Opportunities for Persons with AIDS, Shelter Plus Care, and the Supportive Housing Program.[10]

In pointing to this deference to other federal programs, the HUD guidance indicates that HOME-funded providers can defer to the Continuum of Care Program, noting that the program requires regional Continuums of Care to create written standards for determining and prioritizing eligible individuals and families for PSH units, and projects receiving Continuum of Care funding are required to follow these written standards. [11]

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[8] Email correspondence from Virginia Sardone, Director, Office of Affordable Housing Programs for U.S. Department of Housing and Urban Development to Helmi Hisserich, Assistant General Manager, Los Angeles City Housing and Community Investment Department, Nov. 4, 2014, on file with CSH.

[9] 42 U.S.C. §12755(d)(4); 24 C.F.R. §§ 92.253(d)(5).

[10] 24 C.F.R. § 92.253 (d)(3)(i). Note that the HEARTH Act consolidated the Supportive Housing Program, the Shelter Plus Care Program, and the Moderate Rehabilitation/Single Room Occupancy (SRO) Program into the Continuum of Care Program. 42 U.S.C. § 11301 et seq.; 24 C.F.R. Part 578

[11] 24 C.F.R. 578.7(a)(9)(v); 24 C.F.R. 578.23(c)(10); HUD 7-28-2014 Notice.

The guidance therefore indicates that projects that receive HOME funding may set a limited preference for homeless persons who are identified as having the highest service needs through an assessment governed by written guidelines within a Continuum of Care's jurisdiction. So the HOME regulations do allow for prioritization and preference in tenant selection and HOME-funded projects may participate in CES.

Note that HOME-funded projects are required to maintain their project-specific chronological waiting lists, but this is compatible with CES because participation does not require housing providers to eliminate their own wait lists. CES serves as a source of referrals to existing waiting lists and not a replacement.

HCIDLA is currently adopting revised guidelines in accordance with the HUD guidance in order to allow housing providers to incorporate CES referrals into existing wait lists.

- *Will all housing available from participating providers be leased through CES?*

  Our community's long-term goal is to create a community-wide, comprehensive coordinated entry system that will streamline access to homeless resources and help ensure that resources are used as strategically and effectively as possible. However, it may be impossible for all people experiencing homelessness to utilize CES, for various reasons. As a result, our community will strive for the majority of housing and services to link to the CES system, but with flexibility for other assessment and entry points such as Department of Health Services Housing for Health Initiative, the 10th Decile Triage Tool.

- *Will CES require housing providers to eliminate their existing waitlists? Will current applicants on existing waitlists be required to complete an assessment?*

  No. But providers should adopt procedures, in writing, on their plans to transition from existing wait lists to CES using a phased in, interspersed approach. For example, a provider may decide to lease the first four available units to individuals referred by CES, and every fifth available unit to an individual on its existing wait list.

  Providers should communicate with all applicants on existing wait lists, informing them of the transition to CES and explaining the assessment, prioritization, and placement process, as well as any transition procedures adopted. The applicant can then choose to either remain on the existing wait list or to seek a referral through CES.

- *Does CES assessment take effective measures to prioritize persons who express a need for sensory and mobility accessible units for such units?*

  The assessment tool is designed to capture information about an applicant's supportive housing needs, including need for a mobility or sensory accessible unit. The need for an accessible unit, or a unit that can be made accessible, becomes part of the match criteria. This is a benefit in that it allows providers to draw from a community-wide list to match individuals with appropriate units. However, this also should not preclude the applicant

from being offered another available unit if an accessible unit is not available at the time of application.

Providers should maintain procedures for responding to requests for accommodations related to accessibility or other disability-related issues after a participant obtains housing.

- *Will CES require changes to affirmative marketing plans?*

Most likely, yes. Existing requirements for affirmative marketing plans contemplate that an individual provider is solely responsible for marketing its housing, but participation in CES involves shared responsibility for marketing. Therefore, existing affirmative marketing plans may need to be revised in order to ensure consistency with CES. CSH has worked with supportive housing providers and legal counsel to draft templates that include language consistent with the use of CES. Please refer to Exhibit A of this document.

- *Will CES require changes to tenant selection plans?*

Most likely, yes. Existing tenant selection plans may need to be revised in order to ensure consistency with CES. CSH has worked with supportive housing providers and legal counsel to draft templates that include language consistent with the use of CES. Please refer to Exhibit B of this document.

