Methods for Integrating a HOPWA Program and a Coordinated Entry System: A Resource of Case Studies
October 2021

The Housing Opportunities for Persons with AIDS (HOPWA) and Coordinated Entry project was created as a joint effort between the Office of HIV/AIDS Housing (OHH) and the Office of Special Needs Assistance Programs (SNAPS) at the U.S. Department of Housing and Urban Development (HUD). An assignment was made to Technical Assistance provider Collaborative Solutions to examine the methods HOPWA grantees and Continuums of Care (CoCs) are using to integrate their HOPWA program into their Coordinated Entry System (CES) and to develop a resource highlighting communities that are doing so.

Goals of the project included:
Identifying at least one community that presents a model practice for its CES and HOPWA program;
Discovering best practices and strategies currently used in the field, as well as common challenges; and
Creating a Case Study resource to assist both HOPWA grantees and CoCs with creating stronger connections between their HOPWA program and their Coordinated Entry Systems.

Historically, households seeking housing assistance and supportive services through the HOPWA program visited HIV/AIDS services organizations or their local health department, often through referrals made by other area agencies. In many communities, familiarity with the specific activities of the HOPWA program was limited to the HOPWA provider organizations, as other agencies were focused on operating their own specific programs and funding sources.

Use of a Coordinated Entry System (CES) emerged in 2012 as a tool for creating centralized points of entry into the local homeless services system and prioritizing persons most in need for limited homeless housing assistance resources. Five years later, in January 2017, HUD released a Notice describing the requirements and possible frameworks for a CES. In addition to presenting alternative structures for a CES, the Notice provided detailed guidance on the four elements of Coordinated Entry: **Access**, **Assessment**, **Prioritization**, and **Referral**. These elements reflect the process a client will experience as they move through the system.

To read the full Notice, please visit link: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

By January 2018, HUD required CoCs to have some type of CES, though flexibility in the design and operation of the system was encouraged in order to address local needs. Since this change, persons experiencing homelessness are now referred to a single phone number, a central location, or satellite access points for an intake and assessment process. Some communities choose to operate a "No Wrong Door" approach, which enables any participating agency to serve as an access point. After an initial intake and assessment process through one of the access points, clients can be assisted at that agency, if applicable, or referred to other community providers for the housing and services they need.

But what did this community-wide system change mean for people living with HIV who had previously been visiting their local services provider or health department? Would they also follow the CES path to access housing and services through the HOPWA program? Or would only persons living with HIV who are experiencing homelessness follow this path? Were the HIV/AIDS service providers a CES access point? ***In short, where could HOPWA housing and services now be accessed?***

These were some of the questions we had in mind as we began this project. We set out to discover how local processes differ, understand challenges, ask more questions, and identify successful strategies for integrating HOPWA into a Coordinated Entry System. Throughout the project, we collaborated with colleagues at OHH and SNAPS. This teamwork included evaluation of the interview questions, joint identification of communities to survey, confirmation of selected communities to engage in "deeper dive" conversations, and review of this final product.

Our outreach to and engagement with HOPWA and CoC grantees consisted of three steps:

1. ***Developing and administering a standard set of interview questions to targeted communities;***
2. ***Analyzing community answers to identify a best practice model and other successful models so we could offer a range of examples, i.e., substantial, partial, or limited integration; and***
3. ***Participating in "deeper dive" conversations with selected grantees to understand their systems, their successes/challenges, and identify strategies that can be adopted/adapted by other communities.***

We created a questionnaire through Survey Monkey and designed the questions to address the basic structural relationship between a jurisdiction's HOPWA program and its Coordinated Entry System, as well as to initiate topics that could lead to further discussion. To view the questions, please see the full questionnaire, attached as an addendum. We administered the survey to the following jurisdictions:

Alameda County, CA
Baltimore, MD
Kentucky Housing Corporation, KY
Richmond, VA
San Jose, CA
Tucson, AZ
State of Texas

After the survey link was sent and the grantees responded, we reviewed and analyzed the results. Not surprisingly, we found a range of HOPWA/CES integration among communities from none *(no HOPWA services directly accessible through a local CES)*, partial *(some HOPWA services accessible through a local CES)*, to substantial *(many HOPWA services accessible through a local CES)*, and we intentionally selected a case study at each level.

