



# Coordinated Entry Systems:

*Best Practice Recommendations*

SOLAIRE

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Special thanks to the NPH Standards of Quality Working Group and to our partners at Alameda County, Contra Costa County, Los Angeles Housing Central Command (HCC) PSH Providers Advisory Council (co-convened by Enterprise Community Partners and the Los Angeles Homeless Services Authority), San Francisco County, Samaritan House (San Mateo County), and Santa Clara County

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## INTRODUCTION

In recent years, the state of California has made significant investments in permanent supportive housing (PSH) opportunities for individuals and families experiencing homelessness through programs like No Place Like Home (NPLH), the Multifamily Housing Program (MHP), and Homekey. As the state continues to expand the supportive housing ecosystem under Proposition 1 via the Behavioral Health Services Act transformation and Homekey+, it is more important than ever to ensure that homeless individuals and families with complex health needs can quickly and easily access these new homes.

Federal and state programs typically require that units set aside for individuals experiencing homelessness are filled via a county's Coordinated Entry System (CES). Coordinated Entry is a process to assess, prioritize, and match people experiencing homelessness to housing opportunities. The Coordinated Entry assessment examines an individual's vulnerability factors such as length of time experiencing homelessness, disability status, and mental, behavioral, and physical health conditions. Individuals with the highest vulnerability, who typically have multiple co-occurring risk factors, are prioritized for housing placements.

Coordinated Entry holds promise as a tool for more equitable homelessness response, but to meet its potential, we need to reduce barriers and limitations in implementation. The Non-Profit Housing Association of Northern California (NPH) began hearing from its nonprofit housing provider members about such challenges as Coordinated Entry became more widely adopted in 2017, but challenges became particularly acute during the COVID-19 pandemic. Specifically, housing operators were struggling to achieve and maintain occupancy of CES-referred units. Furthermore, members observed that applicants were sometimes matched with properties that were not equipped or funded to meet their needs, resulting in both operational and emotional costs to the building community.

In response to these concerns, the NPH PSH Working Group (PSH WG) convened nonprofit housing practitioners from resident services and property management to develop practical and strategic recommendations to strengthen Coordinated Entry System implementation. We aimed to identify CES best practices — some of which were already employed in certain Bay Area counties, and others that would be a more novel approach — so we could use the power of our shared voice to advocate for system change, reduce



shared pain points, negotiate effective agreements, and improve collaboration between housers, County Coordinated Entry Systems, and prospective residents.

Our research builds upon the existing efforts of the Los Angeles Housing Central Command (HCC) PSH Providers Advisory Council, co-convened by Enterprise Community Partners and the Los Angeles Homeless Services Authority (the lead agency for the Los Angeles CoC), which has brought together PSH developers and local governing agencies to improve their local Coordinated Entry utilization and system performance since 2022. It aligns with [recently released research](#) from the Harvard Kennedy School (HKS) Government Performance Lab, which surveyed 151 Continuums of Care across 45 states to identify national opportunities to strengthen Coordinated Entry. The four areas of improvement that HKS identified closely track with the challenge areas that NPH practitioners identified locally. We are heartened that multiple entities, who have been doing this work for a long time in their own communities and contexts, are aligned on recommendations to build a bright future for Coordinated Entry.

This brief provides a high-level summary of best practices compiled by the NPH PSH Working Group to address pressing challenges with Coordinated Entry in the Bay Area. It describes the subsequent roadshow to share these recommendations with a statewide audience invested in Coordinated Entry's success, as well as additional ideas and suggestions elevated during that roadshow. This report concludes with a reflection on the importance of removing barriers that delay quick access to housing specifically in California, which is helping lead the defense of the Housing First paradigm under extreme threat by the current federal administration.

## IDENTIFYING HIGH-CONSENSUS BEST PRACTICES IN COORDINATED ENTRY

The PSH Working Group’s process started by identifying shared pain points and challenges that housers faced in their interactions with CES. Next, we hosted separate presentations by CES representatives and stakeholders from Alameda, Contra Costa, Los Angeles, San Francisco, San Mateo, and Santa Clara counties. Based on these presentations, as well as our first-hand experiences working with CES to fill vacancies and lease-up properties, NPH PSH WG members gleaned an initial list of best practices recommendations.

PSH WG members subsequently completed a survey to measure consensus on best practices. The survey was completed by 28 PSH WG members representing a range of organizations including housing owners/operators, service providers, and local government.

