Coordinated Entry and Permanent Supportive Housing:

A National Perspective on Barriers and Opportunities

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Dear Leaders,

Homelessness in the United States is at a record high, with a growing deficit of deeply affordable housing. Cities and states face long waitlists for housing and insufficient resources, emphasizing the urgent need to expand affordable housing for the future and optimize existing resources in the present.

Permanent Supportive Housing (PSH) is one of the most effective and evidence-based solutions to homelessness. PSH combines affordable housing with behavioral health supports, which helps reduce homelessness and generate cost savings in emergency systems. The U.S. Department of Housing and Urban Development (HUD) established the Coordinated Entry Systems (CES) model in 2009 to streamline access to HUD-funded housing resources, including PSH, but this model has also introduced new complexities. Coordinated systems require extensive cooperation, data standardization, and performance monitoring, functions Continuums of Care (CoC) were not necessarily structured to handle.

Our team at the Harvard Kennedy School Government Performance Lab recently surveyed 151 Continuum of Care leaders across 47 states and conducted interviews with 26 representatives to discuss the pressing challenges and opportunities in managing Permanent Supportive Housing (PSH) systems. We learned that many CoC leaders want to improve their systems but lack direction. We identified three important questions leaders can ask to identify opportunities to strengthen their permanent supportive housing systems:

1. **How many PSH units are available, and which are vacant?** Data on PSH system is crucial to evaluate PSH systems' performance and understand where and why vacancies appear. However, very few CoCs have this real-time data. Many learn of vacancies only when new referrals are requested, and nearly half do not track or trust their vacancy data.
2. **How long does it take to house someone?** Tracking time to housing allows CES to diagnose and address bottlenecks at specific stages. When referral processes are manual and labor-intensive, they risk delaying housing placements and result in decentralized management systems that obstruct data analysis and insight into performance.
3. **Who is housed, and why aren't others?** Tracking data on who is, and is not, being housed is essential to creating an accessible and effective system. Post-referral, many providers lack resources to adequately assist clients, impacting their success in securing housing. By collecting detailed information about the housing process, CoCs can identify where gaps exist, where providers need more support, and where processes can be standardized. This data helps CoCs pinpoint where individuals are falling through the cracks and then tailor interventions to ensure more clients reach housing.

Addressing these questions can improve PSH management. Change requires leadership, and the Government Performance Lab is committed to supporting jurisdictions as they search for solutions. This report offers insights to help jurisdictions enhance data capacity, system management, and client outcomes. We hope that sharing this report will ignite conversations on optimizing current resources and planning for the future.

Sincerely,
The Harvard Kennedy School Government Performance Lab Homelessness & Housing Team

Executive Summary

The Harvard Kennedy School Government Performance Lab (GPL) Homelessness & Housing team seeks to provide actionable information that helps localities make the most of their housing resources, especially when capacity is limited. By improving data capacity and optimizing system management, we aim to empower system leaders to drive better outcomes for those experiencing homelessness.

Homelessness is a growing problem. According to the 2024 Annual Homeless Assessment Report (AHAR), approximately 770,000 people experienced homelessness on a single night, an increase of 18% from the prior year. This marks the highest increase in homelessness since the federal government began conducting an annual count in 2007.

The lack of deeply affordable housing is also growing. In 2022, only 7.2 million units rented for less than $600 per month — down from 9.3 million units in 2012. Cities and state leaders are grappling with long wait lists for housing, significant numbers of people who need behavioral health support in addition to housing support, and limited resources to meet those needs.

Significant expansions of deeply affordable housing, fully optimizing existing housing resources, and expanding access to behavioral health care has never been more important.

One of the most effective and evidence-based solutions for addressing homelessness is Permanent Supportive Housing (PSH), which combines deeply affordable housing assistance with behavioral and social health supports. This evidence-based approach has proven effective at reducing homelessness, improving behavioral health outcomes, and achieving cost-savings in other emergency systems such as jails, emergency rooms, and shelters.

To understand how Coordinated Entry Systems (CES) facilitate connections to Permanent Supportive Housing (PSH), the GPL conducted a national survey and interviewed CES leaders and PSH providers.

- The survey received 287 responses from 127 unique jurisdictions across 47 states.
- Respondents represented 151 Continuums of Care (CoC), government agencies, and coordinated entry staff, including some PSH providers who also hold leadership roles within their systems.
- The GPL also interviewed leaders from all levels of management, including directors, referral-making staff, and data and performance teams, from 26 CoCs, including four state-level CoCs.

This report offers insights from primarily Continuums of Care across the nation, highlighting challenges and opportunities related to optimizing PSH management. We recognize the vital role of other stakeholders such as housing providers, clients, developers, and communities in addressing homelessness, and will work to incorporate their perspectives into future research and collaborative efforts.

From these conversations and the GPL's work with jurisdictions across the country, we identified four major field opportunities:

1. **Tracking** real-time data on system capacity, vacancies, and referral timelines can increase transparency, efficiency, and accuracy.
2. **Staffing** support through automated tools can free up staff capacity and facilitate systemwide improvements that benefit housing providers and clients.
3. **Standardizing** among providers to implement consistent and low-barrier housing processes can lead to more successful housing placements.
4. **Unifying** stakeholders outside CES mandates such as Public Housing Authorities (PHAs) and Veterans' Affairs (VAs), and landlords can help CoCs can unlock more resources and serve more clients.

Within each field opportunity, we present several questions to help leaders work toward actionable steps. Taken as a whole, these 10 guiding questions can help leaders take meaningful steps toward strengthening their permanent supportive housing systems.

Field Opportunity:

Tracking

CoCs can track real-time data on system capacity, vacancies, and referral timelines to increase transparency, efficiency, and accuracy.

Guiding Question #1 – Can your CoC track in real-time the number of PSH units, their vacancy statuses, eligibility requirements, and who is being housed?

Research Insight: Many CoCs participating in our research consider 'vacancies' or empty PSH units and 'requests for new client referrals' as the same thing, equating their responsiveness to referrals to an understanding of systemwide PSH utilization. However, most jurisdictions do not have visibility into all real-time PSH vacancies. To effectively monitor performance of systems and to implement standardized practices, CES must first establish accurate baseline data on the resources available in their communities. CoCs can evaluate their capacity and take actions to improve housing placements in the short- and long-term once they understand core metrics, such as the number of total PSH units a CES has access to, real-time vacancies, and referral timelines.

Guiding Question #2 – Does your CES have systems in place to standardize, automate, and streamline housing referrals?

Research Insight: Many of the CES that spoke with the GPL reported that reliance on manual systems such as emails, spreadsheets, and phone calls to issue and track client referrals can lead to inefficiencies, increased human error, and slower response times. CES cannot effectively track progress on either the individual (clients or units) nor system levels using these offline, decentralized systems — which ultimately extends the time it takes to house clients. Without the ability to collect and aggregate data related to referrals, CES have little capacity to review their system performance and make appropriate policy changes.

Guiding Question #3 – Does your CES standardize how project information is collected and referrals are requested by providers?

Research Insight: CES need reliable information from providers on vacant units to make quality, successful referrals. In many jurisdictions we spoke with, a lack of standardized systems for requesting referrals leads client-facing staff to submit incomplete or inaccurate information, which slows down the housing placement process. CES often do not receive updates from providers on the status of clients after a referral is made, making it difficult to identify bottlenecks in the housing process and hindering clients from having visibility into their own housing process. Finally, a lack of standardized data from different providers makes it challenging for the CES to assess overall system performance.

Field Opportunity:

Staffing

CES can invest in automated solutions that build staff capacity and support systemwide improvements to benefit housing providers and clients.

Guiding Question #4 – Is your CES building staff capacity to make system-level improvements?

Research Insight: Many jurisdictions said CES staff lack the bandwidth to make improvements to manual processes because they spend most of their time focused on referral coordination work. When staff proactively seek to make improvements, such as introducing new prioritization tools or standardizing referral processes, implementation can be slow because changes to CES policies and procedures require consensus across the community.

Guiding Question #5 – Is your CES structured to ensure continuity in the housing process when provider and CoC staff turnover?

Research Insight: Staff turnover can impede the PSH process, according to participating jurisdictions. New staff must learn complicated eligibility or documentation requirements, develop relationships with providers, and learn or develop referral procedures that are infrequently standardized. Inconsistent staffing can make it difficult to maintain relationships and contact with clients. Further, turnover in CES and provider organizations places additional burdens on the remaining staff, as they must both stretch their capacity to cover shortages and to onboard new colleagues.

Field Opportunity:

Standardizing

CES can collaborate with providers to implement consistent and low-barrier housing processes that can lead to more successful housing placements.

Guiding Question #6 – Has your CES implemented measures to streamline and reduce excessive documentation requirements?

Research Insight: Participants said complex documentation requirements, eligibility criteria, and application processes create barriers and slowdowns in the PSH placement process. Because requirements vary substantially across projects and providers, clients may be referred to projects for which they are ineligible or not a fit. Housing providers may require more documentation from clients than is required to ensure compliance. However, this compliance clearance can create a greater, often unnecessary burden on clients. These delays are frustrating for people waiting to move into a unit and for the CES workforce, who have to spend time troubleshooting denied applications.

