COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

THE MAINE CONTINUUM OF CARE

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OVERVIEW

The Maine Coordinated Entry System (CES) is comprised of statewide access and standardized assessment for all individuals, as well as a coordinated referral and housing placement process to ensure that people experiencing homelessness, per U.S. Department of Housing and Urban Development (HUD) Guidelines, receive appropriate assistance with both immediate and long-term housing and service needs. The entire CES process, within the state of Maine with participation of its agencies and organizations, ensures a thorough, standardized process from initial engagement to successful housing placement.

The Maine Continuum of Care (MCoC) has adopted the Maine Coordinated Entry System (CES) to implement its coordinated housing and services components.

Purpose and Background

In June 2010, the United States Interagency Council on Homelessness published Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, in which HUD and its Federal partners set goals to end Veteran and chronic homelessness by 2015, and set a path to end all homelessness by 2020. The development of a comprehensive crisis response system in each community is central to the plan's key objectives and strategies, including new and innovative types of system coordination.

Under the authority of 24 CFR 578.7(a)(8), the Continuum of Care (CoC) Program Interim Rule established new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet, related to the development and use of a centralized or coordinated assessment system. It also provided guidance on additional policies that CoCs and ESG recipients should consider incorporating into written policies and procedures, to achieve improved outcomes for people experiencing homelessness.

HUD requires each CoC to establish and operate a "centralized or coordinated assessment system" (referred to as "coordinated entry" "CE" or "Coordinated Entry System" "CES")with the goal of increasing the efficiency of local crisis response systems, and improving fairness and ease of access to resources, including mainstream resources. Both the CoC and ESG Program Interim Rules require use of the CoC's coordinated entry process, provided that it meets HUD requirements. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs, and other stakeholders, about service needs and gaps to help communities strategically allocate their current resources, and identify the need for additional resources. The CoC Program Interim Rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice CPD-17-01.

Core Requirements for a Coordinated Entry System

The CoC Program Interim Rule establishes minimum requirements that all coordinated entry processes must meet. Per the 24 CFR 578.7(a)(8) requirements and the 24 CFR 578.3 definition of a "centralized or coordinated assessment system", a CoC's coordinated entry process must:

- Cover the entire geographic area claimed by the CoC;
- Be easily accessed by individuals and families seeking housing or services;
- Be well-advertised;
- Include a comprehensive and standardized assessment tool;
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

Guiding Principles for Maine's Coordinated Entry System

The goal of the coordinated assessment process is to provide each person with adequate services and supports to meet their housing needs, with a focus on diverting them from homelessness or returning them to housing as quickly as possible. Below are the guiding principles that will help Maine meet these goals.

- The CES will operate with a person-centered approach, and with person-centered outcomes.
- The CES will ensure that participants quickly receive access to the most appropriate services and housing resources available.
- The CES will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
- The CES will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- The CES will utilize Length of Time Homeless and vulnerability assessment(s) as the primary standard assessment mechanisms, and will capture only the limited information necessary to determine the severity of the person's needs and the best referral strategy for them.

- The CES will integrate mainstream service providers into the system, including, but not limited to, local Public Housing Authorities and VA medical centers.

- The CES will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.

POLICIES AND PROCEDURES

Maine's Coordinated Entry System (CES) is designed to identify, engage, and assist individuals and families experiencing homelessness, and ensure that those who request or need assistance are connected to appropriate resources. The CES service coverage area is the entire geographical area of the state of Maine. Access points to the CES are easily accessible to all individuals and families experiencing homelessness, including those with disabilities. Access points are available both by phone and at physical locations including, but not limited to: 211; domestic violence, youth, and Veteran specific service providers; PATH and other street outreach providers; and Maine's ESG funded programs and emergency shelters.

Version

The MCoC's CE Committee shall be responsible for the revision, review, and recommendation for approval of the CES Policies & Procedures to the COC Board of Directors and the MCoC. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to Chair of the CE Committee.

Version	Date Released	Key Updates
1.0	5/17/18	Complete draft

Coordinated Entry Participation and Coordination Policy

All CoC and ESG funded projects are required to participate in Coordinated Entry under 24 CFR 578.23(c)(9) and (11). The MCoC aims to have all homeless assistance projects participate in its CES, and will work with all local projects and funders in its geographic area, including VA-funded homeless programs and PATH outreach programs, to facilitate their participation in the CES.

The CoC is committed to aligning and coordinating CES policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds, as required under 24 CFR 576.400(d) and (e) and 578.7(a)(9).

The MCoC will ensure that membership of its CE Committee includes at least one ESG recipient representative. At least annually, ESG recipients and representatives from the MCoC will identify and share changes to their written standards with the MCoC's CE Committee, to ensure consistency in the CES policies and procedures.

Individuals and Families Fleeing Domestic Violence Policy

No participant who is, or has been, a victim of domestic violence, dating violence, sexual assault or stalking will be denied access to the Coordinated Entry System process. If a participant is currently fleeing one of these situations, they will not be entered in HMIS, and will be offered a referral to access DV-specific resources. No personal identifying information will be collected or shared.

Individuals and families fleeing, or attempting to flee, domestic violence, and victims of trafficking will have safe and confidential access to the CES, crisis, and victim services. This includes access to the comparable process used by victim service providers and immediate access to emergency services such as domestic violence hotlines and shelter. Individuals will also have access to non-victim service providers through the CES, if desired. Providers serving individuals and families fleeing, or attempting to flee, domestic violence, and victims of trafficking may choose to use another coordinated entry process that meets HUD's requirement, as noted in section 24 CFR 578.23(c)(9).

Fair and Equal Access Policy

All persons participating in any aspect of the CES, such as access, assessment, prioritization, or referral, shall be afforded equal access to CE services and resources regardless of race, color, religion, national origin, age, gender, pregnancy, citizenship, familial status, marital status, household composition, disability, Veteran status, or sexual orientation. 211 is available by phone or online twenty-four hours a day with trained staff to assist persons and connect them with appropriate resources included in the MCoC's CES.