## WORKSHOPPING BEST PRACTICES WITH COORDINATED ENTRY STAKEHOLDERS

With high-consensus recommendations assembled, the Working Group broadened our outreach to a statewide audience to share our learnings and hear feedback on best practices in a variety of geographic contexts. We completed over 15 presentations with diverse stakeholder groups ranging from service providers to Continuum of Care staff from across the state. [A full list of presentations is provided as an Appendix.](#)

These presentations confirmed that many Coordinated Entry Systems across the state are grappling with the same issues as systems in the Bay Area. Many systems had also successfully implemented many of the recommendations described above and extolled their benefits — particularly with tracking vacancies in HMIS, centralizing document-readiness responsibilities, and expanding stakeholder engagement. Our presentations also revealed additional suggestions with strong stakeholder support. Some of these recommendations are novel ideas to be further explored, while others have been implemented in other parts of the state.



# BEST PRACTICE RECOMMENDATIONS AND ADDITIONAL SUGGESTIONS BY CHALLENGE AREA

This section provides a high-level summary of best practices compiled by the Working Group to address four pressing challenge areas in implementing CES: Communication & Data-Sharing; Referrals; Services Matching & Delivery; and System Design. Each “Challenge Area” includes additional suggestions that stemmed from our stakeholder roadshow conversations, offering areas for further research and evaluation.



## CHALLENGE AREA 1

### Communication & Data-Sharing

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Despite the complexity of the affordable housing regulatory environment, many critical steps in the referral process are still essentially completed by hand. In some cases, vacancy notifications and status updates occur via email updates between property managers and the CES administrator. This results in little transparency for other stakeholders and substantial opportunity for human error. Increasing utilization of database technology and frequent data-sharing can help increase transparency and improve system performance.



## COUNTY BEST PRACTICE EXAMPLES

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### Stakeholders use a centralized online vacancy notification and inventory tracking system.

This best practice comes from our conversation with Contra Costa County, where we envisioned a system in which housing inventory management was seamlessly integrated into HMIS. This would allow greater transparency across the system regarding vacancies and exits into permanent housing. It would also help the County monitor transitions in service provision when a resident moves into PSH (another best practice recommendation).

### More specific identification of PSH eligibility factors (i.e., veterans discharge status, disability type, homelessness definitions, HIV status separate from chronic health condition category) is collected from applicants at the time of assessment.

This best practice comes from our conversations with Alameda County and Contra Costa County. Alameda County collects basic demographic information on the households that have completed an assessment and strives to provide the aggregated data to housing providers on a quarterly basis. This data helps housing providers plan their pipelines to meet the community’s needs. On a household level, this data can help reduce inappropriate matches if more information is known about an applicant’s eligibility prior to application. Contra Costa County recently updated many of their forms to better capture applicant HIV status separate from chronic health conditions, in order to more accurately identify people who may qualify for HOPWA units.



## SUMMARY OF PSH WORKING GROUP RECOMMENDATIONS AND LEVEL OF CONSENSUS

IDENTIFIED CHALLENGE	RECOMMENDATION	LEVEL OF CONSENSUS <sup>1</sup>
Inconsistent referral tracking between County staff, PSH owner, and property management.	Stakeholders use a centralized online vacancy notification and inventory tracking system.	100%
Applicants experience a destabilizing gap between housing navigation and in-housing supportive services.	To ensure warm hand-offs, the County monitors transition of service provision between housing navigation & tenant sustaining services using HMIS.	93%
	Case conferences between CES & Service Providers with clear decision-making standards and frequent meeting cadence.	85%
Applicant preferences and eligibility are not known at the time of referral, resulting in applicants matching with units that do not meet their needs.	CES creates multiple pathways to PSH based on applicant needs and wants (i.e., street, interim, shelter).	100%
	Identify PSH eligibility factors (i.e., veterans discharge status, disability type, homelessness definitions, HIV status separate from chronic health condition category) at the time of assessment and share with providers.	93%
	Applicant asked about geographic preferences at the time of assessment.	93%

<sup>1</sup> The "Level of Consensus" was measured by the total percentage of survey respondents who "fully supported" and "supported with a few reservations". Consensus of 90% and higher is highlighted.



## ADDITIONAL SUGGESTIONS: COMMUNICATION AND DATA SHARING

### Housing navigators prioritize the collection of disability documentation in HMIS to minimize ineligible referrals.

This suggestion was made during a conversation with Bay Area-based service providers. Providers have experienced challenges when individuals were matched to a unit based on a self-certification of disability, but without a required third-party verification from a medical provider. One provider at a property where all units required a diagnosis of serious mental illness shared that they could go through up to 250 applications per unit to find someone with the proper medical diagnosis documentation for eligibility. They shared that having disability documentation available on HMIS would greatly reduce the time spent searching for eligible referrals.

Another service provider noted that even if someone has a qualifying disability, it can often take time to receive a third-party verification. Many medical professionals are hesitant to provide third-party medical verifications if the client does not have an established relationship with their office. As a result, it can take time to establish the care relationship necessary to receive that written documentation. And, while third-party disability verifications do expire after six months, service providers noted that they are often very easy to get re-issued once an original copy is obtained. Therefore, they stressed that obtaining this documentation should be prioritized.