Guiding Question #7 – What expectations has your CES set to standardize the client experience across your community's PSH providers?

Research Insight: Once providers have accepted a referral, CES say they often have limited visibility into how to advance a client through the housing process. CES and clients often lack clear updates from providers on the status of applications or reasons for denials, and CES leaders hold few levers to incentivize providers to adopt low-barrier policies or provide greater transparency.

Field Opportunity:

Unifying

CoCs can unlock more resources and serve more clients by building stronger relationships with stakeholders outside CES mandates such as PHAs, VAs, and landlords.

Guiding Question #8 – Is your Balance of State CoC working with local leaders to achieve consistency in housing processes and resources across diverse catchment areas?

Research Insight: Local jurisdictions within a Balance of State take different approaches to their homeless outreach, emergency shelter operations, and supportive services. This leads to variations in how people enter the CES and the services they receive while waiting for housing. In addition, matching clients to vacant housing units can be difficult across large geographic areas, sometimes forcing people to uproot their lives and support networks to access housing.

Guiding Question #9 – Is your CoC effectively collaborating with local Public Housing Authorities (PHAs) and Veterans' Affairs (VAs) to eliminate barriers and activate more resources?

Research Insight: Because most PSH relies on subsidies often issued by PHAs and VAs, collaboration with these organizations is crucial. However, collaboration can be challenging. These agencies often implement additional, high-barrier screening processes, which can present high hurdles for clients and potentially lead to longer vacancy periods for units. Moreover, many VAs and PHAs opt out of participating in CES, potentially leading to a loss of housing units for clients served by CES. To overcome these challenges and ensure clients have access to available PSH, some CES leaders are actively working to strengthen relationships with PHAs and VAs and streamline the referral process.

Guiding Question #10 – Is your CoC implementing landlord engagement strategies to make housing placement in scattered-site PSH projects quicker and more cost effective?

Research Insight: Many jurisdictions said they struggle to find landlords that have affordable units and are willing to accept vouchers in an increasingly tight and expensive housing market. Lengthy search processes to find a suitable unit aligned with client needs can lead to underutilization of scattered-site PSH. Scattered-site PSH can frustrate clients waiting on housing, because it relies on housing vouchers in the private market.

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Background

Permanent Supportive Housing (PSH) is one of the most promising and evidence-based strategies in modern homelessness response, combining subsidized, permanent housing with supportive services. Numerous studies have tested the impact of PSH on reducing interactions with the criminal justice and emergency health systems and found strong evidence to support this intervention.

- One evaluation of Denver-based PSH programs for chronically homeless individuals showed a 40 percent reduction across shelter visits, arrests, and emergency department visits.
- Driven by a strong evidence base, PSH has also become one of the largest and most sustained federal investments related to homelessness: in 2018, for example, 71% of competitive funds from the Department of Housing and Urban Development (HUD), over $1.54 billion, were allocated to PSH projects.
- Beyond maintaining existing support, federal funding has supported system expansion in recent years: in 2024, HUD announced $175 million in support for new PSH development.

To ensure people most in need of support can get connected to resources like PSH, HUD mandated the creation of the Coordinated Entry Systems (CES) model in 2009. CES offers a centralized approach where local homeless response leaders, often Continuums of Care (CoC), are responsible for assessing, prioritizing, and connecting those in greatest need with HUD-funded resources, including PSH.

The federal government intended CES to streamline the housing process for HUD-funded resources, including PSH, by centralizing the referral function outside of housing providers' sole discretion. However, a well-functioning centralized system demands extensive coordination among local stakeholders, standardization of data collection, and active performance monitoring — functions CoCs were not necessarily structured to handle.

While the implementation of CES aimed to streamline and enhance the referral process to HUD-funded resources, including PSH, it also introduced new obstacles and complexities, resulting in many jurisdictions struggling to fully leverage the potential of their PSH. PSH projects typically rely on layered funding sources from various federal, state, and local agencies. Although this layered approach is necessary to create and sustain supportive housing, each funding source adds more complexity to the housing process.

PSH units are also either **project-based or scattered-site**.

- In the **project-based model**, housing units are located in a single building with supportive services provided on-site.
- The **scattered-site model** provides tenant-based vouchers used to pay rent for private market units throughout the community, and clients receive support services in their homes or at community locations.

These two types of PSH programs come with their own management challenges and require different processes to make timely and successful referrals.

As a result, CoCs have strategic opportunities to more efficiency house people, improve equity and transparency, and optimize existing PSH resources.

Why data matters for PSH success

Though PSH is one of the most impactful resources available to jurisdictions, many Continuums of Care and other local homeless response leaders lack key data on project occupancy rates, the time it takes for a person to be housed, and potential inequities in housing allocation. Without real-time, accurate data, CoC leads cannot identify gaps in the system, develop targeted solutions to specific populations, or evaluate how well their programs and interventions are doing. Ultimately, this directly limits a CoC's ability to understand and improve the services they are delivering to people experiencing homelessness. As CoCs are the primary drivers of system improvement and optimization at the local level, this publication's insights largely focus on the challenges CoCs face and the steps they can take to improve results for their communities.

Why is building better PSH systems so important?

Optimizing PSH can improve system performance and clients' experiences

Our research suggests that many jurisdictions have potentially persistent vacancies and prolonged referral processes in their PSH systems. Because of limitations in data systems, complex requirements for accessing PSH, and long, manually intensive placement processes, many jurisdictions and PSH providers report having units that sit empty for months at a time. This diminishes the impact of their investments in PSH. When PSH units are persistently empty, clients cannot access high-impact housing services, housing providers lose money, and emergency housing shelters are strained.

Optimizing PSH can attract more investments to future PSH development

Underutilized PSH hinders future development of much-needed new housing and can make it harder to preserve existing PSH units. While many CoCs see consistent underutilization of existing PSH resources, the housing waiting lists continue to grow, leaving individuals unhoused for longer. Jurisdictions must respond to the urgent need for more housing while also attracting more developers and housing operations. When developers and housing providers that depend on high occupancy to continue operating and maintain their investments cannot get that, they will likely view funding new PSH as a risky, uncertain proposition. Furthermore, deficits created by unused vouchers force CoCs to give up hard-won awards for PSH, as these programs cannot financially operate when not at capacity. This challenge is only made worse by the reality that rising rents and expenses mean a scattered site voucher is more difficult than ever to use.

The following pages contain insights from Permanent Supportive Housing System Management leaders and staff. All quotes were gathered through interviews or survey data. Proposed solutions represent insights gained from interviews and from GPL research and experience as a technical assistance provider.

Field Opportunity:

Tracking

CoCs can track real-time data on system capacity, vacancies, and referral timelines to increase transparency, efficiency, and accuracy.

Guiding Question #1: Can your CoC track, in real-time, the number of PSH units, their vacancy status, eligibility requirements, and who is being housed?

Tracking the number of PSH units

A lack of real-time and reliable data on PSH portfolios limits CES ability to effectively measure and improve system performance.

What we heard from CES: The majority of CES respondents could estimate the size of their PSH portfolio; however, 9% were not able to provide an estimate at all (**See Table 1**). Among those who did estimate, approximately 30% did not feel confident about the number they gave (**See Figure 1**).

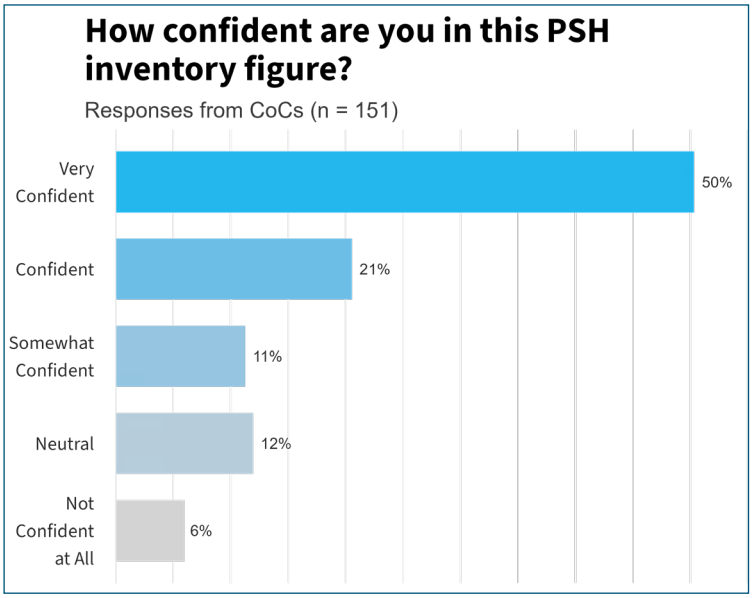
Table 1

What is the total number of PSH units in your community?

Responses from CoCs (n = 151)

RESPONSE	COUNT	PERCENTAGE
1-500	75	50%
501-1000	23	15%
1001-2000	13	9%
2001-3000	14	9%
3001-4000	1	1%
4000+	11	7%
I do not know this number.	14	9%

Figure 1



Follow-up interviews highlighted a disconnect between initial data reported in the survey and the figures that CES shared during interviews. Although CoCs offered an approximate range of units, they struggled to provide an exact number during interviews, indicating challenges in tracking precise real-time data, even among those who felt "confident" or better about their inventory data.