Specific Populations

All subpopulations, including Chronically Homeless (CH) individuals and families, Veterans, youth, persons and households fleeing domestic violence, and transgendered persons, must be provided fair and equal access to the CES. CES access points and referral sources include Veteran-specific providers, family-specific providers, youth-specific providers, and DV-specific providers.

The CES ensures a means of effective communication through the use of appropriate auxiliary aids, assistive technology, and/or services necessary as required.

Additionally, access is provided in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

All physical access points, such as emergency shelters or other CES participating providers, are handicapped accessible or will offer alternative methods for access to the CES.

The CES is also accessible to people with disabilities and people who are least likely to access homeless assistance. Maine's ESG funded shelter system serves the entire state, and includes a wide variety of physical structures, locations, and accessibility options. 211 or PATH can help with access to the most appropriate resource.

Nondiscrimination Policy

The CES System supports the fact that all COC Program ESG Program and HOPWA Program funded projects are required to comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II and Title III of the Americans with Disabilities Act, and HUD's Equal Access Rule included in 24 CFR 5.105(a)(2), which prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender, or marital status. The CoC Program Interim Rule also contains a fair housing provision included in 24 CFR 578.93 (24 CFR 576.407(a) and (b) for ESG, and 24 CFR 574.603 for HOPWA).

People accessing the CES are to be informed they have the ability to file a discrimination complaint. Discrimination complaints can be filed with the agency of the alleged complaint.

Low Barrier Policy

CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. CoC projects and CES participating providers may not screen potential clients out of assistance based on perceived barriers including, but not limited to: income; substance use disorder; domestic violence history; resistance to receiving services; the type or acuity of needed disability-related services or supports; history of evictions; poor credit; lease violations or history of not being a leaseholder; or criminal record. CES access points (i.e., shelters, 211, PATH, SSVF, etc.) which restrict access to resources based on specific client attributes or characteristics, must provide documentation to the MCoC which includes a justification for their enrollment policy.

Training Policy and Procedure

The CoC is committed to ensuring that all CES participating programs receive sufficient training to implement the CES in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of the MCoC CES.

Training will be provided semi-annually to CES participating programs throughout the state of Maine, to ensure they have access to updated CES materials. Training will include:

- Review of the CoC's written CE policies and procedures, including variations adopted for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the CE assessment tool(s); and
- Criteria for uniform decision-making and referrals.

HMIS Training will be included in the Maine Homeless Training Academy, and will provide an overview of how to utilize HMIS as part of the CES.

Community trainings will occur semi-annually at the Regional Homeless Councils and/or meetings of the full MCOC membership. Community trainings will include: An overview of CE, reviewing policies and procedures, highlighting any updates/revisions, assessment and prioritization processes, and criteria for uniform decision making and referrals.

Maine Housing will conduct all CE HMIS trainings, and will maintain records containing the dates of trainings and names of attendees. For any additional, non-HMIS CE trainings conducted by MCoC members, the MCoC will maintain records containing the dates of trainings and names of attendees.

Trainings may be tailored to specific provider types and/or populations:

- Shelter and PATH trainings will occur annually at Regional Homeless Council Meetings, and as needed for newly hired staff. Videos and brochures will be used.
- 211 training will occur as needed for newly hired staff. Videos and brochures will be used.
- Veteran-Specific Coordinated Entry Procedure:
    - The CoC Veteran Committee will host annual Veteran CES trainings for VA-funded homeless Veteran service providers, including, but not limited to, all SSVF, GPD, and HUD-VASH program staff. Training material will cover:
        - Review of Veteran CES Policy and Procedures (see appendix E);
        - Review of Veteran CES Access points;
        - Use of the Veteran CES standardized assessment tool;
        - Orientation to the Veteran By-Name-List and prioritization process; and
        - The referral procedure and use of progressive engagement.
    - The CoC Veteran Committee will document attendance at annual trainings and make training material available throughout the year.

Marketing Policy

The CES is well advertised through the statewide 211 system, and the network of CES participating programs, which are already part of the homeless system. Flyers are displayed at the physical location of CES participating programs in a conspicuous location, and are available throughout the community.

Each project participating in the CES is required to post, or otherwise make publicly available, a notice provided by the MCoC that describes CE. This notice should be displayed at the physical location of CES participating programs in a conspicuous location, such as waiting areas, as well as areas where people may congregate or receive services (I.e., dining halls). All CES participating provider staff are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

Grievance or Appeal Policy and Procedure

Participant Grievance or Appeal

This policy refers to participant grievances regarding access to the CES only. If a participant has a grievance regarding a CES participating provider or representative of that provider/agency, they should follow that agency's grievance and/or appeal procedure.

Grievance Process

The CES participating provider serving as the CES access point should address any complaints by participants as best as they can in the moment. Ideally, the person and the CES participating provider will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure with the provider.

Appeal Process

If the aggrieved disagrees with the grievance resolution or the process by which the decision was made, they have a right to appeal the decision. This request must be made in writing and sent to the CoC Board of Directors President. If the CoC Board of Directors President has any real or perceived conflict of interest, the President shall follow the recusal process outlined in the MCoC Governance. The remaining CoC Board of Directors members shall vote to decide which Board Member will review the appeal. The aggrieved can request this recusal, for any reason, in the appeal letter. All appeals must be addressed at the next regularly scheduled CoC Board Meeting. The Board President, or designee, will inform both the aggrieved and the CES participating provider of the decision, in writing, within 72 hours of the close of that meeting. A copy of this letter will remain on file with the MCoC Collaborative Applicant. This is the final step in the Grievance and Appeal process.

Provider Grievance or Appeal

This policy refers a grievance pertaining to a complaint concerning a COC and ESG Funded violation or suspected violation of the policies and procedures.

It is the responsibility of all boards, staff, and volunteers of CoC-funded and ESG-funded programs/projects to comply with the rules and regulations of the MCoC CES. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing a CES participating provider is violating the CES policies and procedures. The procedure for filing a grievance is outlined in the procedure section of this document.