Many grantees and CoCs will likely find themselves somewhere in between the three levels. We hope that by presenting a range of examples in this resource, communities at different stages will find practicable strategies that meet them where they currently are. Each model is noteworthy, works for its community at this time, and offers elements that can be replicated. We hope you learn something helpful for your own HOPWA program or CES from the following case studies of the **City of Baltimore**, the **City of Tucson**, and the **Kentucky Housing Corporation**.

The City of Baltimore's HOPWA Program and Coordinated Access System: A Partially Integrated Model

Early in 2020, partial integration of the Baltimore City/Baltimore County HOPWA Program and the Coordinated Access System of the Baltimore City Continuum of Care (CoC) was initiated when City HOPWA staff began receiving referrals from Coordinated Access for Tenant Based Rental Assistance (TBRA). Ideas for a merger had been brewing for a while after an earlier conversation between the City and the local Ryan White Planning Council. The Planning Council was aware of a lengthy HOPWA TBRA waitlist and asked what the program might do differently. Discussion among partners led to moving toward a merger of HOPWA and the Coordinated Access System (CAS) to consolidate the HOPWA wait list with the CAS By-Name list, a community-wide prioritization list. In doing so, City HOPWA staff also recognized an opportunity to streamline the process for clients: HOPWA eligible clients who had been accessing the CAS were first seen by homeless services agencies and were then referred to the HOPWA team. By integrating systems, HOPWA eligible clients now enter through the CAS Access Points and are referred directly to the City's HOPWA team.

Clients may enter the CAS through one of fifteen access points, which the Baltimore CoC calls Navigator Agencies. When a client presents at a HOPWA provider that is not a Navigator Agency, a staff member designated as a Community Navigator refers the client to one of these access points, where they can begin the CAS intake process. Once there, a client completes a locally designed vulnerability assessment [Baltimore opts to not use the common Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT)], and client information is entered into the local Homeless Management Information System (HMIS). The locally designed vulnerability assessment tool includes a list of medical conditions and when responding, a client may indicate if they are HIV positive. When housing spots through TBRA are available, the City HOPWA Team informs CAS staff, and referrals are made for clients who identified as HIV positive. Survivors of Domestic Violence (DV) may either participate in a confidential CAS process through a Victim Services Provider (VSP) or can be referred directly to a VSP. In either situation, if a survivor is HIV positive, the VSP will coordinate with the HOPWA Team.

Currently, TBRA is the only form of HOPWA assistance that is channeled through the Coordinated Access System. Other types of HOPWA assistance such as Short-Term Rent, Mortgage, and Utility funds, Permanent Housing Placement and Supportive Services are available at partner agencies across Baltimore City and the Counties that are part of the HOPWA service area. To access these HOPWA resources, clients are referred to the partner agencies.

Baltimore: Lessons Learned/Suggestions for Other Communities

What are/were some challenges you encountered?

- Working out a process for using the CAS to refer HIV positive persons not experiencing homelessness
- Troubleshooting around HIV eligibility questions until they found a method that works well for them

What works well for your system? What could be improved?

- A HOPWA and CAS merger was a "dream come true" in Baltimore because agencies in the CoC had a new channel for referring persons living with HIV/AIDS to housing.
- The City HOPWA Team was happy to stop relying on a long wait list that wasn't moving and instead to be able to operate in real time with a By-Name list that is current and dynamic.
- The CAS requires agencies to engage with clients at least every 90 days, rather than waiting to communicate until a TBRA voucher becomes available, which could take much longer.
- Baltimore would like to establish additional access points for HOPWA assistance in the future.

What suggestions do you have for communities struggling with integrating their HOPWA program into their Coordinated Access/Entry System?

- Think about where processes can be streamlined.
- It's important to look at and learn from the CAS/CES in other jurisdictions, but each community is different, and you need to find out what works in your community.

Do you have suggestions for communities that haven't considered integrating HOPWA and their CAS/CES?

- It may take a while until a community identifies that merging the two could be a benefit. It took some time for Baltimore to realize that direct referral for HOPWA assistance through CAS was a need that wasn't being met.
- Even if a community doesn't choose to integrate their HOPWA program and their CAS/CES, the processes need to be coordinated.