Reasons why tracking this data may be difficult:

- Providers use multiple, often braided funding sources for units, including separate funding sources for supportive services and rent vouchers.
- Frequent staff turnover within Coordinated Entry teams and provider organizations.
- CES has to work with multiple housing providers who operate their own property management systems. Lack of data interchange between providers' internal management systems and CES data systems like Homeless Management Information System (HMIS), leads to duplicative reporting tasks and out-of-date inventory data.
- Different decisions about which PSH projects to include in housing inventory data. Some communities include only HUD/CoC-funded PSH projects, while others may include PSH projects that are externally funded or don't participate in Coordinated Entry. Layering these different funding sources can make it difficult to establish a static baseline number for PSH system size.
- Communities often lack uniform standards for PSH, including which services must be offered, how often, and by whom. This makes it difficult for CES to determine which projects can actually be defined as PSH.

To effectively monitor performance of systems and to implement standardized practices, CES must be able to first establish accurate baseline data on inventory. Understanding the number of PSH units a CES has access to, their funding sources, and the services offered by each project allows CoCs to evaluate their capacity and take actions to improve housing placements in the short- and long-term.

Tracking the number of vacancies

Many jurisdictions do not actively track vacant units in their PSH systems **(See Table 2)**. Without a clear understanding of how many units are open and available for referral, and where those units are, CES cannot understand the PSH system's capacity to house people experiencing homelessness or successfully place those clients into appropriate housing with the correct service level.

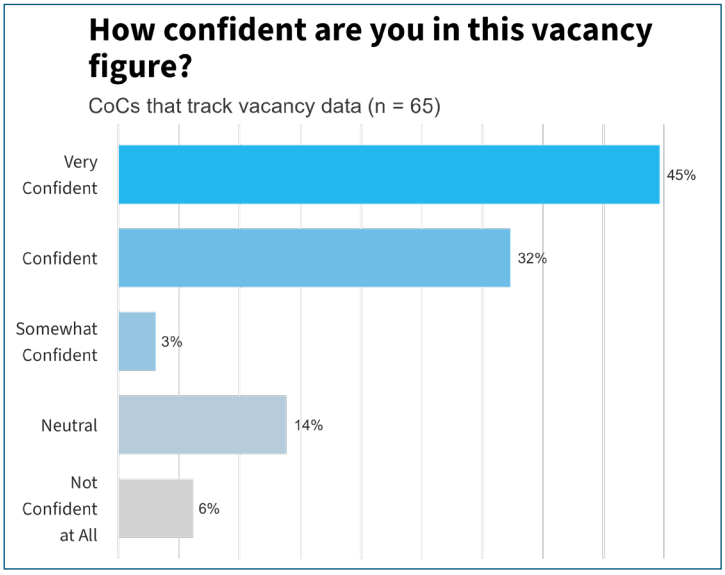
Table 2

Do you track data on vacancies?

Responses from CoCs (n = 151)

RESPONSE	COUNT	PERCENTAGE
Yes	81	54%
No	69	46%
NA	1	1%

Figure 2



What we heard from CES: Only 54% of respondents said they track data on vacancies. The majority of respondents who track vacancy data expressed confidence in their figures; however, nearly 23% acknowledged that they lacked confidence in the accuracy of their data (**See Figure 2**). Interviews revealed that vacancy numbers shared in the survey were often estimates and that CES were generally not able to measure real-time vacancy rates.

"In policy, I'm supposed to go into HMIS to look for available units and then I would make a referral. In reality, the provider isn't updating that module."

—CES leader

Why tracking this data is difficult: (See Tables 3 and 4)

- Many providers track vacancy information at the property level using their own platforms, but these systems generally aren't integrated into CES-wide data systems. This means providers have to do the duplicative work of tracking vacancies in their own system and updating this data in another system used by the CES.
- Providers may reliably share vacancy information through other channels (e.g., email or during case conferencing), but fail to update HMIS, creating a misleading picture of system capacity.
- Providers often struggle to keep HMIS data up-to-date as staff have to manage competing responsibilities, especially among smaller providers who rely on staff to fill numerous roles. This can be particularly challenging when provider staff are not well trained or accustomed to using HMIS or other systems.
- Manual data entry processes are prone to human error, often delayed, and sometimes lack complete information (e.g., on the location of a vacancy or date of unit availability).

Table 3

How do you learn of PSH vacancies (select all that apply)?

Responses from CoCs (n = 151)

RESPONSE	COUNT
Providers call/email to notify us of vacancies	65
Other (write in)	43
Providers indicate a vacancy in HMIS	41
We call/email providers to check for vacancies	32
Providers indicate a vacancy in a data system outside of HMIS	27

Table 4

How do you send vacancies to your CoC (select all that apply)?

Responses from providers (n = 67)

RESPONSE	COUNT
We call/email to notify a referring agency of vacancies	25
We indicate a vacancy in HMIS	20
We indicate a vacancy in a data system outside of HMIS	16
Other (please describe)	11
We wait for a referring agency to contact us regarding vacancies	5

Tracking referral timelines

Many jurisdictions learn about vacancies in their system only when a provider requests a referral. CES staff frequently treat 'referral requests' and 'vacant units' as interchangeable terms, assuming that PSH providers always request a referral immediately upon identifying a vacancy. Thus, CES only become aware of vacancies when housing providers reach out to fill a vacant unit, rather than regularly receiving vacancy updates from providers across their portfolio **(See Table 5)**.

Table 5

How frequently do you collect PSH vacancy data?

CoCs that track vacancy data (n = 78)

RESPONSE	COUNT	PERCENTAGE
Weekly or in real time	38	49%
Monthly	23	29%
Quarterly	5	6%
Semi-annually	1	1%
Annually	7	9%
We do not collect this	4	5%

Table 6

On average, how many days does a vacant PSH unit in your project(s) stay empty?

Responses from providers (n = 44)

RESPONSE	COUNT	PERCENTAGE
Fewer than 10 days	3	7%
31-60 days	16	36%
61-90 days	14	32%
More than 90 days	6	14%
I do not know	5	11%

What we heard from CES: Most CES **"don't have a place to see that of our 50 units, 15 are occupied and there are still 35 openings."** Because CES generally do not have real-time data on vacancies beyond what providers share, any delay in reporting a vacancy creates a delay in generating a referral. A PSH provider might not immediately request a referral for a vacant unit for many reasons. Those reasons could include limited capacity to conduct intakes, the need to repair or renovate units, or simple human error. The result can be significant delays: 46% of provider respondents reported that their units can remain vacant for over 61 days **(See Table 6)**.

When CES understand systemwide vacancies solely through provider referral requests, it places strain on the crucial CES-provider relationship that is the foundation of a PSH system. For CES staff, it often feels like **"[providers] only tell us what they want us to know, when they want us to know it,"** while providers may be struggling to keep multiple data systems updated with limited staff capacity. A lack of objective, reliable data systems can lead to breakdowns in CES prioritization, contributing to inequities in who is served. This perception among CES staff can contribute to distrust of PSH providers and make it difficult to collaboratively develop consistent, centralized processes for managing referrals.

> **"[Providers] will tell us, 'oh, we don't have any openings right now,' but then the next day they'll say 'hey, we have this client who is identified through some other process that we want to move into this house.'"**
>
> *—CES leader*

If CES does not have accurate data on PSH vacancies, they may not send providers the appropriate number of referrals, underutilizing the community's PSH resources. This can lead to lost revenue for providers as their units sit vacant or vouchers go unused and a lost opportunity to move people experiencing homelessness into housing. By implementing procedures to proactively track PSH vacancies, CES can both gain a better understanding of their system performance and ensure valuable PSH resources are utilized effectively.

Many CES lack accurate data on referral timelines and do not have the ability to track data at each stages of the housing process. CES often see significant variability in how long the housing process can take, and many systems lack the tracking capacity to monitor individuals through the stages of receiving a referral.

Multiple interview participants stressed the need to have a better understanding of interim steps in the referral process (for example, when documents are submitted and accepted, when clients are enrolled, and when they ultimately move in), with one CES leader noting that a core area they would like to improve upon is post-referral information management.

If CES cannot track the time it takes to move through individual stages of the referral process (i.e., from referral to matching to a unit, from matching to intake, intake to enrollment, and enrollment to move-in), it becomes difficult to understand and address slowdowns in the referral process.

As a result, clients may experience unnecessarily long waits for stable housing, which can exacerbate their vulnerability and make it harder for them to achieve stability and positive housing outcomes. Lastly, without insight into client-level progress, jurisdictions are unable to systematically drill down into where there are potentially inequities in what populations are successfully advancing through interim stages of the referral processes and where others are falling out of the process.