Provider Grievance

To file a grievance regarding the actions of a CES participating provider, contact the Chairs of the MCoC with a written statement describing the alleged violation of the CES policies and procedures, and the steps taken to resolve the issue locally. The Chairs of the MCoC will contact the CES participating provider about whom the grievance was filed for its statement. Once the Chairs of the MCoC have gathered all relevant information about the situation, they will decide if the grievance is valid and determine what, if any, action will be taken.

Once the Chairs of the MCoC have gathered all relevant information and documentation they will decide if the grievance is valid and determine, if any, further will be taken.

Provider Appeal

If the individual or agency filing the grievance, or the CES participating program about whom the grievance is filed, disagrees with the grievance resolution or the process by which the decision was made, they have a right to appeal the decision. This request must be made in writing and sent to the CoC Board of Directors President. The CoC Board of Directors President will bring the matter to the Board of Directors for discussion and a final decision.

ACCESS

No Wrong Door Approach

The coverage area of CES is the entire state of Maine. Access to the CES follows a “No Wrong Door” approach, which ensures that people have the same access to resources, referrals, assessments, and prioritization processes regardless of where or how they present for assistance. The principles of this approach are:

- People can seek emergency assistance through any of the CES Access points, including 211 Maine, local Emergency Shelters, PATH, and other local outreach providers;

- All access points utilize the Maine CES Initial Triage and Diversion Assessment per CES Procedures, and provide standardized linkages to subpopulation access points and emergency service referrals;
- People have equal access to information and advice about the housing assistance for which they are eligible, to assist them in making informed decisions about available services that best meet their needs; and
- CES participating providers have the responsibility to respond to the range of needs and act as the primary contact for people until a warm handoff can be made, if/when appropriate.

In some cases, people may need additional accommodations to access the CES. In these instances, the COC designates:

- 211 to serve as the primary point of contact for ensuring that all CE materials are available for people with limited English proficiency.
- CES participating providers provide linkages to communication accommodations through translation services to effectively and clearly communicate with people who have disabilities, including visual, audible, as well as with people with limited English proficiency.

Emergency Services

After-hours crisis response access is available via telephone through 211, which coordinates with police, emergency, and medical care services for people seeking emergency assistance twenty-four hours a day year-round. 211 also coordinates with domestic violence providers, emergency services, shelters, and other crisis programs, to ensure access to these crisis services twenty-four hours a day year-round.

Triage referrals to emergency services, such as emergency shelter, street outreach providers, and crisis response services, are not prioritized based on severity of need or vulnerability. The MCoC does not utilize prioritization during the initial triage and diversion assessment process and does not prioritize access to emergency shelter or crisis response services. This initial assessment is intended to meet the immediate safety needs of all individuals regardless of priority ranking.

Homeless Prevention

The CES will ensure that all potentially eligible people will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

Street Outreach

Street outreach programs, including PATH and SSVF, will function as access points to the CES process, and will seek to engage people who may be served through the CES but who are not

seeking assistance or are unable to seek assistance through programs that offer crisis services or emergency shelter.

ASSESSMENT

All projects participating in CE will follow the assessment and triage protocols of the CES. The assessment process will collect only enough participant information to prioritize and refer people to available housing and support services.

In accordance with HUD guidance, the MCoC's CES includes a standardized assessment process, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis. In Maine, there are two primary assessment mechanisms to evaluate need for housing resources for each individual or family: Length of Time Homeless (LOTH) and Vulnerability. These assessment processes and methodologies are used to prioritize clients according to the Ending Homelessness Resources Prioritization Chart, which includes LOTH and vulnerability parameters for each distinct population and corresponding appropriate resources as a result of the assessment.

Length of Time Homeless is determined by HMIS data, third-party verification, or self-certification in accordance with 24 CFR 576.500 and HUD Notice CPD-14-012. The assessment is conducted by a provider who has been trained to use HMIS and other the tools by the CoC, or its designee.

Vulnerability: Vulnerability is determined through a vulnerability assessment, primarily the VI-SDPAT (see below for alternative assessments). The VI-SPDAT is administered by providers for people experiencing homelessness, in accordance with the Written Standards, and is the approved vulnerability tool for ESG and SSFV providers, among others. Based on the specific set of questions inherent in the tool, an individual will be given a score. Participants have the right to refuse to answer any assessment questions. Trained providers, in their professional capacity, can adjust the score if a client is unable to answer, or accurately answer, the questions. The VI-SPDAT can only be conducted by a provider who has been appropriately trained to use this tool.

CES participating providers must use the standardized assessment methodology, to ensure that all persons served are assessed in a consistent manner, using the same process.

The ***combination of Length of Time Homelessness and Vulnerability*** documents a set of participant conditions, attributes, need level, and vulnerability, allowing the CES participating providers to identify a service strategy and housing plan according to need.

Alternative assessments, such as the Level of Care Utilization System (LOCUS) and the Adult Needs and Strengths Assessment (ANSA), may be used for specific resources and are considered approved, standardized assessment tools. These tools can help to identify and

prioritize needs for resources offered through the Department of Health and Human Services, including subsidies and service supports.

Maine CES Assessments

The Maine Coordinated Entry System will utilize a phased standardized assessment process that includes common assessment and prioritization tools including, Triage and Diversion Assessment, Length of Time Homeless, Vulnerability, and the Ending Homelessness Resources Prioritization Chart. The CES Process is described in the Procedure Section of this document.

The Steps for Standardized Assessment include:

CES INITIAL TRIAGE AND DIVSERSION ASSESSMENT: This first phase is intended to assess the immediate housing crisis, and determine if the individual can be diverted from, or must be directed towards, emergency services. CES participating providers conducting the assessment will examine existing CoC and participant resources and all other options that could be used to divert the individual from entering the homeless system of care.

INTAKE ASSESSMENT: The second phase of assessment is the collection of HMIS Project Specific Data Elements and Universal Data Elements necessary to enroll the participant in a crisis response project, such as emergency shelter or other homeless assistance project.