The City of Tucson's Coordinated Entry System and HOPWA Program: A Referral Model

The City of Tucson operates what could be called a Referral Model to link their Continuum of Care (CoC) Coordinated Entry System (CES) with their HOPWA program. When a person experiencing homelessness participates in an intake process at a CES access site and indicates an interest in HIV/AIDS services, they are referred to Southern Arizona AIDS Foundation (SAAF), the local HOPWA provider funded by the City of Tucson. Potential clients may also contact SAAF directly to access HOPWA services or can be referred there by area social services agencies. HOPWA services offered by SAAF include Short-term Rental, Mortgage, and Utility (STRMU) assistance, Supportive Services, and Tenant Based Rental Assistance (TBRA).

To help determine whether clients should be referred to SAAF, the CES assessment includes two questions related to HIV. The first is the often-used Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) question, "If there were space available in a program that specifically assists people living with HIV or AIDS, would that be of interest to you?" In addition, the jurisdiction asks a local question, "We offer some specialized programs that only serve people living with HIV/AIDS. Do you think you would qualify for one of these programs?" If a person identifies as HIV positive, their score for prioritization increases by one point.

Confidentiality is ensured as answers to these questions are maintained in a secure area in HMIS and are not shared outside the assessing agency. Only a client identification number can be seen by HMIS users; if more information is needed, the user must contact the referring agency. Clients who are survivors of domestic violence and are also HIV positive are referred both to a Victim Services Provider and to SAAF, and their information is maintained in a separate, secure database.

HOPWA services other than referral are not currently available through CES Access points. Nevertheless, SAAF has significant involvement with the CoC: the provider is a member of the CoC (and sits on several committees), has contracts for CoC and Emergency Solutions Grant (ESG) funding, and was involved in the development of the Coordinated Entry System Referral Policies and Procedures. SAAF's participation in the CoC strengthens the relationship between the CES and the Tucson HOPWA program.

Tucson: Lessons Learned/Suggestions for Other Communities

What are/were some challenges you encountered? • Ensuring that referrals get to SAAF within seven days. • Lack of affordable housing: trying to locate housing within Fair Market Rent can create a bottleneck in the system.
What works well for your system? What could be improved? • SAAF's participation in the CES has improved communication between all parties, including clients
What suggestions do you have for communities struggling with integrating their HOPWA program into their Coordinated Access/Entry System? • Find out what is preventing agencies from joining and help them get the barriers out of the way. • Help HOPWA providers understand the "value add" to them, as well as how being part of a CES supports the community as a whole.
Do you have suggestions for communities that haven't considered integrating HOPWA and their CAS/CES? • It is important for communities to have a solid CES process first, and then bring in the grants and agencies that are not required to be part of it.

Kentucky Housing Corporation: A Largely Integrated model of HOPWA and Coordinated Entry

As the Kentucky Housing Corporation (KHC) is both the HOPWA grantee and the Continuum of Care Recipient (CoC) for the Balance of State [the areas of the state that don't receive direct metropolitan area allocations from the U.S. Department of Housing and Urban Development (HUD)], they have been able to integrate their HOPWA program into their Coordinated Entry System. Their roles with the CoC include serving as the Lead Planning Agency, the Collaborative Applicant, and the HMIS State Lead for the Balance of State. In addition, KHC receives the Balance of State Emergency Solutions Grant (ESG).

The Kentucky Balance of State Continuum of Care (CoC) geography is large (comprised of 118 counties) and is broken into fifteen regions for Coordinated Entry Implementation. As part of the integrated procedures, HOPWA providers participate in the meetings of these regions, known as Local Prioritization Communities. Moreover, HOPWA providers have maintained consistent involvement in the CoC, holding leading roles and positions on the CoC Advisory Board before and during drafting of the Coordinated Entry System (CES) policies.

To complement its largely integrated structure, the CES in Kentucky also operates a "No Wrong Door" approach, enabling clients to present at any agency and be entered into the CES. HIV status is one of the universal data element questions at intake, thus potential eligibility for HOPWA services is learned early on, and referrals to HOPWA providers can be made at that time. Later, during the assessment process, Kentucky asks the question from Version 2.0 of the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) which asks about a person's interest in learning about housing for people with HIV.