## CHALLENGE AREA 2

### Referrals

Housing operators have struggled to achieve and maintain occupancy of properties with CES-referred units due to complex and inefficient referral processes. For operators, this leads to extensive and unsustainable vacancy losses that put the long-term financial stability of PSH properties at risk. For homeless applicants, this unnecessarily prolongs the time that it takes to get into permanent housing.



## COUNTY BEST PRACTICE EXAMPLES

### **Provide three (3) referrals for one (1) opening.**

This best practice comes from San Francisco County. We also heard that other counties, such as Los Angeles, aspire to this ratio. Providers in San Francisco County spoke about how this policy recognizes that there are many reasons that a referral may not be successful, whether due to systemic issues like difficulty contacting an applicant or unit-specific characteristics. By providing three referrals at a time, the County helps ensure vacant units are filled quickly.

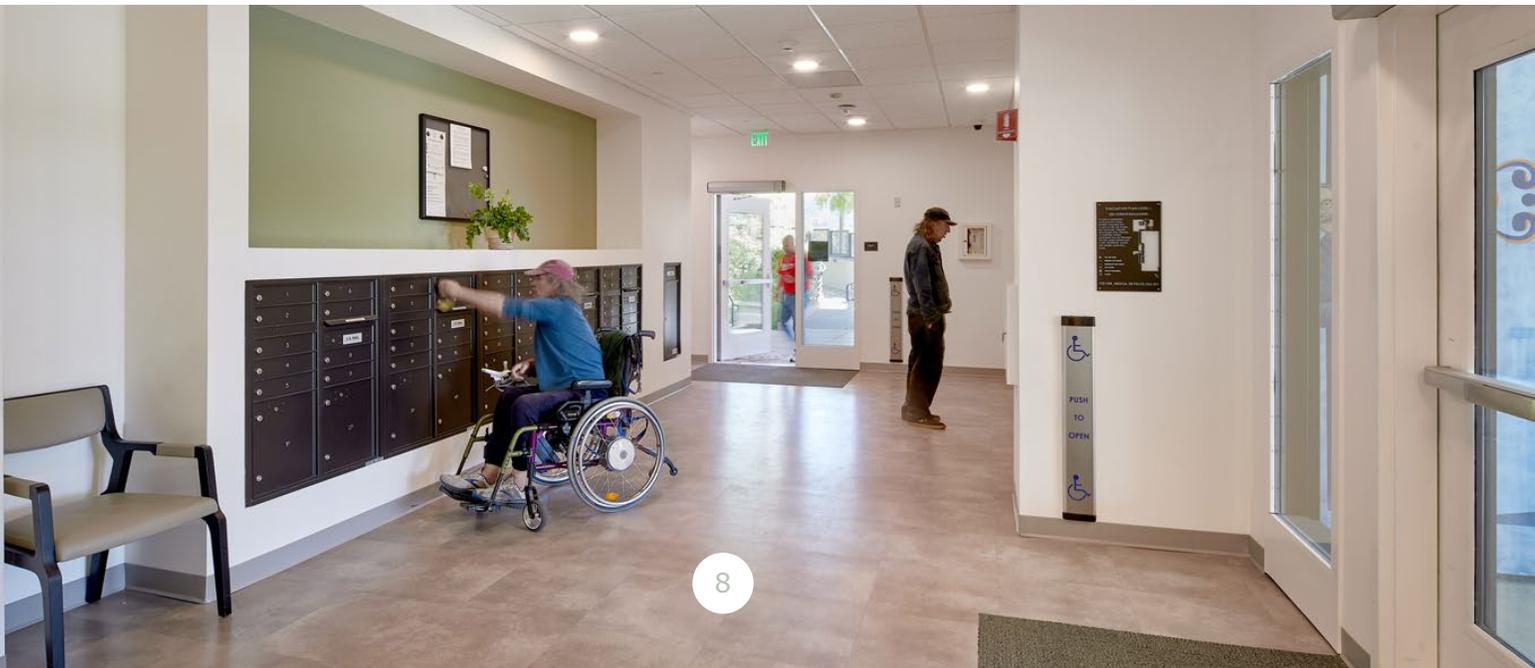
### **A centralized team is responsible for document readiness and confirms that referrals have complete files, instead of a housing navigator gathering the documentation.**

This best practice comes from Santa Clara County. The County initially operated such that case managers received referrals, found applicants, and got them document-ready. They estimated this system only had

a 30% success rate because case workers were not familiar with the intricacies of complex, varied document-ready criteria. The County subsequently changed to a split model, where outreach workers found the applicants but then worked with a centralized document readiness team to handle all verifications. This improved their performance to a 78% referral success rate and improved overall compliance.