LOTH, VULNERABILITY, AND PRIORITIZATION ASSESSMENT: Each person is assessed for Length of Time Homeless and Vulnerability, in accordance with the assessment policy and procedures outline in this document. These assessments are meant to collect information to identify a person's housing and service needs with the intent to resolve that individual's housing crisis. Assessment information supports the evaluation of the participant's LOTH, vulnerability, and prioritization for assistance. The Ending Homelessness Resources Prioritization Chart is then used to identify and prioritize appropriate resources. This step may also include program-specific eligibility assessments, such as the LOCUS, the ANSA, and/or other Housing Barrier assessments necessary to refine, clarify, and verify the individual's housing and homeless history, barriers, goals, eligibility, and preferences.

HOUSING INTERVENTION AND REFERRAL: Based on assessment, eligibility, and priority criteria, an individual is referred to an appropriate housing intervention, including, but not limited to, Permanent Supported Housing (PSH), Transitional Housing (TH), or Rapid Re-Housing (RRH) projects. This step will also include program-specific eligibility assessments, such as the LOCUS, the ANSA, and/or other Housing Barrier assessments necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, eligibility, and preferences.

Participant Autonomy

It is crucial that people served by the MCoC CES have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made for them. In both instances, the refusal of the individual to respond to assessment questions or to accept a referral shall not adversely affect their level of priority or their access to housing resources.

Please note: Some funders require collection and documentation of a person's disability or other characteristics or attributes as a condition for determining eligibility. People who choose not to provide information in these instances could be limiting potential referral options and their subsequent eligibility for resources.

Nondiscrimination

The MCOC and the CES do not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, and will operate the CES free from discrimination on the basis of age, race, color, religion, national origin, physical or mental disability, familial or marital status, sexual orientation, or gender in accordance with all relevant and applicable laws.

People accessing the CES have the right to refuse to answer any assessment questions without retribution or limiting their access to assistance.

The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

Please note: Some funders require collection and documentation of a person's disability or other characteristics or attributes as a condition for determining eligibility. People who choose not to provide information in these instances could be limiting potential referral options and their subsequent eligibility for resources.

Privacy Protection

CE participating providers are required to notify and obtain consent for the collection, use, and disclosure of individuals' Personally Identifiable Information (PII).

Disclosure

Throughout the assessment process, people must not be pressured or forced to provide CES participating providers with information that they do not wish to disclose, including specific disability or medical diagnosis information.

Updated Participant Information

CES participant information will be updated regularly based on existing programmatic policies and procedures. Additionally, CES participating providers may update participant records with additional and/or revised information as it becomes available and/or known to them.

PRIORITIZATION

The MCoC will use data collected through the CE process to prioritize people experiencing homelessness within the CoC's geography. However, emergency services are a critical crisis response resource, and access to such services will not be prioritized.

It is the policy of the MCoC to use the CES to prioritize the housing needs of individuals based on Length of Time Homeless and Vulnerability throughout the MCoC Coverage area. The MCoC has established categories of priority which are applied consistently throughout the CoC coverage area and outlined in the most recent Ending Homelessness Resources Prioritization Chart (Appendix F).

REFERRAL

CoC and ESG program recipients and subrecipients use the CES established by the CoC as the referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs. Referrals will follow the Ending Homelessness Resources Prioritization Chart for all services available.

Referral Rejection Policy

Participant Declined Referral: One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Participants in the CES can reject service strategies and housing options offered to them, without repercussion.

Nondiscrimination

The CES referral process complies with Federal, State, and local laws to ensure participants are not "steered" away or toward particular housing facilities or neighborhoods based on age, race, color, religion, national origin, physical or mental disability, sexual orientation, or gender in accordance with all relevant and applicable laws.

DATA MANAGEMENT

All participant information collected, stored, or shared due to participation in the CES, regardless of whether or not data is stored in HMIS, shall be considered personal and sensitive

information worthy of protection and security associated with data collected, stored, or shared in HMIS.

All CES participating providers must ensure participants' data are secured regardless of the systems in which or locations where participant data are collected, stored, or shared, whether on paper or electronically.

CES participating providers must collect all data required for CE as defined by the CoC at each step of the CES process.

Data must not be collected without the consent of participants, according to the defined privacy policies adopted by the CoC. Participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Maine HMIS Authorization for Disclosure of Health and/or Personal Information (ROI)

All CES participants will be asked for verbal consent to enter and share personal identifying information collected during the Triage and Diversion Assessment phase in HMIS. The first provider to connect with the individual in-person must obtain a signed HMIS ROI must be collected before proceeding with the next steps in the CES assessment process.

The Maine CES does not require disclosure of specific disabilities or diagnoses to access the system. This information may only be obtained for determining program eligibility and making appropriate referrals.

Privacy Protections

The CoC must protect all participants' *personally identifiable information* (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CE participating providers will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD-established HMIS Privacy and Security requirements. The MCoC requires adequate privacy protections of all participant information per 24 CFR 578.7(a)(8) and the CoC Program Interim Rule HMIS Data and Technical Standards.

Maine CES operations and CES participating providers must abide by all Federal and State defined privacy protections, included in and defined by the HMIS End User Agreement. Consent protocols, data use agreements, data disclosure policies, and other privacy protections will be offered to program participants upon entry into CES.

Participants will be informed of the privacy rules associated with collection, management, and reporting of data through the CES.

The CoC prohibits denying services to participants if they refuse to allow their data to be shared, unless collection, use, and reporting is required by Federal statute as a condition of program participation.

HMIS Data Systems Procedures

Maine Homeless Providers (excluding DV providers) utilize a homeless database program called the Homeless Management Information System (HMIS). The HMIS system manages data, including data related to the CES, and is administered by MaineHousing. Data collected and managed in HMIS is defined by the CoC at each step of the CES process.

Client assessments must be recorded in HMIS in accordance with the MCOC *Data Quality and Best Practice Guide.*

EVALUATION

Regular and ongoing evaluation of the CES will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the CES is held accountable, where appropriate and applicable.

