**Maine Coordinated Assessment System**

**Access Assess Assign**

**Purpose**

The Maine Coordinated Assessment (CA) system is designed to provide people experiencing a housing crisis with streamlined access to homeless services designed to help them achieve and maintain housing stability. There are three primary components of a CA system: Access, Assess, and Assign.

***Access***

1. **Shelter:** Standardized and statewide system through which people can access emergency shelter and housing referral
* 1st stage of access implementation
	+ Build on the strengths of what Maine already has in place
	+ Shelters and outreach workers will be the primary access points with 211 available for phone triage
	+ Physical locations to be added as resources permit and system-wide data identifies needs
	+ Physical locations must also agree to allow phone screening and not require households to present in-person for triage
* “No wrong door” approach is the ultimate goal for people who are experiencing a housing crisis.
	+ Due to higher cost and complexity this will be phased in as resources become available to implement diversion/prevention tool and ‘live’ bed inventory information

★Identified needs:

* + Shelter, outreach and 211 staff will need training in policy and procedure, and referrals
	+ HMIS access will be required for those not currently using the system
	+ Communication with stakeholders around this system change to gain buy-in and resource allocation
1. **Housing:** Prioritized referral and admission system through which people can access transitional and permanent housing (subsidized, supported, or market rate) available to individuals and families experiencing literal homelessness[[1]](#footnote-1). The result will be improved access to homeless services, and fewer referrals to supported or subsidized housing programs so that they are reserved for those most in need.
* Access will require completion of a standard assessment process, as well as referral and prioritization strategies implemented by the CoCs and housing program agencies.

★ Identified needs:

* + Data sharing between participating programs
	+ Policy and procedures for waitlist management and participation requirements

***Assess***

This is a four-step process designed to ask the most pertinent questions at each stage and only gather information needed to move people the next step toward resolving their housing crisis. Steps 1-3 will occur within the Coordinated Assessment system and data will be stored in HMIS. Step 4 may be integrated into HMIS but is conducted by the program receiving a referral, with communication back to the CA system regarding entry into service, rejection of service by the client, or denial date and rationale.

1. **Diversion/Prevention “Pre-screening”** - A process designed to swiftly assess homelessness status, and to connect people to appropriate and available resources. Households will be asked 5-10 questions (exact wording TBD), to determine whether they are literally homeless. They will then either be connected to available emergency shelter for literally homeless households or available prevention resources for imminently at-risk households. Relevant data points will be entered into HMIS.
2. **Housing Barrier Assessment** – Administered by shelter and outreach staff to households who are shelter guests or living in places not meant for human habitation. This is a secondary process that follows the pre-screening, and is conducted by TBD (shelter staff, housing navigators, outreach workers, and MH case managers, others) to assess housing barriers and connect people to resources needed to regain housing stability. The assessment will draw questions from the VI SPDAT, SSVF, and other existing instruments. (Current funder policy for shelters mandated to administer the full VI-SPDAT will need to be considered as procedures for this step are finalized.
3. **Housing Prioritization Tool** - Administered to households who are shelter guests or living in places not meant for human habitation who are not able to resolve their homeless episode without assistance after at least 2 (3?) weeks [TBD]. VI-SPDAT is the recommended tool to determine initial score for RRH, TH and PSH referral prioritization. VI-SPDAT score will be used in conjunction with other community priority factors (TBD, such as length of homelessness, service usage, etc.) to determine referrals.
	1. VI-SPDAT does not pre-determine score for referral to TH – will need to be determined by CoC
4. **Housing Program Assessment** – Administered by housing program after referral is sent to program contact to document eligibility and strengths/needs. This will leverage information gathered from household to date from other assessments in order to reduce duplication and re-interviewing.

***Assign***

* Create a mechanism for updating and maintaining referral information statewide (recommend this be in HMIS)

To Be Determined based on structure chosen by committee

* Staff (TBD) will review household prioritization score and community written standards to determine appropriate referrals for each household.
* Housing options will be presented to a household with details about type of housing, wait time, etc.
* The chosen program will be sent a referral electronically and will contact household within (xxx) days

OR

* Coordinated assessment system waitlist with prioritization scores is accessible to housing programs so they can outreach priority households for admission

***Benefits of Coordinated Assessment***

* Improved experience for people who are literally homeless or imminently at-risk of homelessness
* Accountability for the system as a whole, ensuring the system’s limited resources are being targeted to the eligible, prioritized households needing assistance
* Reduced staff time spent determining eligibility and entry into each program, and
* Compliance with HUD’s Coordinated Assessment Requirement for CoCs.

***Where are we in the Process?***

These are recommendations from the Coordinated Assessment Committee. Both the Portland CoC and the Maine CoC need to review and create a plan to continue planning and implementation. Approval of overall concept and/or edits to proposal should occur within next 30-45 days.

Following approval of the overall concept, more work will be required to implement these recommendations which will require:

* Creation of a larger, more inclusive, and representative subcommittee to continue planning CA implementation
* Development and maintenance of a staged implementation plan and dedication of a paid staff person to work with a committee to help complete the system design work and put the elements in place
	+ Funded initially with the help of a Betterment Fund grant
* Review of HMIS elements and refinements needed to implement system
* Implementation of data sharing among participating/mandated agencies
* Planning and execution of communication strategy CoCs leadership groups to continue to gain support from key stakeholders and program funders

**ACCESS**

Proposed Maine Coordinated Assessment System- Draft 12.10.14

**ASSESS**

**ASSIGN**

Walk-ins, self-referrals, referrals from police, clergy, GA administrators, CAP agencies, etc.

Connection to Appropriate Resources

★Access to multiple programs 🡪 Right fit for the household needs

Such as:

* Prevention
* Rapid Re-Housing
* Transitional Housing
* Permanent Supportive Housing
* Section 8 (HCV)
* Other subsidized housing
* Mainstream resources
* MH and/or SA treatment

**Homeless or imminently at-risk?**

Yes

No

At-Risk of Homelessness

* Minimum information gathered to divert from shelter and refer to prevention resources

Literally Homeless

* Referral to shelter

\*In-person appointment with skilled and trained assessment staff

\*Four-step uniform assessment process focused on household’s strengths and housing barriers

★Assessment asks only those questions needed to resolve housing crisis

Refer to non-homeless resources

1. People living in shelters or in places not fit for human habitation [↑](#footnote-ref-1)