### **Referrals matched only when document-ready.**

This best practice comes from Santa Clara County. The County creates a waitlist of pre-screened, document-ready applicants for each property. An applicant can be placed on as many waitlists as they would like, and the waitlist is ordered based on order of referral. Once a vacancy opens at that property, the property can immediately take applicants from the top of the waitlist because they have already been vetted as document-ready.





## SUMMARY OF PSH WORKING GROUP RECOMMENDATIONS AND LEVEL OF CONSENSUS

IDENTIFIED CHALLENGE	RECOMMENDATION	LEVEL OF CONSENSUS
Operators receive an insufficient number of referrals, prolonging unit vacancies.	Ratio of three (3) applicants per one (1) vacant unit.	96%
	CES sends a batch of referrals and operators are not required to fill units by rank order.	75%
	Applicants referred to more than one (1) housing opportunity.	68%
Each County CES and PSH operator has different definitions of document readiness.	A centralized team is responsible for document readiness and confirms that referrals have complete files, instead of the housing navigator gathering the documentation.	94%
	Counties use consistent "document readiness" list.	89%
	Use a universal housing application for all units filled by CES.	89%
Gaps in communication between operators, applicants, and CES staff prolong the process of filling a unit.	During the leasing process, applicants are required to respond to the operator within 14 calendar days, or they will be denied due to no response.	93%
	New referrals provided within 10 days after notification that applicant was non-responsive.	93%
	Applicants are only matched to a unit once document-ready.	93%
	After 30 days without a successful referral/unit filled, operators can fill unit from outside CES.	86%
Safety of staff and residents negatively impacted by inappropriate referrals.	Applicant automatically denied if previous eviction due to violence or threats of violence at a property under the same management/ownership.	79%



## ADDITIONAL SUGGESTIONS: REFERRALS

### When a single applicant is referred to a single housing vacancy, Coordinated Entry staff prepare an additional batch of waitlist matches in case the initial applicant falls out of the process.

This suggestion was illuminated in two separate conversations, one with Santa Clara County and another with Los Angeles-based service providers. Some Coordinated Entry Systems are committed to providing only a single match per vacancy. This prevents second- or third- line applicants from being discouraged by unsuccessful matches and preserves their ability to seek other housing opportunities. However, in these systems, it can take additional time to secure a second referral if the first referral drops out of the process because the administrator must re-start the referral process from scratch. To reduce downtime between referrals, Santa

Clara County creates a waitlist of pre-screened, document-ready applicants for each property. An applicant can be placed on as many waitlists as they would like, and the waitlist is ordered based on priority order. Once a vacancy opens at that property, the property can immediately take applicants from the top of the waitlist.

This idea was reiterated in our conversation with Los Angeles-based service providers, who highlighted how these waitlisted referrals can be immediately ready to become a formal referral, because they have undergone preliminary screening to confirm interest, eligibility, and document-readiness. However, because these waitlist referrals are not formal referrals, participants could still retain their eligibility for other referral opportunities aligned with their preferences. This idea has the potential to shorten vacancies, while also preserving a positive applicant experience.