The System Performance Measures, including as they are affected by the CES, will be evaluated using HMIS data on a quarterly basis by the CoC Board of Directors. After review by the CE Committee and the CoC Board of Directors, results will be published on the public MCoC website.

Participating Provider Evaluation

CES participating providers play a crucial role in the evaluation of the CES. CES participating providers will collect accurate and meaningful data on people served by the CES. In addition, CES participating providers will review evaluation results and offer insights about potential improvements to the CES processes and operations. This will be collected through electronic HMIS user-group surveys.

Policies and procedures will be reviewed and updated at least annually based on evaluation and feedback.

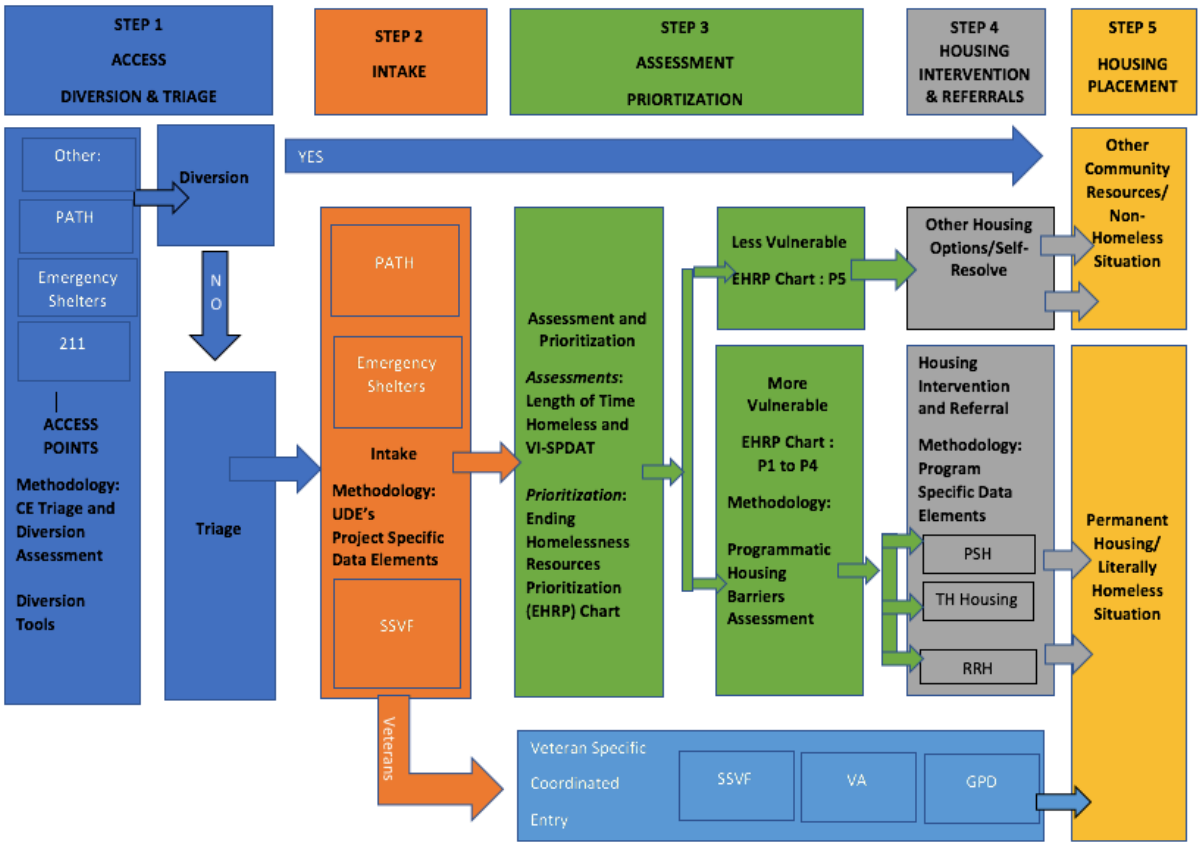
Participant Evaluation

The MCoC will evaluate the effectiveness of its CES using participant feedback, including:

- Appropriateness of questions asked on assessment;
- Effectiveness of process to find and secure referrals; and
- Satisfaction with placement.

MCOC COORDINATED ENTRY SYSTEM PROCESS

The four (4) Core Elements of Coordinated Entry: Access, Assessment, Prioritization, and Referral are represented in Maine's 5 Step CES process and visually outlined in the tool below. The concepts are taken from the HUD TA booklet, Coordinated Entry Core Elements, and the Maine Uniform Assessment Tool for Coordinated Entry.



Step 1: Access

Individuals experiencing homelessness, or who are at risk of homelessness, can easily access the MCoC CES by calling 211 Maine, presenting in-person at their local Emergency Shelter, or engaging with a PATH or other local outreach provider.

The first Coordinated Entry Triage and Diversion Assessment question will determine if the caller is fleeing a domestic violence (DV) situation and in need of DV specific resources. Callers needing, and desiring, this service will be given the immediate option to be referred to the State's DV crisis line and personal identifying information will not be collected or shared. No

participant who is, or has been, a victim of domestic violence, dating violence, sexual assault or stalking will be denied access to the CES.

Individuals who do not identify as needing, and desiring, specific DV resources will be asked if they consent to the collecting and sharing of information via HMIS for the purposes of coordinating resources through the CES process. Individuals who do not consent to HMIS data sharing and collection will be referred to resources utilizing 211's internal system, and personal information will not be collected or shared using HMIS. Regardless, all individuals will have the same access to resources as individuals who elect to enter and share data.

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected, entered, and shared in HMIS. Participant data in HMIS can be updated at any time to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. CES participating providers should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

Access via 211: The 211 hotline provides access to basic CE intake services 24 hours a day and is accessible from any location within the CoC. If an individual accesses CES via 211 Maine, the caller will be asked a series of questions utilizing the standardized CES Initial Triage and Diversion Assessment in HMIS. See Appendix A.