Potential Solutions

Standardization of Reporting Procedures

- Work with stakeholders to build workflow charts from vacancy to move-in to clarify expectation and roles.
- Implement regular collection of utilization, referral, and timeline data.
- Create a culture of accountability and performance improvement by regularly reviewing these metrics, both internally at the leadership level and externally in community meetings.
- Disaggregate vacancy and process data by provider and project to help identify areas of greatest need. Review these findings with providers to discuss potential solutions, benchmark performance, and support providers in reaching housing placement goals.
- When vacancies are identified, request a referral within an established time frame using a standard referral request form. This allows the CoC to monitor where vacancies are appearing and how quickly referrals are requested.
- Develop information sheets about properties and their units, especially for project-based sites, with unit-level criteria (e.g., eligibility, AMI, bedroom type, ADA, etc.) to help increase system visibility.

Strategic Planning and Community Leadership

- Produce strategic plans that have community input. Include specific, measurable, and actionable goals (including measurable metrics) to help ensure efficiency, equity, and efficacy in housing placement. This could include establishing baseline data on current utilization, processing times, and population-level outcomes and establishing community-led goals for improvement of system performance.

Technology Improvements

- Create unified, central reporting systems using new systems or enhancing existing tools and/or management of data practices into legacy systems (e.g., HMIS, Excel sheets, or third-party software) to track vacancies and stages of the referral process. Key enhancements should include data on which units are occupied, offline, or online and ready for referral, and changes to a person's referral status. This reporting should be conducted as regularly as possible and data made available for real-time review.

Promising Practices

Some CES have developed public-facing dashboards or incorporated functions within HMIS to see a full picture of their PSH system, including overall vacancy rates, unit-specific details such as location, size and funding type; and number of offline units and reasons for being offline. This allows CES to identify where projects are under-utilized without needing to ask providers. It also promotes accountability and transparency across the CoC. Other jurisdictions that weren't able to develop more advanced data systems have adopted automated spreadsheets using HMIS data to track their PSH system makeup and vacancy rates.

Guiding Question #2: Does your CES have systems in place to standardize, automate, and streamline housing referrals?

Manual systems lead to fragmented data

What we heard from CES: Almost half of survey respondents (49%) reported using multiple tools, including HMIS, spreadsheets, and direct communication, to handle referrals. Many CoCs said they use spreadsheets to generate priority lists, track referrals through emails, and rely on notes from phone calls or meetings. This can create a fragmented data landscape. This fragmentation forces CoC staff to manually consolidate data, sift through individual emails or merge multiple spreadsheets, which is time-consuming and prone to errors. As a result, CoCs cannot obtain a comprehensive overview of their system, impeding their ability to make data-driven decisions and to identify areas to improve.

> **"If you don't have a spreadsheet of people you referred, it's easy to get lost."**
>
> *—CES leader*

No time for systemwide improvements

> **"I spend about 75% of my time on mechanics, and 25% on systems thinking."**
>
> *—CES leader*

What we heard from CES: This heavy reliance on day-to-day data management also comes with a heavy cost: staff's valuable time that could be allocated to system-level enhancements.

One CES coordinator said they spend nearly all day managing spreadsheets and **"trying to get information that [is] good enough to use"** to prioritize clients for PSH. Several CES leaders we spoke with described making frequent, repetitive phone calls to housing providers or corresponding extensively via email to understand what might be slowing down a client's referral process.

Varying client experiences

What we heard from CES: Relying on manual systems often means clients do not have visibility into the process, which can lead to frustration. Most CES staff shared that it is particularly hard to get information about a client after they have been referred to a provider when data is not well organized and important updates are not centralized in one place. When housing seekers wait for weeks without a substantive update on their case's progress, it increases the chance they will disengage and distrust future offers of housing.

Potential Solutions

Technology Improvements

- Centralize and automate tracking of referrals and inventory, using electronic referral request forms, shared spreadsheets, and HMIS to help CoCs create a single system of record and minimize use of email and phone in referral monitoring.
- Ensure that HMIS systems and by-name lists are set up to track information on client readiness for housing, including documentation and engagement with outreach or support services. Reviewing this information when making a referral can help CES teams better understand which clients are likely to need additional support to successfully reach housing.

Standardization of Reporting Procedures

- Prioritize uniform data entry (e.g., use of drop-down menus vs free response fields or email) in tracking tools to support easier reporting on trends in vacancies across the PSH system.
- Establish a standardized system for PSH providers to report on vacant units, including those not yet ready for referrals, in a shared document or database accessible by the CoC/ referring agency. This real-time understanding of PSH system capacity will allow CES staff to anticipate upcoming vacancies and referral needs, streamlining the referral process and ensuring accurate data. Setting up HMIS systems to automatically notify providers when, case managers, and other key client contacts when referrals are made, can help reduce the need for additional emails.

Promising Practices

To streamline the housing process from referral to move-in, some CES are using spreadsheets to track timeliness at every stage (e.g. from referral to intake, from intake to enrollment, from enrollment to move-in). This allows CES to have more visibility on clients' status post-referral and to identify stage-specific bottlenecks. Some CES have also used these spreadsheets in case conferences with housing providers to review client-specific status, discuss challenges and solutions, as well ensure post-referral data is updated in a timely manner.

Guiding Question # 3 – Does your CES standardize how project information is collected and referrals are requested by providers?

Individual provider outreach is time consuming

What we heard from CES: Without a central system to track PSH project information, CES staff often rely on time-consuming, individual communication with providers to gather the necessary information to make a quality referral. CES often do not centrally track key information about the PSH projects they make referrals to, such as location, size, amenities, or tenant selection plans.

As mentioned previously in this report, many CES rely on a variety of methods for tracking vacancies, such as case conferencing meetings, phone calls, or fillable PDFs, instead of standardized systems like HMIS. When information about vacancies and projects is reported in non-standardized formats, providers often find themselves repeatedly submitting the same information to CES, or CES staff might miss crucial details needed for successful referrals. If CES miss precise details on project location, services, unit size, and so on, clients may be referred to units that do not meet their individual support and care needs, where they are less likely to accept housing and remain housed. This results in unsuccessful referrals, considerable rework from CE staff to send new referrals, and prolonged homelessness for clients.

Providers' processes can vary widely

What we heard from CES: Providers create their own intake processes based on their own portfolio of units, funding sources and compliance requirements, and organizational structure. Many of these systems have evolved over decades of provider experience as provider staff learn what works best for them — but because there can be such significant differences, this lack of standardization risks creating disparities in clients' experiences.

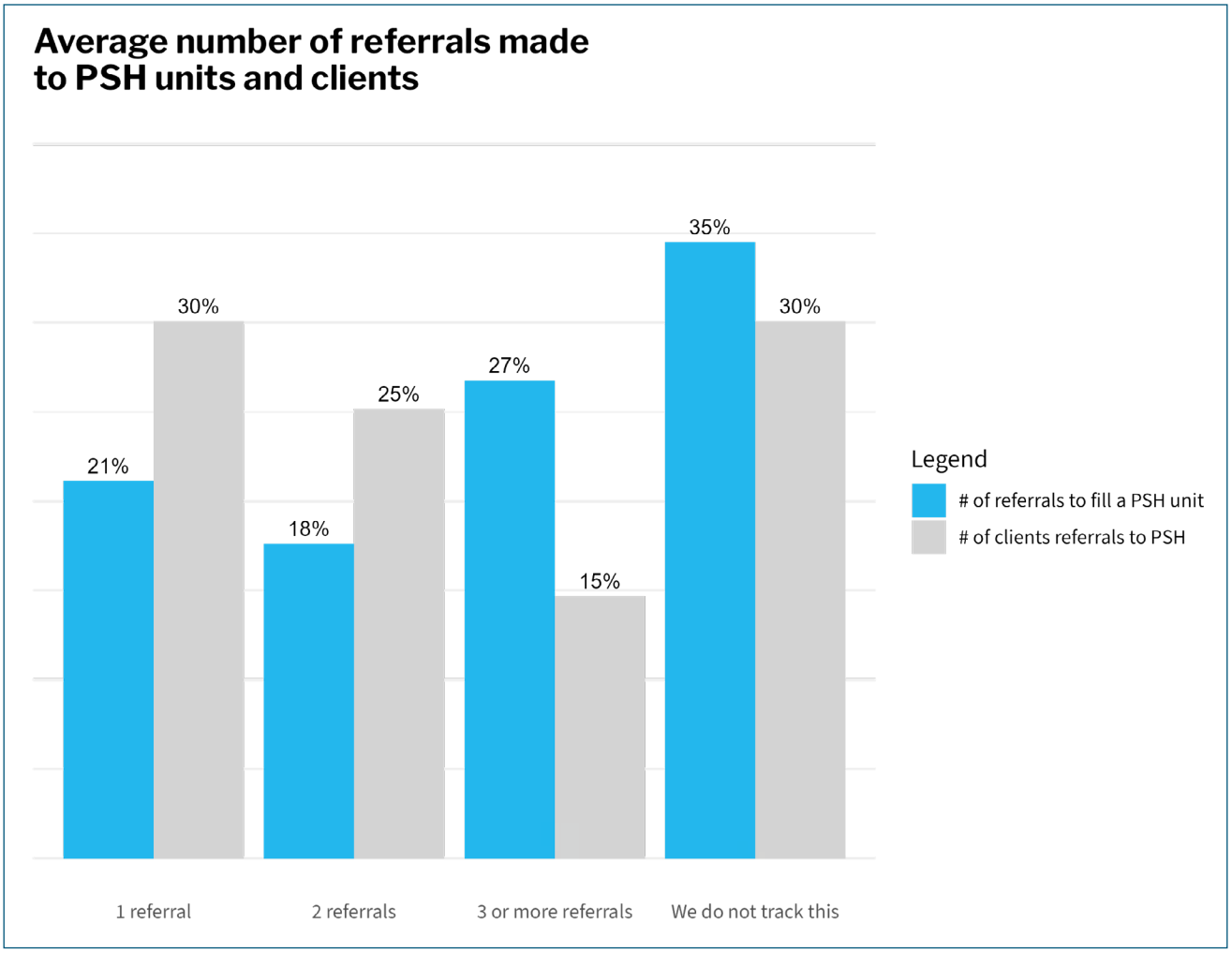
CES leaders also noted that providers may not use CES data systems and HMIS in the same ways. One CES leader noted that some providers do not enroll clients until they have identified a unit. Because this search can take months, it led their CES to disregard the original enrollment date in their data. When each provider chooses what data to prioritize and makes decisions that fit their own program management systems, data can become misleading and provider to provider comparisons across the system are less useful.