Almost all of the HOPWA providers in the Kentucky program use HMIS and confidentiality is maintained through data storage in a secured area of the system. If any agency does not utilize HMIS, Kentucky offers what they call an Inclusion Process. In this process, the agency completes a client's intake on paper and obtains their consent to allow their information to be entered into HMIS, which is done later by KHC staff. A separate and confidential process is in place for survivors of domestic violence who are HIV positive; after intake, they are referred either to a Victim Services Provider or to a HOPWA provider, depending on any safety factors that may be involved.

Lessons Learned/Suggestions for Other Communities

What were some challenges you encountered?

- Standardizing Policies and Procedures for 118 counties

What works well for your system? What could be improved?

- In November 2020, KHC simplified to one CE HMIS project that allows them to filter by LPC and ensures referrals can be made easily between regions.
- A future improvement will be incorporating diversion (from the shelter system) as an intentional service prior to CES intake

What suggestions do you have for communities struggling with integrating their HOPWA program into their Coordinated Access/Entry System?

- Ensure HOPWA providers know who the homeless system players are, (i.e. CoC Planning Lead, HMIS Lead, ESG Recipient) and secure a seat at the CoC Board/Planning table.
- Map out the overall continuum of housing supports throughout the CoC, including HOPWA supports and housing resources.
- Look at current data—are people coming through the CES eligible for HOPWA assistance?
- Ensure homeless service providers know about the HOPWA program, and that HOPWA providers know about the homeless resources in the CoC - breaking down silos between homeless service providers and special population providers is key for integration and inclusion in CES.

Do you have suggestions for communities that haven't considered integrating HOPWA and their CAS/CES?

- Communities may want to review their data to assess how many HOPWA eligible persons may already be in their system or may not yet have access to the system.

Conclusions and Recommendations

Though the City of Baltimore, the City of Tucson, and the Kentucky Housing Corporation have different levels of integration between their HOPWA programs and their Coordinated Entry Systems, they all have one thing in common: **HOPWA provider engagement with the local Continuum of Care.** This element can be an important component of a comprehensive services system and could also serve as the foundation of a future merger between a HOPWA Program and a Coordinated Entry System. We encourage consideration of engagement opportunities for HOPWA grantees and CoCs who currently have limited or no connection.

Engagement among HOPWA Providers and Continuums of Care is Key

Participation by HOPWA providers on CoC committees can bring additional perspectives to all agencies.

Creating partnerships can be mutually beneficial by opening new channels for referrals in both directions.

Agency familiarity offers opportunities for warm hand-offs for clients.

HOPWA providers and CES staff can discuss trauma-informed and culturally sensitive ways to ask clients about HIV status during CES intake; HIV status is sometimes grouped with other medical issues on assessment tools and can be overlooked. Awareness of HIV status provides opportunities for referrals to HOPWA services – both housing and non-housing.

Value is added for both grantees and clients in potentially utilizing other resources and subsidies.

COMPARATIVE ELEMENTS AMONG CASE STUDIES						
	HOPWA provider participation in the CoC and the CAS/CES planning Process	**Assessment tool and HIV Status**	**Databases Used**	**Referral process for survivors of Domestic Violence**	**Confidentiality**	**Case Conferencing**
Baltimore	HOPWA providers within Baltimore City participate in the CoC.	Baltimore uses a local vulnerability assessment tool rather than the VI-SPDAT.	HOPWA Providers are required to use HMIS; some also use CAREWare.	Clients who are survivors of domestic violence and are HIV positive may participate in a separate confidential CAS process through a Victim Services Provider (VSP) or can be referred directly to a VSP. In either situation, the VSP will coordinate with the HOPWA Team.	All client information is kept confidential and is only shared when a referral is made to the HOPWA team.	Baltimore HOPWA providers don't use case conferencing for housing assignments. Instead, they ask clients for their housing preferences and try to match them immediately when housing becomes available.
Tucson	SAAF participates in the CoC and was involved in development of the Coordinated Entry System Referral Policies and Procedures.	Tucson uses the standard VI-SPDAT question and adds a local question.	SAAF is required to use both HMIS and CAREWare	Clients who are survivors of domestic violence and are HIV positive are referred both to a Victim Services Provider and to SAAF. Their information is maintained in a separate secure database.	Only a client identification number can be seen by HMIS users; if more information is needed, the user must contact the referring agency.	HOPWA providers are present at case conferencing meetings when prioritization and housing placement decisions are made.
Kentucky	HOPWA Providers participate in the CoC and were involved in the CES Planning Process.	Kentucky uses a universal data element question at intake and the standard VI-SDPAT question.	Most HOPWA Providers use HMIS. If a provider doesn't use HMIS, a paper inclusion process is employed.	A separate and confidential process is in place for clients who are survivors of domestic violence and are HIV positive; after intake, they may be referred either to a Victim Services Provider or to a HOPWA provider, depending on any safety factors that may be involved.	All client information is kept in a secure location in HMIS and is only shared with a referral to a HOPWA provider.	Kentucky uses case conferencing to place clients in housing.