Individuals identified as literally homeless and/or individuals whose needs cannot be met through the Diversion Assessment, will be referred to the appropriate emergency shelter based on household composition, gender, age, and geographic preference. The referral will be facilitated via a warm hand-off telephone call to the shelter, and client information will be entered into HMIS by 211, via the Coordinated Entry Initial Triage and Diversion Assessment. 211 is available all hours of the day throughout the year to connect people with emergency services.

When a referral to an emergency shelter is not accepted by the individual, the individual will be offered a service only outreach referral to a PATH or SSVF (Veteran-specific) provider. The referral will be facilitated via a warm hand-off telephone call, and an email that will be generated in HMIS. If outreach workers are not available at the time of referral, they will contact the client as soon as practicable.

All individuals who access the CES will receive additional referrals to General Assistance and 211 to maximize client choice.

All diversion and homeless prevention referrals will be processed by 211 utilizing their internal system for tracking and reporting. Access points will coordinate information and referrals back and forth to ensure people at imminent risk of homelessness are provided coordinated access to CES participating homeless prevention services, regardless of where the participant first contacts the CES.

In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter without first receiving an assessment through coordinated entry. CE screening and assessment will be completed on all ES participants as quickly as possible.

Access via Emergency Shelter/PATH/Other Outreach Provider: Individuals presenting directly at an emergency shelter, or with an outreach provider in the community, will be asked a series of triage and diversion questions utilizing the CES Initial Triage and Diversion Assessment, with data collection occurring in HMIS. Individuals identified as literally homeless, and/or individuals who cannot be diverted from homelessness whose emergency needs can be addressed by the provider completing the assessment will proceed directly to *Step 2 of the CES*, Intake.

Individuals identified as literally homeless, and/or individuals who cannot be diverted from homelessness, and cannot be served by the provider completing the assessment, will be referred to the appropriate emergency shelter and/or outreach provider. The referral will be facilitated via a warm hand-off telephone call and client information and referral information will be entered into HMIS.

Street outreach teams will be trained on CE and the CES Initial Triage and Diversion Assessment process, which they will be able to facilitate and complete with participants they contact through their street outreach efforts. Street outreach teams will be considered an access point for the CES.

In accordance with training, any person conducting the CES Initial Triage and Diversion Assessment will make every effort to understand the sensitivity of a client's lived experiences in every aspect of the process to minimize risk and harm.

Step 2: Intake

Once an individual has entered the CES through a CES Access point, the individual will proceed with the specific project's intake procedure. Project-Specific Data Elements and Universal Data Elements will be entered in HMIS in accordance with the MCoC Data Standards. SSVF providers engaged with Veterans will proceed with the Veteran Specific Coordinated Entry System as outlined in Appendix I. Upon completion of project intake, individuals will proceed to Step 3 of the CES, Assessment and Prioritization.

STEP 3: Assessment and Prioritization

STEP 3 encompasses both Assessment and Prioritization.

Assessment

Once clients have been engaged, all persons served by CE will be assessed for Length of Time Homeless and Vulnerability.

Length of Time Homelessness: Length of Time Homeless is determined by HMIS data, third-party verification, or self-certification in accordance with 24 CFR 576.500 and HUD Notice CPD-14-012. The assessment is conducted by a provider who has been trained to use HMIS and other the tools by the CoC, or its designee.

Vulnerability: Vulnerability is determined through a vulnerability assessment, primarily the VI-SDPAT (see below for alternative assessments). The VI-SPDAT is administered by providers for people experiencing homelessness, in accordance with the Written Standards, and is the approved vulnerability tool for ESG and SSFV providers, among others. Based on the specific set of questions inherent in the tool, an individual will be given a score. Participants have the right to refuse to answer any assessment questions. Trained providers, in their professional capacity, can adjust the score if a client is unable to answer, or accurately answer, the questions. The VI-SPDAT can only be conducted by a provider who has been appropriately trained to use this tool.

CES participating providers must use the standardized assessment methodology, to ensure that all persons served are assessed in a consistent manner, using the same process.

The ***combination of Length of Time Homelessness and Vulnerability*** documents a set of participant conditions, attributes, need level, and vulnerability, allowing the CES participating providers to identify a service strategy and housing plan according to need.

Alternative assessments, such as the Level of Care Utilization System (LOCUS) and the Adult Needs and Strengths Assessment (ANSA), may be used for specific resources and are considered approved, standardized assessment tools. These tools can help to identify and prioritize needs for resources offered through the Department of Health and Human Services, including subsidies and service supports.

Participant Consent

As part of the assessment process, participants will be provided with a written copy of the CoC's "Participant Consent" form (aka., the Maine HMIS Authorization for Disclosure of Health and/or Personal Information form, and Exhibit A), which identifies what data will be collected, what data will be shared, agencies with whom the data will be shared, and the purpose of said data sharing. Participants will have the option to decline sharing data. Refraining from data sharing does not affect eligibility for CES, or the resources which it encompasses. Please see Appendix J for a copy of the CoC's "Participant Consent" form.

Updated Participant Information

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period, and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. CES

participating providers should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

Prioritization

The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Individuals eligible for PSH will be prioritized for available housing resources based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule).

Appendices B, C, and D; and Appendix E is a table summary of the basic priority order per HUD Notice CPD 14-102.

Prioritization Standards for PSH, TH, RRH, and other housing interventions/resources are outlined in Appendix F, Ending Homelessness Resources Prioritization (EHRP) Chart.

Once assessed for Length of Time Homeless and Vulnerability, providers will utilize the Ending Homelessness Resources Prioritization (EHRP) Chart (Appendix F) to prioritize individuals for available resources.

Individuals assessed as *Less Vulnerable,* defined as Priority 5 (P5) on the EHRP Chart, will proceed to STEP 5.

Individuals assessed as *More Vulnerable,* defined as Priorities 1 through 4 (P1-P4) on the EHRP Chart, may complete a housing barriers assessment prior to proceeding to STEP 4.