## CHALLENGE AREA 3

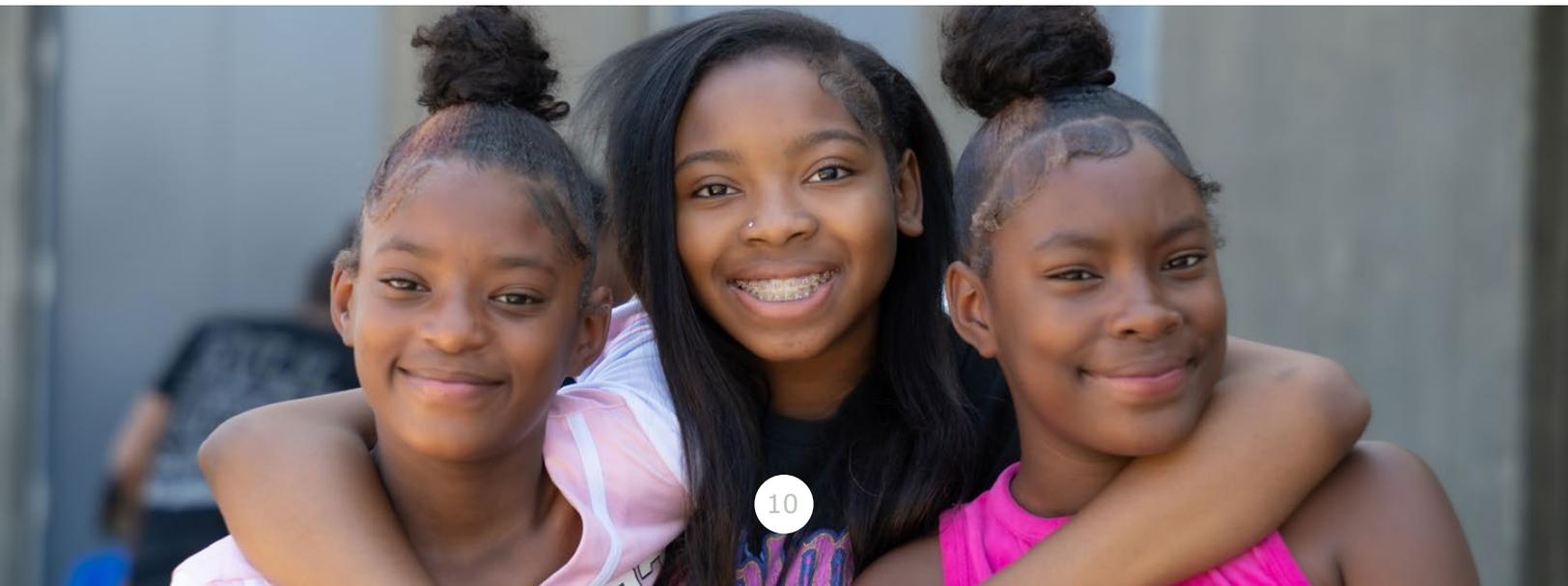
### Services Matching and Delivery

PSH must be service-enriched to be successful. When a resident requires more assistance than provided in PSH, the situation can quickly overwhelm the services provider and property operations. The increased prevalence of safety issues has both an operational cost (security, level, repairs, etc.) and emotional cost on the building community. These recommendations came from services and housing providers on the NPH PSH Standards of Quality Working Group.



## SUMMARY OF PSH WORKING GROUP RECOMMENDATIONS AND LEVEL OF CONSENSUS

IDENTIFIED CHALLENGE	RECOMMENDATION	LEVEL OF CONSENSUS
Services are not sufficiently funded to meet the needs of applicants referred via CES.	County HCD & CES coordinate on service commitments and eligibility criteria during development applications & awards. Ensure service contracts are sufficient to meet regulatory commitments.	96%
	County-funded service provider contracts include funding for on-site time in addition to direct service provision time.	89%
Applicants are matched to properties that are not equipped or funded to meet their services needs.	CES tracks residents who exit PSH and return to homelessness to understand the reason why and factor into the next matching opportunity.	93%
	Use a lower vulnerability assessment threshold to determine which applicants are referred to PSH to widen the range of acuity & service needs.	79%
	Applicant's specific needs & level of service provision is a top factor in matching.	78%
	Health system partners review applicant's unit match to ensure appropriate level of care.	78%