- *Will CES result in greater concentrations of similar populations in the same facilities?*

It is not known whether CES will result in greater concentrations of similar populations in the same facilities than currently exists in permanent supportive housing. As CES is more widely implemented, system leaders will carefully monitor the issue of concentration. Fair housing laws and regulations prohibit segregation based on race, disability, and other characteristics against which it is illegal to discriminate, but do allow for different or separate housing or services for individuals with particular disabilities if it is necessary to do so in order to meet the specific needs of these individuals. [12]

- *Does CES allow restriction or preference for residents of a particular geographic area or region, or residents of the city in which the housing is located?*

While participation in CES does not require housing providers to abandon existing residential preferences, housing providers should be aware of legal limitations to offering preferences to residents of a particular geographic area or region.

The goal of CES is to match and refer individuals, based on their assessed need, with the most appropriate housing resources for which they are eligible while offering housing providers a community wide system of referrals of persons that match the tenant selection criteria. In Los

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[12] 24 C.F.R. § 8.4(b)(1)(iv).

Angeles County, CES is coordinated among eight service planning areas (SPAs), each of which are broad geographic designations, meant to maximize housing opportunities and choice

Any tenant selection criteria should be based upon requirements or preferences that are permissible under fair housing laws and regulations, the provider's individual funding program(s), and applicable HUD rules.

Residency *Requirements*: Requiring applicants to be residents of a particular geographic area in order to qualify for housing are generally not permissible under fair housing laws and under many regulatory restrictions. Note that local residency requirements are prohibited in HUD-assisted projects that are subject to the HUD Multifamily Occupancy Handbook. Housing providers not subject to the Handbook will generally be more carefully scrutinized if challenged in court for having a disparate impact on populations based on characteristics against which it is unlawful to discriminate.

Residency *Preferences*: Housing providers subject to the HUD Multifamily Occupancy Handbook must seek HUD approval to grant preferences for local residents in tenant selection. In operating local residency preferences, housing providers should exercise caution that these preferences do not unfairly impact individuals on bases against which it is unlawful to discriminate. The broader the geographic area and the less restrictive the residency preference, the less likely it will run afoul of applicable fair housing laws and regulations. [13]

- *How will CES administrators protect confidential or private information collected during assessment?*

  HUD recommends privacy protections as part of the minimum criteria for effective implementation of a coordinated assessment process. These include protections "to ensure proper use of the information with consent from the [participant]",[14] and administering assessments "in a private space, preferably a room with a door, or, if outside, away from others' earshot."[15]

  Pursuant to the HEARTH Act, HUD requires each Continuum of Care to have a Homeless Management Information System (HMIS) designed to facilitate data collection. The HEARTH Act, and HUD regulations, requires HMIS to meet certain standards related to privacy and confidentiality.[16]

  Local Continuum of Care entities (Los Angeles Homeless Services Authority, City Of Glendale, City Of Pasadena, and Orange County) utilize a shared digital HMIS, and have issued policies and procedures that include security standards. These security standards serve as a baseline and are recognized as appropriate for securing and protecting personal information.

  Further, CES provides housing providers with applicant referrals. These referrals do not include the specific responses or information gathered by housing navigators who administer the

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[13] For more on this topic, including discussion on implications of the right to travel and other considerations, please see Corporation for Supportive Housing's guide prepared by Goldfarb and Lipman, LLP, *Between the Lines*, Chapter 3, Section D, Question 6 (California ed.)(2010).

[14] HUD 07-28-14 Notice, Appendix A at 17 (¶ 9).

[15] Id. at 18 (¶ 8).

[16] 42 U.S.C. § 11360a(f)(3)(A)-(D).

assessments. As such, housing providers will not have access to confidential information that determines the priority of referrals. Individual information will be maintained by HMIS administrators and remain subject to the System's privacy and confidentiality procedures.

- *May housing providers agree to take referrals directly from local service providers in addition to taking referrals from CES?*

  To ensure that CES operates as designed, housing providers should generally avoid arrangements to take referrals directly from service providers. These arrangements can also give rise to fair housing or regulatory concerns.

  Accepting housing applicants from local service providers outside of CES conflicts with the system's goals and operation, which consist of coordination and centralization of the intake process and matching individuals to the most appropriate, available housing for their needs.