STEP 4: Housing Intervention and Referral

Individuals identified as *Less Vulnerable* in Step 3, defined as P5 on the EHRP Chart*,* will be referred to other community resources if they cannot self-resolve their housing crisis with little to no assistance.

Individuals identified as *More Vulnerable* during Step 3, defined as P1-P4 on the EHRP Chart*,* will be referred to appropriate housing resources, including but not limited to Permanent Supportive Housing (PSH), Transitional Housing (TH), or Rapid Re-Housing (RRH) projects. Prioritization Standards for referrals are described in Maine's Ending Homeless Resources Prioritization Chart (Appendix F).

- If a housing project accepts a referral and there is immediate availability, the individual will be enrolled in the project and their Project Specific Data Elements will be entered into HMIS.

- If a housing project accepts a referral, but it cannot be immediately accessed due to a lack of availability, either due to project capacity or due to individual's choice to reject the referral, the individual will be placed on appropriate project waitlists as applicable.

CES participating providers will continue to work with clients to monitor individual programmatic waitlist activity and make connections with other community resources.

Referral Rejection

***Participant Declined Referrals**:* Individuals and families will be given information about the programs available to them and provided choices, whenever feasible, based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, individual choice will be honored whenever possible regarding to which project to be referred. If an individual or family declines a referral to a housing program, the provider will provide other options suitable to meet their needs.

***Project Declined Referral**:* Refusals by projects are acceptable only in certain situations, including these:

- The person does not meet the project's eligibility criteria;
- The person would be a danger to self or others if allowed to stay at this project;
- The services available through the project are not sufficient to address the scope and/or acuity the person or family's needs; or
- The project is at capacity and is currently unable to accept referrals.

For all other justifications, as specified by the "referred to" project, the project must communicate the refusal to the CE Committee Chair within 5 business days of declining the referral. The project must notify the CE Committee Chair as to why the referral was rejected, how the referred individual was informed, what alternative resources were made available to the individual, and whether the project staff foresee additional, similar refusals occurring in the future. This information will then be shared by the CE Committee Chair with the CE Committee, which will discuss and decide upon the most appropriate next steps for both the project and the individual.

STEP 5: Housing Placement/ Non-Homeless Situation

Once an individual has moved into permanent housing, or another non-homeless situation, the CES participating provider will exit the client from its program in HMIS when and as applicable in accordance with HMIS Policies and Procedures.

Appendices

Appendix A: Triage and Diversion Assessment and Referral Appendix

Appendix B: Order of Priority in COC program-funded Permanent Supportive Housing

Appendix C: Order of priority in CoC program funded PSH Beds Dedicated to Persons Experiencing Chronic Homelessness and PSH Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

Appendix D: Order of Priority in PSH Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

Appendix E: Coordinated Assessment Priority Status Guidelines for COC Housing Resources

Appendix F: Maine Ending Homelessness Prioritization Chart and Guide

Appendix G: Terms and Definitions

Appendix H: Coordinated Entry System Roles

Appendix I: Veteran CES Policy and Procedure

Appendix J: HMIS Release of Information

Appendix A: Triage and Diversion Assessment

PRE-SCREEN (Non HMIS Questions)

1. **Before we get too far into this conversation, though it's a difficult question, it would be helpful to know if you are fleeing or attempting to flee domestic violence, sexual assault, stalking, or sex trafficking because there are specific resources that might best fit your situation.**
   - ❑ No (Continue to the next question)
   - ❑ Yes (Stop→ If household would prefer to speak with a domestic violence provider, call local DV Hotline)

Script: ***Next, I need a bit more information about you.*** **We collect personal information about the people we serve in a computer system called HMIS (Homeless Management Information System). Many agencies, *who work with people experiencing homelessness*, use this computer system. *Do you give* your consent to add your personal data into the system and share it in order to connect you with resources that best meet your needs?**

- ❑ No (Stop→ Individuals who do not consent to HMIS data sharing and collection will be referred to resources utilizing the 211 internal system and personal information will not be collected or shared using HMIS.)
- ❑ Yes (Continue to the next question. If completing assessment in person, collect signed HMIS ROI from client.)

HMIS ENTRY SCREEN

Project Start Date:_____

First Name: _____ **MI**: _____ **Last Name**: _____ **Suffix**: _____

Name Type:

- ❑ Full Name Reported
- ❑ Partial, Street Name, or Code Name Reported
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

SSN: _____ – _____ – _____

SSN Type:

- ❑ Full
- ❑ Approximate/Partial
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

U.S. Military Veteran? (clients 18 and older):

- ❑ Yes
- ❑ No
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

DEMOGRAPHIC

1. (If by phone) In case we get disconnected, what's the best way to reach you?
   - ❑ _____ (phone number)

2. Date of Birth
   - ❑ _____ (Date)

3. If under 18, are you legally emancipated?
   - ❑ Yes
   - ❑ No

4. Gender
   - ❑ Female
   - ❑ Male
   - ❑ Trans Female (MTF or Male to Female)
   - ❑ Trans Male (FTM or Female to Male)
   - ❑ Gender non-conforming (IE not exclusively male or female)
   - ❑ Client Doesn't Know
   - ❑ Client Refused
   - ❑ Data Not Collected

5. How many members in your household are in need of service? _____
   - ❑ How many members are adults? _____
   - ❑ How many members are children (under the age of 18)? _____

6. Caller Town
   - ❑ (*Drop down of 450 something towns*)

7. Where did you sleep last night? Residence Prior to Project Entry

HOMELESS SITUATION

- ❑ Place Not Meant for Habitation
- ❑ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- ❑ Safe Haven