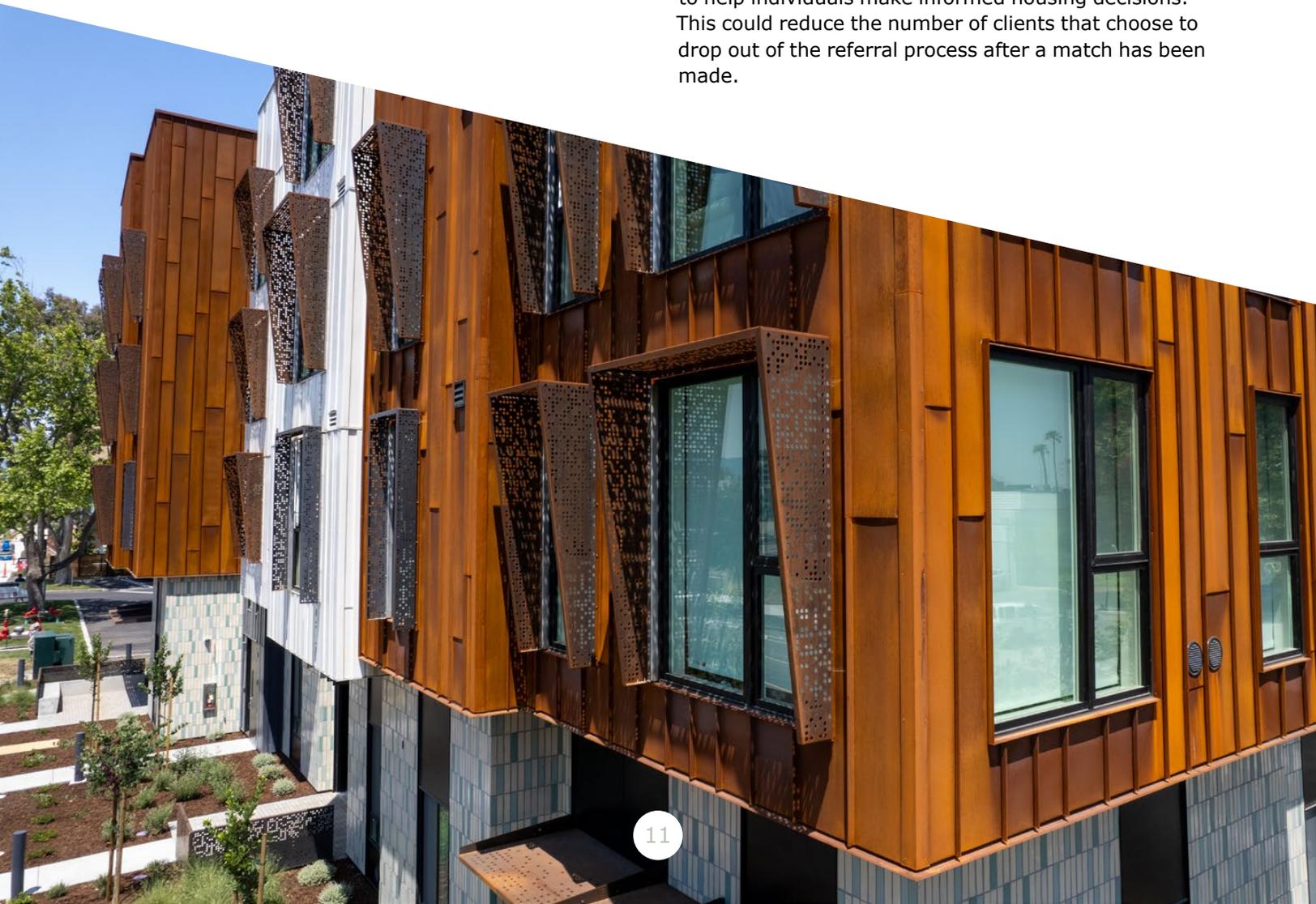
## ADDITIONAL SUGGESTIONS: SERVICES MATCHING AND DELIVERY

### **Counties identify multiple “levels” of PSH based on the types of services provided at a property.**

This suggestion came from Placer County. There are vast differences in the types and intensity of services provided across different PSH properties, but in many counties, these are not made explicit. This can make it difficult for applicants to assess whether the services provided at a given property will meet their needs. To provide more transparency, Placer County has introduced standardized terminology to rank the “level” of PSH on a scale of 1-3, based on the services provided. A PSH property that simply offers part-time case management may be a “level 3” property, while a PSH property with dedicated mental and behavioral health clinicians may be a “level 1” property. This provides more clarity to the applicant and their case manager regarding the services offered at a site and facilitates the client’s choice of a property with the appropriate level of support.

### **Coordinated Entry develops a model marketing flyer that identifies pertinent information about a property for matched clients.**

This idea came from our conversation with Bay Area-based service providers. Providers noted that the counties have assembled standardized property information for generalized affordable housing application portals, like Doorway. However, property owners often make their own separate flyers to market to referrals via CES. This is done with good intentions, with flyers often highlighting specialized information about supportive services and referral policies that differ from general affordable housing. However, property owners may also refrain from mentioning some property characteristics that may not appeal to potential applicants. A lack of parking was specifically referenced as one critically excluded element – especially at properties that may have some parking, but where studio units referred through CES were de-prioritized for parking spaces. Providers highlighted that Coordinated Entry could work with people with lived experience to design a model flyer to help individuals make informed housing decisions. This could reduce the number of clients that choose to drop out of the referral process after a match has been made.





## CHALLENGE AREA 4 System Design

Housing is the solution to homelessness; however, housing operators have not consistently participated in the development of the homelessness response system and CES process. This creates a knowledge and data gap that limits the effectiveness of CES.



### COUNTY BEST PRACTICE EXAMPLES

**Regular CES stakeholder meetings include housing developers/operators for system data review, pain points, and problem solving.**

This best practice comes from Los Angeles County. Each month, the County, local government partners, and housing providers meet as part of a PSH Advisory Council facilitated by Enterprise Community Partners and LAHSA. The Advisory Council is a space for partners to work through challenges and potential policy solutions related to CES and the PSH ecosystem. The Advisory Council is not formally part of the CoC, but it provides informal recommendations to the CoC leadership.