When expectations for reporting milestones like client enrollment are not enforced, and data is unreliable, CES cannot provide targeted support to providers or set community expectations for processing times.

Referral data not centrally or consistently tracked

What we heard from CES: Referral outcome data, including the reasons referrals are unsuccessful or delayed, are often not centrally tracked using consistent fields that can easily be reported. Survey responses show that the average number of referrals necessary to fill a PSH unit or house a client varies widely across CoCs. However, a notable number of respondents do not track this data **(See Figure 3)**.

Figure 3



For some CES, HMIS is not the system of record for referral outcomes as it is generally intended to be, meaning that it does not serve as the primary database for tracking and recording the results or outcomes of referrals made within Coordinated Entry Systems.

Instead, these CES use external spreadsheets to track referrals—one leader noted that it can take significant manual data work with these spreadsheets to be able to look at performance-related data points like the length of time it takes for a client to receive a referral, the length of time from referral to move-in or the number of referrals it takes until a client is housed or a unit is filled.

Many interviewees acknowledged that data on referral outcomes are some of the most important, but sometimes least accessible, data points across their systems. Without data on outcomes and the reasons for denials across their system, CES cannot troubleshoot issues in their referral process or target subsequent referrals and technical assistance to improve acceptance rates.

Potential Solutions

Investment in Staff Capacity

- Train provider teams responsible for requesting referrals, enrolling clients, and reviewing applications to help ensure they understand the expected procedures.

Policy and Structural Change

- More targeted federal guidance requiring CoCs to standardize and track key performance metrics (e.g., timelines for referral, time from referral move-in, number of unsuccessful referrals or matches).

Standardization of Reporting Procedures

- Request a referral within an established time frame using a standard referral request form when vacancies are identified. This can allow the CoC to monitor where vacancies are appearing and how quickly referrals are requested.
- Request providers include comprehensive information about a project — such as client eligibility criteria, location, unit descriptions, and service offerings — and then centralize this data in a CES library of project details to allow for quick cross-checking and matching to eligible clients when a vacancy is identified.
- Track client progression through intermediary stages of the referral process (e.g., engagement, application, approval) to help CoCs monitor performance relative to timeliness expectations at each stage.

Strategic Planning and Community Leadership

- Engage the community in creating and publishing clear and consistent expectations for PSH providers upon receiving a referral, including timely completion of tasks such as engaging clients post-referral, processing applications, and issuing decisions on referrals and housing.
- Use spaces like meetings with providers, case conferences, or regular check-ins to collect client status updates on a weekly or bi-weekly basis for all in-progress referrals. These can serve both as a means of tracking client progression and holding providers, navigators, and other system stakeholders accountable to their agreed-upon roles.

Promising Practices

Some CES have developed standardized submission processes for vacancy information and referral requests. These processes include automated forms or built-in functions within HMIS, which help increase data consistency and process efficiency.

Field Opportunity:

Staffing

CES can invest in automated solutions that build staff capacity and support systemwide improvements that benefit housing providers and clients

Guiding Question #4 – Is your CES building staff capacity to make system-level improvements?

CoC leadership have ideas to improve systems but lack the time to implement

What we heard from CES: We frequently heard that many leaders "**have really great ideas and thoughts … and have even sometimes gotten the ball rolling,"** but often **"staff capacity does become a concern."** Another CoC noted that **"capacity as a challenge**" is a recurring theme in their discussions with peers across the country. For the staff charged with running these complex systems day-to-day, finding time to step back and identify ways to improve the system in this work environment is difficult.

When pressed to identify the tasks that consume the most staff capacity, many jurisdictions identified the communication processes between CES, case managers, and providers. Some leaders are prioritizing the introduction of new automation, forms, templates, and standard data fields to reduce the staff time spent calling and emailing providers to learn of vacancies and referral statuses, in order to free up time to focus on improving systems.

> **"There's so much put into maintaining communication or keeping everybody kind of bound together so that the client doesn't get lost, that there's never an end to it … it never ends."**
>
> *—CES leader*

Changes to Continuums of Care process or policy take time

What we heard from CES leaders: The nature of Continuums of Care as large, collaborative communities of partners, means that changes to processes or policy might require months of project management, strategy, and advocacy. Nearly all of the 26 CES leaders and staff interviewed are either considering or have taken steps in recent years to implement new prioritization processes and tools.

One CoC shared that their prioritization framework is transitioning from a by-name list to a priority-pool model for housing referrals, where clients receive points based on their assessed needs. Clients scoring above a specific threshold will then be eligible for housing referrals, allowing the system to flexibly serve eligible clients whenever they present at drop-in centers or access points, rather than placing them on a waitlist below clients who have lost contact with the system.

However, such transitions are rarely simple in systems that can be inflexible and slow to adapt. Overhauling prioritization often requires significant time and coordination among numerous stakeholders.

For another CoC, it took nearly three years to design and implement a new prioritization tool to replace the VI-SPDAT, which they called **"an incredibly challenging effort that's taken many years for us to actually complete, despite knowing that it needed to be done."** Through this process, this CoC took the extra time to incorporate community input and feedback into their prioritization tool, acknowledging the critical role these perspectives play in complementing the insights of CES staff who may already have a strong idea of the solution required.

As CoCs navigate their role as conveners and consensus-builders to make change, clients continue to feel the current inequities. Meanwhile, CES staff are doing double duty trying to implement new systems while also maintaining day-to-day operations.

Potential Solutions

Investment in Staff Capacity

- Track the amount of time staff are spending on administrative and technical tasks and re-allocating staff capacity where necessary to help evenly distribute workloads and create capacity for reflection.
- Designate specific staff members to focus on system-level improvements to help ensure that they are not sidetracked by day-to-day operational tasks.

Strategic Planning and Community Leadership

- Set clear priorities for areas in need of process improvement to help focus staff's limited change management time where it is most impactful.
- Pilot process improvements within small pieces of the PSH system (e.g., a small group of providers or clients, or a specific target population) to test the viability of new strategies and build consensus around promising practices that could be scaled to the CES as a whole.

Guiding Question #5 – Is your CES structured to ensure continuity in the housing process when provider and CoC staff turnover?

High turnover of provider and CES staff contributes to housing delays

What we heard from CES leaders: It takes time to train new staff in the complicated systems used by CES to track vacancies and referral processes. In a complex system, institutional knowledge is key to effectively navigating clients to housing. New staff without practical experience or quality training may be less aware of eligibility and documentation requirements, or make or process referrals incorrectly, lengthening move-in timelines for clients. The risk of human error can be particularly acute when staff enter data into HMIS, which was often cited as a significant training need for new staff.

Beyond technical skills, many of the PSH housing processes are relationship-based and rely upon direct communication between staff in different agencies. Even the most skilled new hires may need significant time to reach the capacity and effectiveness of those they replace.

Turnover in CES and provider organizations places additional burdens on staff that do remain. These staff members must stretch to cover shortages, invest in onboarding and training for new staff, and support professional development for experienced, long-time team members. One CES staff member described reaching out to a provider with a referral and hearing that a new case manager needed to be hired in order to process it. When they reached out again, they learned a case manager had been hired but had already quit.

> **"I think the biggest barrier has been retention. That's what sets us back, just retraining new staff."**
>
> *—CES leader*

Potential Solutions

Investment in Staff Capacity

- Deliver trainings and professional development opportunities to help upskill CE staff in using tools such as Excel, Airtable, Workday, or other platforms to improve process efficiency and data tracking.
- Create dedicated change management roles and teams (e.g., Directors of Process Improvement) that are tasked with evaluating opportunities to streamline systems and prioritize system-level improvements.
- Establish clearly identified and responsive points of contact with designated backups to help CES maintain continuity during staff turnover, ensuring clients continue to receive support and their referral process is not affected.