  Independently of CES, accepting referrals exclusively from a local service provider may raise confusion and concerns about the fairness or equity in allocation of housing. Fair housing laws would prohibit a housing provider from exclusively or primarily drawing its clients from a local service provider if the local service provider intentionally limits its services in a way that excludes individuals on the basis of protected characteristics, or its practices result in such exclusion. The housing provider may also be vulnerable to a claim of arbitrary discrimination under California's Unruh Civil Rights Act. This practice may further conflict with affirmative marketing requirements, which are intended to prohibit housing providers from cherry-picking tenants from select service providers or areas.

- *What is the timeline for implementing CES?*

  CES is currently being implemented in all eight service planning areas in Los Angeles, with the goal of full coverage by July 2015. A lead entity in each service planning area will be responsible for coordinating and implementing the system within that area. During this time, the goal is to expand CES geographically while integrating the system within each region, making it available in every area of Los Angeles County, so that any homeless individual or family seeking assistance has access to the system. CES will continue to evolve and strengthen as a tool to assist communities as they work to end homelessness.

Housing providers, social service agencies, and advocates have raised additional questions about participation in CES that are not addressed here. As CES is fully implemented, we will continue to engage stakeholders in conversations about how to ensure the CES both meets its goal to more effectively serve homeless individuals and families while adhering to fair housing principles and other regulatory requirements.

Exhibit A

Affirmative Marketing Plan
Referrals from CES

This affirmative marketing language should be included as a supplement to the developer's project specific affirmative market plan. The project's lender and other regulatory requirements should be checked carefully to ensure that the overall affirmative marketing plan, including this supplement, complies with any stipulations or conditions of the funding.

All marketing materials shall include the contact information for [CES System] and direct project applicants to SPA leads within the CES system in order to be considered for the supportive housing units.

Marketing Materials

For the special needs units, priority will be given to eligible applicants referred through the Coordinated Entry System. The CES System is centralized assessment system that assesses the severity of an individual's service needs in accordance with HUD Notice CPD-14-012, prioritizes applicants based on the severity of their needs, and then matches them with supportive housing units for which they are otherwise eligible (*e.g. meaning they meet the criteria for HOPWA if the supportive housing units are HOPWA funded, or for the MHSA Program if the supportive housing units are MHSA units etc.*).

Households interested in the special needs units shall contact a lead service agency to complete a CES assessment. For more information on how to obtain an assessment, including access site and contact information, please visit the website at *http://ceslosangeles.weebly.com/* or contact: [*insert agency site specific contact information*]

Exhibit B

Tenant Selection Plan
Use of Coordinated Entry System (CES)

For initial and subsequent rent up of at least ___% of the supportive housing units at [*insert name of development*], Owner intends to fill the units with referrals of homeless applicants made to Owner by [*insert name or description of Coordinated Entry System/ Other Referral System*] (the "Referral System") and shall not maintain a waiting list for these "Referral System Units".

The Referral System is a centralized assessment system for homeless households seeking affordable and supportive housing. The Referral System is developed and operated by _____ and acts as a single point of access for supportive housing opportunities for homeless households in [*insert name of geographic area*]. It seeks to match participants with appropriate housing resources.

The Referral System will assess any homeless household seeking affordable or supportive housing opportunities. Owner will then receive referrals of homeless households who meet Owner's funding requirements as follows: [*insert applicable information, e.g. need for accessible unit, homeless, household size, MHSA-eligible for the MHSA Units, HIV-positive for the HOPWA Units, etc.*]

Owner shall also refer each homeless applicant for any unit in [*insert name of development*], who applies directly to Owner for housing and who has not yet participated in the Referral System, to the Referral System so that the applicant may participate in the Referral System and have the ability to apply for the Referral System Units, as well as apply directly to Owner for any other unit in the project.

Following initial rent up, Owner shall make information available to the Referral System regarding when the next available supportive housing unit may be available. (*This is intended to meet HCD's requirements.*)

All applicants referred from the Referral System, shall then be screened in accordance with Owner's tenant selection criteria set forth in Sections _____ - _____ of this Tenant Selection Plan. [*Note, this may include the housing provider's general tenant review such as criminal background check, income verification, and potentially a credit check, references, interviews etc.*] Owner will process reasonable accommodation requests in accordance with Sections _____ of this Tenant Selection Plan.

Owner shall market all units in the Development, including the supportive housing units, in the manner described in Section ___ of this Tenant Selection Plan.