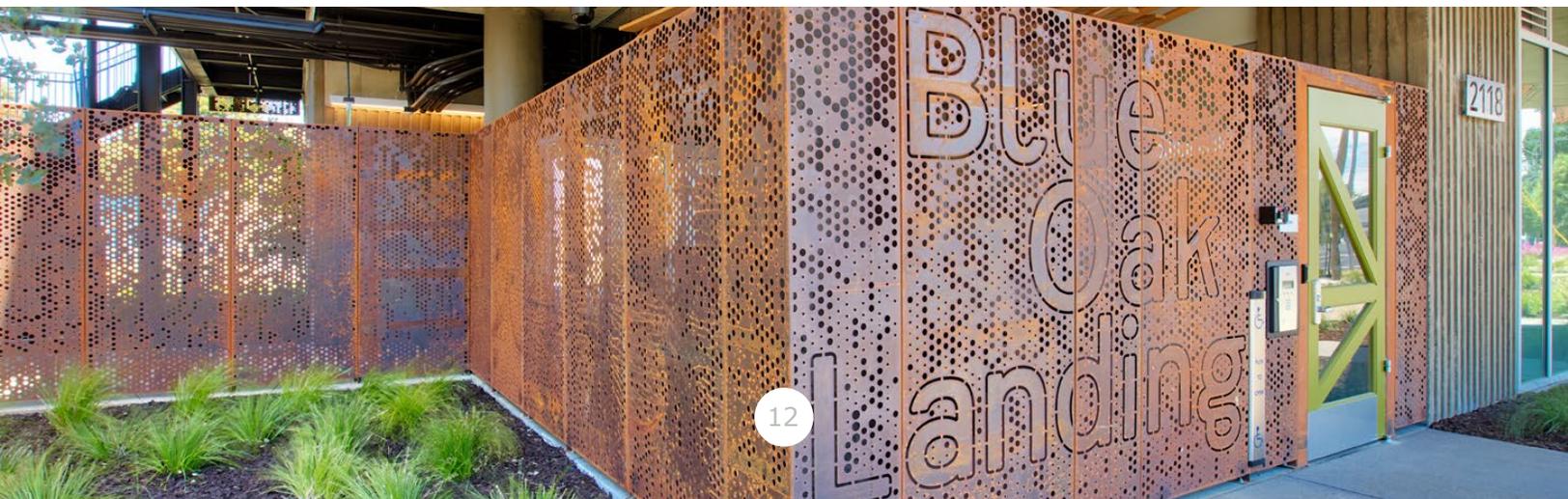
**CoC Board made up of partners & funders, such as City & County HCD, Housing Authorities, housing developers, and service providers from permanent supportive housing, emergency shelters, homeless services, and mental health.**

This best practice comes from Santa Clara County, who identified that having a CoC Board made up of primary partners and funders, including both big and small housing providers, and people with lived experience, has been a key to rapid system improvement. document-ready.



### SUMMARY OF PSH WORKING GROUP RECOMMENDATIONS AND LEVEL OF CONSENSUS

IDENTIFIED CHALLENGE	RECOMMENDATION	LEVEL OF CONSENSUS
Inconsistent data sharing leading to different "stories" between CES & Housers.	Regular CES Stakeholder meeting that includes housing developers/operators for system data review, pain points, problem solving.	96%
Housers are not engaged or included in County CES design process.	CoC Board made up of partners & funders, such as city & county HCD, housing authorities, housing developers, and service providers from permanent housing, emergency shelters, homeless services, and mental health.	96%





## ADDITIONAL SUGGESTIONS: SYSTEM DESIGN

### **Stakeholders align on metrics to evaluate the success of Coordinated Entry, which can supplement HUD-required reporting outcomes.**

This suggestion came from our conversation with Bay Area-based service providers. Most Coordinated Entry Systems currently provide HUD-mandated data on their performance as part of the Continuum of Care (CoC) annual report. However, the federally required data is not sufficient in scope or frequency to truly assess the performance of CES; in some cases, it simply notes a total number of referrals and successful housing placements. To address this, participants expressed interest in identifying a shared list of metrics to assess the performance of Coordinated Entry Systems across the state. CoCs could analyze these metrics quarterly to gain more insight into system performance and adapt to house individuals faster.

The PSH WG has endorsed the Berkeley Possibility Lab's development of a "Firsthand Indicator Methodology" for developing metrics for the success of PSH more broadly. A Firsthand Indicator Methodology allows system users to co-create indicators of system well-being that reflect their everyday lived experiences. We recommend that local Coordinated Entry Systems develop metrics through a similar Firsthand Indicator Methodology that prioritizes the experiences of individuals utilizing the system.



## NEXT STEPS

Through our learning journey and roadshow process, CES administrators, nonprofit housing providers, and homeless and social services agencies have identified multiple opportunities to expedite referrals through Coordinated Entry by removing barriers to housing access and quickly fill extended vacancies in supportive homes. In the current moment, as the homelessness response system is stretched to the brink by misguided federal policies, California must lead in expediting access to PSH statewide. Informed by the CES roadshow, and in communication with the NPH PSH Working Group, we will be working on legislation to help support best practices for CES that yield the best outcomes for nonprofit providers of PSH and the residents that they work to serve.