Promising Practices

Another CES is addressing the training gap by building strong communication channels with their providers and making training opportunities available to both new and current staff, stating **"We can provide one-on-one training, or we can retrain your whole agency."**

Field Opportunity:

Standardizing

CES can collaborate with providers to implement consistent and low-barrier housing processes, which can lead to more successful housing placements.

Guiding Question #6 – Has your CES implemented measures to streamline and reduce excessive documentation requirements?

Navigating different housing application processes is difficult

What we heard from CES: Most PSH providers rely on multiple funding sources, each of which can have unique eligibility requirements and application processes.

In interviews, several CES leaders noted that the use of "braided" funding sources can lead to specific project eligibility requirements including restrictions on age ranges, gender, disability, criminal history, or citizenship. While some of these higher-barrier requirements can be at a provider's discretion; there are also funder-imposed requirements that providers have no control over.

> **"When it comes to our PSH projects, it could take up to 8 months [to place someone] just because there's so much documentation and so much other verification that needs to take place."**
>
> *—CES leader*

Fear of compliance reviews or audits from private, state, or federal funding sources often lead providers and property managers to be risk-averse in tenant selection to safeguard their funding. This often results in high-barrier documentation requirements.

Looking back on a particularly lengthy, documentation-heavy process, one leader recounted a case where **"obviously [the client] was low income, they have a disability, they are eligible, and have their ID and their social"** but through the process, the PSH provider **"did all these things along the way that you didn't have to,"** going beyond the minimum requirements to house the client. The impact of documentation processes that feel unnecessary or duplicative is frustrating, on the part of the client, CES, and often provider staff as well.

One CES leader focused on addressing documentation-related barriers said their team is "**constantly reviewing contract or requirement language to make it softer and lower the barrier for clients. [We have] a really long lease-up process, and we have tons of people who are unable to move forward in the process because it's so frustrating and traumatizing."** To address this, their team hosted "paperwork parties." Providers brought the person who was referred to a unit directly to the property manager to go through the paperwork. Bringing everyone together on the same day, in the same place, ultimately averted some of the future delays that are typically caused by application denials.

Gathering documentation to verify eligibility significantly delays housing placements

What we heard from CES: In many CES, people's ability to meet the criteria for chronic homelessness, mental health, disability, and income is the biggest bottleneck. In survey responses, half of respondents ranked eligibility and documentation requirements among the top three factors that impact the speed of a referral. Often, the most vulnerable individuals are unsheltered and moving around night-to-night, making it hard to hold on to vital documents like Social Security cards, birth certificates, or identification. Acquiring those documents often requires internet access, stable mailing addresses, or standing in hours-long lines.

One CES leader noted that sometimes when a unit becomes available they are **"scrambling to find a fully documented person"** who can prove their eligibility, even when **"we know there are 200 chronically homeless people out there."**

Because providers have different documentation requirements, correctly matching clients to housing becomes even more important. Applying for or ordering some vital documents (e.g., an out-of-state birth certificate) can create months-long delays in a higher-barrier project's application process, while that same client could be housed within weeks in a lower-barrier project.

In addition to gathering numerous personal documents, most providers and CoCs agreed that verifying chronic homelessness, a requirement of most HUD-funded PSH, was an almost-universal pain point.

Potential Solutions

Investment in Staff Capacity

- Publish guidance encouraging providers to adopt the lowest possible barrier for verification of eligibility for projects participating in Coordinated Entry, based on HUD standards. This can decrease misinformation and unnecessary steps in the housing placement process.
- Dedicate staff (e.g., housing navigation staff) to facilitate documentation retrieval and housing placement. This can be a powerful return on investment

Policy and Structural Change

- Improve the system-level coordination within the PSH funding community on program application processes, eligibility criteria, and documentation requirements to help create more shared accountability.
- Build collaborative relationships with local PHA and VA administrations to coordinate on PSH management and reduce excess documentation requirements where possible.
- Introduce processes for cross-system referrals through Coordinated Entry to help systems make the most effective use of a community's whole pool of supportive housing resources.
- Federal agencies that dictate eligibility requirements could reduce the burden of proof through required documentation, waive requirements for target populations, and/or accept proxies for eligibility in lieu of standard documentation.

- Cities and states could review their investments in PSH, and the policies of their Low Incomes Housing Tax Credit allocating agencies to ensure they are as low-barrier as possible and use their funding levers to explicitly prohibit grantees from imposing high-barrier document requirements.
- Federal, state, and local agencies, along with homelessness systems and housing providers, could establish ongoing communication channels and working groups. These collaborative frameworks would facilitate dialogue, information sharing, and joint problem-solving around system implementation, eligibility requirements, and continuous improvement processes.

Standardization of Reporting Procedures

- Create simple and easy to navigate information sheets on funding sources among PSH providers who receive referrals from CES, and the eligibility requirements associated with each of these funding sources.
- Standardize verification forms (e.g. disability) within one particular community to help avoid documentation being interpreted in different ways by housing providers or housing management companies.
- Conduct detailed process analysis of referrals to identify which documents and requirements (e.g., background checks, credit checks, documents retrieved from Social Security or from other states) produce the most delays in their community.
- Identify excessive types of documentation that are not legally required (in many jurisdictions, this may include Social Security cards and birth certificates) and deter PSH providers from requiring these documents as a condition of participation in CES. This can be helpful to reduce the number of unsuccessful referrals due to incorrect referral rejection.
- Collaborate with providers to identify alternatives to hard copy documents, such as printouts or receipts that can act as temporary proof of a document to reduce unnecessary delays or rejections for clients.
- Ensure HMIS and other data systems can store copies of vital client documents to prevent delays if originals are lost or damaged while waiting for housing and to facilitate easy submission to providers.

Promising Practices

Several participating CES are experimenting with collecting documentation before a referral is made so clients have all the necessary paperwork ready when a unit becomes available. One CoC using this approach saw over a 30% reduction in the time between referral and move-in for clients who received pre-referral support from housing navigators to collect documents. This approach prioritized two key goals: dedicated staff who are responsible for helping clients gather documentation and providing a quality referral quickly after those documents are secured by leveraging high-quality data on PSH vacancies.

Guiding Question #7: What expectations has your CES set to standardize the client experience across your community's PSH providers?

CES leaders have limited control over how PSH providers handle a referral, hindering their ability to actively manage and achieve consistency in how quickly units are filled, who gets access to housing, and the client experience across different providers.

PSH providers are often the primary source of post-referral client support

What we heard from CES: In many Coordinated Entry Systems, it is the provider's responsibility to guide the client through the housing process after a referral is made. This includes contacting the client, helping them gather necessary documents, approving applications, and in the case of scattered-site PSH projects, assisting in finding an apartment.

However, PSH providers vary in their capacity to provide this important direct support to clients, many lacking the staff capacity to track clients down and provide support post-referral. One provider may offer comprehensive support in gathering documents and applying to units, while another might have only a few staff members available to assist clients. During this process, **"housing providers themselves are sometimes not responsive. Their staff might be overwhelmed with coordinating intakes."** Some PSH providers may even require additional support from other parts of the CES to meet client needs. Because different providers have varying capacity levels for processing referrals, it is challenging for CoCs to enforce consistent expectations.

The inability to provide standardized services to clients across providers may lead to disparities in outcomes based on the amount of support a PSH provider is able to offer. An unsheltered client with significant support needs might be sustainably housed by a high-capacity provider but never located by a low-capacity provider.

Staff turnover for both CoCs and providers makes this inconsistency in service provision and support worse. When CoCs and providers are not clear on their individual and shared roles in steering clients through the post-referral process, CoC staff often report taking on responsibilities beyond their roles to find and engage clients, gather necessary documentation, and manage expectations.

> **"We hear housing providers saying people aren't getting appropriate service matches, and we want to make sure those expensive services are being provided to the people who need them the most."**
>
> *—CES leader*

One CoC staff shared that providers **"do documentation themselves. And to be honest, sometimes people leave, there's a high turnover of employees here. So, we do try to collaborate … to help gather that documentation for that person if needed."** This responsibility is often layered on top of CES staff's existing role coordinating referrals and managing vacancies. At best, these extra tasks can further consume time that could be spent focused on improving systems, and at worst, can lead to staff burnout.

CES often have limited visibility into providers' next steps

What we heard from CES leaders: Typically, housing providers are not required to update CES on which documents are already submitted, which ones are missing, and whether clients have completed the enrollment process or are ready for move-in. Reporting on referral progress is often limited to basic milestones such as a reported enrollment date and sometimes a move-in date. This can leave a gap in understanding the finer details of the housing process, especially when providers' internal processes vary. As a result, CES staff face challenges in assessing how long a housing process normally takes and where the biggest bottlenecks are. As one CES leader shared, **"providers don't typically do enrollments correctly so it's hard to track the time between enrollment and move in, or referral to enrollment."**

Many CES staff also reported feeling frustrated about not knowing why an enrolled client still has not been moved into housing. One CES leader said, **"there is a client we referred 9 months ago who's still on the street … and we don't have anything to do about it other than be mad about it."** Another CE team shared that while providers are nominally required to provide updates through HMIS, they do not normally do it either because of challenges using HMIS or because providers are overwhelmed with intakes and case management. **"They're not always closing people out or communicating why people are held."** Other CES struggled to estimate how long housing a client takes post-referral, in part because they lack a system that would allow them to track this information consistently.