Appendix 1: Survey Monkey Questionnaire

Coordinated Entry Access Point and HIV/AIDS Service Providers

1. Are the HIV/AIDS services agencies that administer HOPWA funds in your community participating members of the Continuum of Care (CoC)? Why or why not?

2. Are the HIV/AIDS service agencies partners in the Coordinated Entry (CE) planning process? If not, please discuss the rationale for this. Are there plans to incorporate them?

3. Is the Coordinated Entry system the only way to access HOPWA services in your community?
   - If not, where else can HOPWA services be accessed?
   - Which services are available through CE and Non-CE locations? Please indicate in the table below.

HOPWA Services	CE Locations	Non-CE Locations
Tenant Based Rental Assistance (TBRA)		
Short-Term Rent, Mortgage, Utility (STRMU)		
Project Based Rental Assistance (PBRA)/Facility-Based Housing (Permanent)		
Transitional/Short Term Facility Based Housing (Inc. Hotel/Motel Vouchers)		
Permanent Housing Placement (PHP)		
Supportive Services		
Other (Please Specify)		

4. Does your community have a No Wrong Door approach to Coordinated Entry?

5. Does your community have separate Coordinated Entry access points exclusively for persons living with HIV/AIDS?

6. If a person visits an HIV/AIDS services provider that is not a Coordinated Entry access point, do you incorporate the person into the Coordinated Entry system? If so, how?

7. Do you have a separate process for HOPWA clients who are survivors of domestic or sexual violence to access CE?

8. Is there a waiting period between Coordinated Entry intake and administering of the Assessment Tool? Do clients get "lost" during this time, i.e., do not return for the complete assessment? If so, do you try to re-engage them? How can getting "lost" be prevented?

Assessment Tool (Ex: VI-SPDAT), HIV Status/Confidentiality, By-Name list

9. How does your Coordinated Entry assessment tool ask about clients' HIV status?

10. Do persons who identify as HIV positive need to wait on the same CE prioritization/by-name list as all other clients? Or does your community use a filter (or separate list) so HIV positive persons can quickly be referred to HOPWA funding and resources?

11. How is the prioritization list generated? By what data sources? Does identifying as HIV positive affect prioritization?

12. How are privacy and confidentiality about HIV status maintained during intake/assessment and on the prioritization list?

13. Are HOPWA providers present at case conferencing meetings when prioritization and housing placement decisions are made?

Databases

14. Do HOPWA providers in your CoC use HMIS, Careware, or both? If both, do they share/integrate data in the systems?

15. Does your CoC require non-homeless specific HOPWA providers to use HMIS?

Homelessness Prevention

16. Is your local CE system only for people experiencing homelessness, or can people at risk of homelessness also present at CE intake locations?

17. If CE is only for people experiencing homelessness, where do HIV positive people go for homelessness prevention assistance?

Referrals/Tracking

18. Please describe the referral process for clients identifying as HIV positive at a Coordinated Entry access point. Are they referred to local providers who offer HOPWA assistance, case management, and supportive services?

19. Does your Coordinated Entry system have referral policies and procedures in place that were developed jointly by the CoC and HOPWA providers?

20. Please describe the follow-up/tracking process for referrals or how the outcomes of those referrals are measured.

21. Where do you see any bottlenecks/breakdowns in the system?

Other

Please add any other thoughts about the connection between the HOPWA program and the Coordinated Entry System in your community, such as what works well? What doesn't? How could the connection be improved? Etc.