The NPH PSH WG learning journey and subsequent roadshow with statewide stakeholders has predominantly concluded, though there are continued efforts to meet with individual counties to share the results and keep learning from each other.

Further, the NPH PSH Working Group is continuing to work with allies and state agencies to promote best practices by sharing areas of alignment statewide.

## CONCLUSION

Coordinated Entry holds promise as a tool for more equitable homelessness response, but to meet its potential, we need to reduce barriers and limitations in implementation.

We believe that widespread dissemination of the high-level summary of best practices compiled in this brief can improve Coordinated Entry System implementation statewide. We are now positioned to use the power of our shared voice to bring reforms that can remove barriers to housing access for people experiencing homelessness. As implementation of Coordinated Entry improves, we foresee that, one day, CES could be expanded to include the behavioral health residential uses promoted by Proposition 1. California is already a leader in promoting Housing First (as evidenced by this [very strong veto message from the governor](#) for a bill that was mandating an alternative housing paradigm) and has the ability to lead in expediting access to PSH statewide by actively working to support improved Coordinated Entry implementation at the County level.

Defending Permanent Supportive Housing as a key solution among the continuum of options is critical to California's ability to address homelessness. To do so requires improving the systems that support PSH. This Coordinated Entry Systems Best Practices Recommendations report provides further support that can position regulating governing bodies and lawmakers with the best information and data to help defend the Housing First paradigm, and by extension, Permanent Supportive Housing as one of the most powerful solutions to address homelessness and housing insecurity.

By looking critically at what we do, how we do it, and how we can improve, our communities will be better served and we can build on the successes of a proven evidence-based solution to address the needs of our unhoused neighbors.



## APPENDIX – STAKEHOLDER INPUT

Below is a list of the groups where the Coordinated Entry System best practices were presented and the attending organizations at each meeting. This is intended to show the depth of information-sharing and is not intended to suggest there is alignment of all ideas in the brief by every organization listed.

- Bay Area County CES Implementers
  - ◇ Alameda County, Contra Costa County, San Francisco, Samaritan House of San Mateo County, Santa Clara County,
- Los Angeles Housing Central Command (HCC) PSH Providers Advisory Council, co-convened by Enterprise Community Partners and the Los Angeles Homeless Services Authority (LAHSA) (the lead agency for the Los Angeles CoC)
  - ◇ A Community of Friends Los Angeles (ACOF), Corporation for Supportive Housing (CSH), Hollywood Community Housing Corp., Homeless Initiative (CEO Office of LA), Housing Authority of the City of Los Angeles (HACLA), John Stewart Company, LAFH Builds, Meta Housing, SRO Housing Corp., Venice Community Housing, Wakeland Housing
- Bay Area Third-Party Services and Homeless Services Providers
  - ◇ Building Futures, Compass, First Place Fund for Youth, HomeRise, Homeward Bound of Marin, Larkin Street, LifeLong Medical, Life Moves
- Continuum of Care (CoC) Alliance
  - ◇ Housing for Health (Santa Cruz County), HomeFirst (Sonoma County), Hope Solutions (Contra Costa County), Mendocino County Social Services, Butte County Housing and Homeless Services, Humboldt County Department of Health and Human Services, El Dorado County HHS/CoC, Tulare and Kings Counties CoC, Monterey/San Benito Counties CoC, Santa Barbara County HCD, Sacramento, Mendocino County Social Services/CoC, Napa County CoC; Tuolumne, Mariposa, Amador, Calaveras CoC
- Business, Consumer Services and Housing Agency initial meeting with staff Housing California Production Working Group
- Alameda County Alliance
- San Francisco Supportive Housing Provider Network Program/Operations Committee
  - ◇ DISH, Mission Action, Lutheran Social Services of Northern California, Mercy Housing, Larkin Street Services, Brilliant Corners, Abode
- Alameda County Housing and Community Development and Health & Housing Department staff
- NPH PSH Standards of Quality Working Group
  - ◇ Eden Housing, Mercy Housing, EAH Housing, MidPen Housing, Resources for Community Development (RCD), Satellite Affordable Housing Associates (SAHA), Abode, Delivering Innovations in Supportive Housing (DISH), East Bay Asian Local Development Corporation (EBALDC), HomeRise, John Stewart Company, Tenderloin Neighborhood Development Corporation (TNDC)
- PSH Sustainability Working Group
  - ◇ Jamboree, Mercy, SAHA, Community Housing Works, Turner Center, Abode, EAH, Eden, Enterprise, LINC Housing, HTHF, A Community of Friends, TNDC, National Core