This frustrating situation requires that CES staff spend additional time reaching out to providers for updates. It also prevents them from making strategic decisions on which providers and/or clients they could provide additional support to. Without regular information and accurate data on how clients are moving through the referral process, CES are unable to prioritize clients and providers who might need additional support.

CES leaders have too few levers to incentivize improvements from PSH providers

What we heard from CES leaders: Many contracts and funding agreements are designed in ways that do not necessarily align with CoC priorities, do not include key performance indicators, and do not require the collection of crucial data. CoC lead agencies often worry they cannot legally require providers to house clients within a particular time frame or maintain a specific occupancy rate because HUD, not CoCs, ultimately hold the contracts.

> **"We're in limbo. We are the lead agency, but we don't call the shots."**
>
> ***—CES leader***

Over 84% of survey respondents felt that Coordinated Entry has made it easier to hold providers accountable for accepting referrals in line with HUD and CoC policies. This figure suggests that centralization is moving in the right direction to improve accountability. Still, many CES staff said they want more oversight, especially in the post-referral stage, to ensure clients are processed quickly. As one CoC said, **"Each provider is able to decide for themselves how they want that intake process to go. Sometimes we get phone calls from case managers saying 'you hooked me up with a warm hand-off two weeks ago and the provider hasn't said anything yet.'"** In these scenarios, CES staff often feel they can do little more than send an email or make a phone call and wait for a response.

Potential Solutions

Invest in Staff Capacity

- When PSH providers are expected to lead post-referral engagement and support of clients, offering communication tools and best practices to support this work can significantly reduce time and resources spent in back-and-forth conversations.
- Where possible, provide navigation supports and case management services to clients from first contact with the system, through referral and application processes, to move-in.
- Leverage outreach staff, drop-in-centers, and other front-line client-facing teams to provide housing navigation support and "pre-engage" clients for housing. This includes helping with document collection and capturing detailed information on client service needs and preferences to help reduce the time it takes to house a client.

Policy and Structural Change

- When appropriate, shift housing contracts to agencies with more direct knowledge and investment in the performance of the PSH systems to increase provider accountability.
- Work around CoCs' lack of contracting mechanisms to encourage program improvement by creating community norms around performance metrics and frequently sharing data with a focus on action to help clarify priorities.
- More guidance from the federal government is necessary to clarify gray areas and roles, especially in cases where CoCs are not the primary housing contract holders.

Strategic Planning and Community Leadership

- Develop guidelines to ensure that the roles of housing providers are consistent. This can help clients and their case managers expect the same service and support from any provider.
- Actively manage PSH providers by collecting data on enrollment, referral outcomes, and timeliness, and regularly share these data on the community and provider level. This can increase transparency and accountability in the PSH system.
- Engage and integrate other PSH stakeholders (e.g., providers, funders, property managers) into system implementation to help create shared accountability and make up for the fact that CoCs do not have full authority on all steps of the housing process.

Promising Practices

To foster accountability when referrals are rejected, some CES have incorporated explanatory fields within HMIS, requiring providers to list reasons for rejection. Standardizing the categories enables CES to analyze trends and address common issues. To speed up the housing processes, some CES have designated teams for client pre-engagement to help gather clients' documentation before a referral is made. Other CES have been working closely with housing developers, educating them on housing barriers and negotiating fewer documentation requirements.

Field Opportunity:

Unifying

CoCs can unlock more resources and serve more clients by building stronger relationships with stakeholders outside CES mandates such as PHAs, VAs, and landlords.

Guiding Question #8: Is your Balance of State CoC working with local leaders to achieve consistency in housing processes and resources across diverse catchment areas?

Balance of State (BoS) CoCs generally cover large geographic areas, including rural regions that do not have the resources or capacity to run their own CoCs. One BoS CoC emphasized that geographically they cover an area the size of New England, making it difficult to coordinate and standardize processes across the area. Another BoS CoC noted they only have three people in their 13-county coverage able to do real-time prioritization assessments.

In interviews with representatives of four Balance of State CoCs, respondents noted that local jurisdictions take varied approaches to their homeless outreach, emergency shelter operations, and supportive services. This leads to a lack of standardization in how people enter the CES and the services they receive while waiting for housing.

Matching clients to vacant housing units can also be difficult across large geographic areas. For vulnerable housing seekers, relocating to access available housing opportunities can be challenging — both to attend in-person appointments and interviews as part of application processes and ultimately to upend lives and established social, family, and support networks to move into distant housing. Balance of State CoCs play a role here not just in helping clients with transportation and relocation needs, but also in connecting clients to local service providers to ensure their access to vital health, employment, and community resources is not interrupted through this transition.

Potential Solutions

Investment in Staff Capacity

- Convene statewide working groups with Balance of State CoCs to share best practices and streamline processes for homeless response and outreach at the local level.

Strategic Planning and Community Leadership

- Convene local communities within Balance of State CoCs to inventory homeless support services across their states, to better identify gaps and provide technical assistance to lower-capacity communities in their catchment areas.

Promising Practices

One BoS CoC noted that staff capacity to assess people for CES has been an issue, with just three people in their 13-county coverage able to do real-time prioritization assessments. To increase access to services, this CoC implemented an online assessment tool, a solution that increased the number of people accessing Coordinated Entry but also left clients completing self-assessments without support to understand the questions and process for housing.

Guiding Question #9 – Is your CoC effectively collaborating with local Public Housing Authorities (PHAs) and Veterans' Affairs to eliminate barriers and activate more resources?

Public Housing Authorities (PHAs) and Veterans' Affairs (VAs) control large pools of PSH resources that are not necessarily required to comply with Coordinated Entry guidelines or processes, but many CES rely on unlocking these resources to meet demand for housing.

Difficult to coordinate with PHAs and VAs, which are often more restrictive

What we heard from CES: CoC leaders shared it is difficult to coordinate with PHAs and VAs, which often impose more restrictive eligibility requirements than CES and require a separate application processes.

Many PHAs and VA housing programs do not accept direct referrals from CES, or if they do, clients are often required to go through additional screening processes or to join PHA- or VA-specific waitlists. This creates delays in the housing process.

> **"It takes a lot longer [to move people in] because the housing authority has to do the background checks and everything else."**
>
> *—CES leader*

One CES leader noted that they more frequently receive denials from their housing authority compared to other PSH stock in their system, stating that **"there aren't really too many PSH denials, to be honest, but we do see a lot more denials when we partner with the public housing authority because they have strict income requirements."** This CES leader further clarified that these denials represent a mixture of clients not meeting eligibility criteria and those who do not have the documentation available to verify their income on an application.

Recognizing PHAs and VAs are critical sources of funding for PSH, many CES leaders have tried to build and strengthen relationships to address these barriers directly with their PHAs. One CES-PHA collaboration focused on identifying opportunities to streamline the complex PHA application process and was able to eliminate additional screening criteria that went beyond the minimum requirements of federal regulations. **"[This collaborative relationship] wasn't always like that," a local CES leader told us, "We had to build this relationship with the PHA and our housing developers."** Examples of inter-system collaboration like this one, several of which were described by interviewees, highlight the importance of investing in relationships that overcome the historical siloing of CoC and PHA resources.

> **"There aren't really too many PSH denials, to be honest, but we do see a lot more denials when we partner with the public housing authority because they have strict income requirements."**
>
> *—CES leader*

Potential Solutions

Investment in Staff Capacity

- Dedicate specific work groups or teams that could coordinate referrals to PHA and VA housing resources and provide technical assistance to PHA and VA intake staff.

Policy and Structural Changes

- Where possible, align referral practices, requirements, and eligibility between mainstream CES and PHA- and VA-funded PSH, so clients can access all of a community's potential PSH opportunities through the same process.

Strategic Planning and Community Leadership

- Establish community-wide workgroups that assemble representatives from CES, PHAs, VAs, local government, providers, and outreach organizations to review data on client success. This can help promote a collective sense of responsibility for identifying and addressing PSH access and utilization barriers, improve outcomes and break down historic cross-system siloes.

Promising Practices

Some CES have successfully negotiated changes in local policies so that PHAs accept referrals from Coordinated Entry Systems. Others have made considerable efforts with local PHAs to further streamline processes and reduce documentation barriers.

Guiding Question #10: Is your CoC implementing landlord engagement strategies to make housing placement in scattered-site PSH projects quicker and more cost effective?

Identifying actual vacancies and facilitating client movement through the housing process are bigger challenges for scattered-site PSH projects than for project-based units.

Scattered-site PSH vacancies are particularly difficult to track and fill

What we heard from CES: Scattered-site PSH capacity is determined by funding for vouchers, rather than specific vacant units.

When a scattered-site vacancy is identified, that vacancy requires not just a referral (and all the documentation collection and application processes included in that), but also a housing search process to identify a suitable unit where the referred client can use a housing voucher. As rents continue to spike across the country, many CES and PSH providers find housing vouchers pushed to the legal maximum rent expenditure.

Some CES shared that their providers can now offer fewer total vouchers as each voucher costs more. This can make program capacity appear larger than it really is, as HMIS data lags behind the realities of what provider resources can fund. Housing search processes can drag on for months for several reasons. First, it is increasingly difficult to find affordable rents that are covered by Fair Market Rent caps on housing vouchers. Second, clients may have specific preferences or needs related to location, unit size, and accessibility that can be hard to meet in tight housing markets. CES and providers often must balance the value of placing people experiencing homelessness in the housing they most want against the constraints of available housing inventory and the risk of leaving voucher funds unused for months at a time.

Difficult to find landlords with affordable units who accept vouchers

One survey respondent summarized this challenge: **"Most PSH in our community is scattered-site, which means programs are at the mercy of private landlords to work with organizations and upkeep units. There is a severe lack of affordable housing and the vacancy rate is low. This is a major reason that it takes a long time to house clients once they are successfully referred and enrolled in PSH case management."**

This sentiment was repeatedly echoed in interviews. Landlords are more likely to engage with, and participate in, CoC-funded PSH programs when vacant units are quickly filled by vouchered tenants and rent is paid on time. One CoC heard from landlords that delays caused by the apartment inspection process and late payments resulted in a loss of potential rental income and reduced their likelihood of working with the CoC.

Many CoCs must rely on these units as a significant share of their PSH stock, making it crucial to build relationships with private landlords and accelerating the referral and move-in process.

Potential Solutions

Invest in Staff Capacity

- Encourage "master leasing," direct acquisition of buildings, and other strategies that can consistently reserve private market housing for use with PSH vouchers by allowing government or a provider to serve as a landlord. This allows CoCs to better track the capacity of scattered-site PSH projects and anticipate vacancies.

Policy and Structural Changes

- Invest in landlord engagement by developing relationships with aligned, supportive landlord advocates who can effectively articulate the value of participating in scattered-site PSH programs.

Standardization of Reporting Procedures

- Task outreach teams or navigators to collect information on clients' geographic needs before referral to scattered site projects. This information can be shared with scattered-site PSH providers as part of the matching process to determine if a suitable unit is already master-leased or likely to be found through a housing search.

Promising Practices

Some CES have encouraged "master leasing" units, where housing providers act as direct leaseholders. This helps to create a predictable, stable supply of affordable housing resources. Others have focused on building strong relationships with local landlords, acting as mediators and facilitators between clients and landlords to foster mutual understanding.

Conclusion

Permanent Supportive Housing (PSH) stands as one of the most promising, evidence-based approaches for alleviating homelessness and enhancing health outcomes. Despite its critical importance, our report reveals significant challenges that Coordinated Entry Systems (CES) across the nation face in managing PSH effectively and efficiently.

Many jurisdictions are not able to track essential real-time data, including vacancy rates, housing timelines, and demographics of those housed. These data points are crucial for making informed decisions, identifying system inefficiencies, holding providers accountable, and delivering accessible services to individuals experiencing homelessness.

However, we are encouraged by jurisdictions that are committed to creating innovative solutions to address these challenges.

We hope this report serves as a framework for jurisdictions to identify gaps in their CES infrastructure and processes and a starting point for jurisdictions that want to rethink their referral and housing placement systems to foster more responsive, and data-driven approaches to address homelessness. By doing so, leaders can enhance the management of their PSH systems and deliver improved services to those in need.

Data Sources

The GPL conducted a national survey and a series of interviews with Coordinated Entry Systems leaders and PSH providers to learn more about how Coordinated Entry Systems connect people to PSH.

Survey Dissemination

The GPL launched the Coordinated Entry Systems Housing Optimization Survey on August 27, 2024 and was kept open through the fall to allow for the maximum number of respondents. To ensure the survey received a broad range of respondents from a diverse cross-section of jurisdictions, the GPL utilized several dissemination approaches, including the following:

1. Direct outreach to 2,373 HUD Continuum of Care Program Grantee contacts via email asking them to take the survey or to share the survey with relevant staff members.
2. An email to the GPL's mailing list which includes representatives of service providers, local governments, and researchers with an ask to share the survey with appropriate staff members.
3. Social media outreach via the GPL's LinkedIn page.
4. Collaboration with peer organizations including the National Alliance to End Homelessness and Enterprise Community Partners, to disseminate the survey via social media and their respective mailing lists.

We used the statistical software R to clean and analyze responses to the survey. The survey received 464 raw responses. However, because this survey used non-probability sampling, we primarily were interested in looking at completed survey responses. As a result, we removed the following types from the final analysis: 1) People who did not consent to taking the survey, 2) Fake and/or test answers (as determined by the use of the word test or random strings of characters in the name field), 3) Duplicate responses from the same person, and 4) People who did not answer survey questions past providing their name, jurisdiction, organization, and role. After removing the above entries, the final analysis group included 287 responses from people working in CES and PSH.

Table 7 provides a breakdown of respondents by their reported role.

The primary group of respondents included in this report's analysis are the 151 respondents that indicated they were either a "CoC, government, or coordinated entry staff member" or "both" meaning a PSH provider that also serves as a CoC or CE lead.

Of the 151 responses from CoCs, 127 responses are from unique jurisdictions, representing 47 states across the county. The survey also received responses from nine statewide CoCs. In addition to geographic spread, the survey also received responses from a range of CoC system sizes, with respondents representing districts with as few as 1 to 500 units all the way up to units with greater than 4,000 units. **Table 8** shows the breakdown of PSH system size for CoC respondents. However, while we received responses from a variety of system sizes, half of all respondents indicated they represented a system with 1 to 500 units.

Table 7

What is your role?

RESPONDENT TYPE	NUMBER OF RESPONSES
CoC, Government, or Coordinated Entry staff member	122
PSH provider	67
Both (e.g., a PSH provider that also serves as a CoC or CE lead)	29
Other	69

Table 8

What is the total number of PSH units in your CoC?

Responses from CoCs (n = 151)

RESPONSE	COUNT	PERCENTAGE
1-500	75	50%
501-1000	23	15%
1001-2000	13	9%
2001-3000	14	9%
3001-4000	1	1%
4000+	11	7%
I do not know this number.	14	9%

While for this report the main focus was on the perspective of respondents who identified as CoCs, the secondary group of respondents in the survey are those that indicated they were solely a PSH provider. Of the 67 respondents who indicated they were a PSH provider, 45 are from unique jurisdictions across 21 states. As with respondents who indicated they represented a CoC, PSH providers also represented a range of sizes, from managing 1-10 units to over 150 units. **Table 9** shows the breakdown of PSH system size for providers who responded to the survey.

Table 9

What is the total number of PSH units managed by your organization?

Responses from providers (n = 67)

RESPONSE	COUNT	PERCENTAGE
1-10	3	5%
11-50	15	26%
51-100	6	10%
101-150	10	17%
150+	23	40%
I do not know this number.	1	2%

Interview Selection

In addition to surveying representatives from CoCs and providers, GPL staff also performed a series of interviews with CoC respondents to better understand and supplement their responses to the survey. GPL staff interviewed stakeholders in 26 CES, including 4 Balance of State Continuums of Care, who responded to the survey to gain a deeper understanding of the challenges they face in connecting people to PSH. To ensure that we spoke with people representing a range of system types and sizes, we considered the following criteria when selecting jurisdictions to interview:

1. Jurisdictions that expressed an interest in further engaging with the GPL either through Technical Assistance or a peer learning community.
2. Jurisdictions that represented a range of system types such as state-level, local, or county-level CES.
3. Jurisdictions that represented a range of regions across the country.

We also wanted to speak with jurisdictions that identified specific challenges such as high vacancy rates or an inability to track vacancies or referral timelines. We invited selected jurisdictions to participate in interviews via email and followed up 2-3 times with each jurisdiction before replacing it with another jurisdiction. **Table 10** shows the breakdown in size of PSH housing stock in each of the communities we interviewed.

Table 10

Interviewees: What is the total number of PSH units in your community?

Responses from interviewed CoCs (n = 26)

RESPONSE	COUNT	PERCENTAGE
1-500	5	19%
501-1000	8	31%
1001-2000	6	23%
2001-3000	5	19%
4000+	1	4%
I do not know this number.	1	4%

Key Research Questions

- How are Coordinated Entry Systems (CES) tracking key PSH data such as inventory, utilization and time to housing, within Coordinated Entry?
- What are the biggest challenges faced by CES to have real-time data about their PSH performance?
- How do CES identify vacancies?
- What does the referral process look like? What tools are CES using to refer people to providers?
- What are the biggest challenges faced by CoCs to improve the referral-to-housing process?

The Government Performance Lab, housed at the Taubman Center for State and Local Government at the Harvard Kennedy School, conducts research on how governments can improve the results they achieve for their citizens. An important part of this research model involves providing hands-on technical assistance to state and local governments. Through this involvement, we gain insights into the barriers that governments face and the solutions that can overcome these barriers. By engaging current students and recent graduates in this effort, we are also able to provide experiential learning.

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