INSTITUTIONAL SITUATION

- ❑ Foster Care Home or Foster Care Group Home
- ❑ Hospital or other Residential Non-Psychiatric Medical Facility
- ❑ Jail, Prison or Juvenile Detention Facility
- ❑ Long-Term Care Facility or Nursing Home
- ❑ Psychiatric Hospital or Other Psychiatric Facility
- ❑ Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- ❑ Hotel or Motel Paid for without an Emergency Shelter Voucher
- ❑ Owned by Client, No Ongoing Housing Subsidy
- ❑ Owned by Client, with Ongoing Housing Subsidy
- ❑ Permanent Housing {other than RRH} for Formerly Homeless Persons
- ❑ Rental by Client, No Ongoing Housing Subsidy
- ❑ Rental by Client with VASH Subsidy
- ❑ Rental by Client with GPD TIP Subsidy
- ❑ Rental by Client with Other Ongoing Housing Subsidy {including RRH}
- ❑ Residential Project or Halfway House with no Homeless Criteria
- ❑ Staying or Living in a **Family** Member's Room, Apartment or House
- ❑ Staying or Living in a **Friend's** Room, Apartment or House
- ❑ Transitional Housing for Homeless Persons (includes homeless youth)
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

A. DIVERSION

Directions: Attempt to problem solve with the client to determine if there are any support networks or resources the household can draw on. If the client is eligible for available non-financial and/or financial resources in the community, make a referral.

Script: ***I'd like to talk about whether there are any available resources to help you stay in a safe place tonight.***

8. If under 18, are you working on reuniting with your family?
   - ❑ Yes
   - ❑ No

     - ❑ If yes, Can you stay with family tonight?
       - ❑ Yes
       - ❑ No

9. (If literally homeless, skip and go to the next question)
Was where you stayed last night a safe location that you can return to?

- ❑ Yes
- ❑ No
- ❑ N/A

10. Do you have any resources to pay for a place to stay tonight?
    - ❑ Yes
    - ❑ No

11. (If literally homeless) Will any type of assistance help you to stay in a safe location?
    - ❑ Yes
    - ❑ No
        - ❑ If yes, what assistance is needed? _____
        - ❑ If yes, where is that safe location? _____

12. (All other clients) Will any type of assistance help you remain where you stayed last night or in another safe location?
    - ❑ Yes
    - ❑ No
        - ❑ If yes, what assistance is needed? _____
        - ❑ If yes, where is that safe location? _____

13. Have you applied for General Assistance in your community?
    - ❑ Yes
    - ❑ No

14. Has any service provider (ie case manager, social worker etc.) been helping you recently?
    Direction: If yes, obtain verbal permission, and have interviewer contact service provider
    - ❑ Yes
    - ❑ No

15. *(Answer question without asking client):* Did the Diversion of Assessment resolve the client's immediate needs?
    - ❑ Yes
    - ❑ No

If yes, end assessment and proceed to referrals
If no, continue with assessment

B. SHELTER ELIGIBILITY

16. What is your preferred community for shelter?
    → Drop down menu: Counties, regions and no preference.

Based on your current needs, I will now check to see what emergency shelter(s) and/or providers may be able to provide you with assistance.
Each shelter or program has different eligibility criteria but I can connect you with them by phone so that you can get more information about that criteria and their current bed availability. If you arrive in person without first calling the provider, you may not have access to a bed.

TRIAGE AND DIVERSION ASSESSMENT: REFERRAL APPENDIX

Region 1

City of Portland Family Shelter (Family)
207-772-8339
Portland, ME

City of Portland Oxford Street (Adult)
207-761-2072
Portland, ME

Preble Street Florence House (Women)
207-699-4392
Portland, ME

Preble Street Joe Kreisler Teen Shelter (Youth)
207-775-0026
Portland, ME

York County Family Emergency Shelter (Family)
207-324-1137
York, ME

York County Shelter Programs Adult Shelter (Adult)
207-324-1137
York, ME

Outreach Providers, PATH:

Aroostook Mental Health Center
207-498-6431
Serves- Aroostook

Community Health and Counseling
207-947-0366
Serves- Penobscot, Piscataquis, Hancock, Washington

Catholic Charities Maine
207-272-9210
Serves- Androscoggin, Oxford, Franklin, Sagadahoc, Brunswick and Bridgton area of Cumberland

Kennebec Behavioral Health
1-888-322-2136
Serves- All counties

Region 2

Bread of life (Family)
207-626-3479
Augusta, ME

Knox/Waldo Homeless Coalition-Hospitality House (Family)
207-593-8151
Rockport, ME

Mid-Maine Homeless Shelter (Family)
207-872-8082
Waterville, ME

RGH-Norway Family Center (Family)
207-743-6363
Rumford, ME

RGH-Rumford Family Center Monier (Family)
207-743-6363
Rumford, ME

RGH-Rumford Family Center Shelter (Family)
207-369-9439
Rumford, ME

Rural Community Action Ministry Homeless Shelter (Family)
207-524-5095
Turner, ME

Tedford Family Shelter (Family)
207-729-1161x113
Brunswick, ME

Tedford Adult Shelter (Adult)
207-729-1161x104
Brunswick, ME

Region 3

Bangor Area Homeless Shelter (Adult)
207-947-0092
Bangor, ME

Emmaus Homeless Shelter (Family)
207-667-3962
Ellsworth, ME

HOME Inc-Dorr House Emergency Shelter (Men)
207-469-7961
Orland, ME

HOME Inc-Duplex Orland Emergency Shelter (Family, Single women)
207-469-7961
Orland, ME

HOME Inc-St Francis Inn (Family, Single women)
207-469-7961
Orland, ME

Homeless Services of Aroostook- Sister Mary O'Donnell Shelter (Family)
207-764-4125
Presque Isle, ME

Penobscot Community Health Center Hope House Emergency Shelter (Adult)
207-217-6717
Bangor, ME

Shaw House Emergency Shelter (Youth)
207-941-2874
Bangor, ME

Outreach Providers, PATH:

Opportunity Alliance
207-523-5055
Serves- Cumberland

Sweetser
(800) 434-3000
Serves- York

Outreach Providers, SSVF

Preble Street Veterans Housing Services
800-377-5709

Veteran's Inc
800-482-2565

Appendix B: Order of Priority in COC program-funded Permanent Supportive Housing

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards, while also considering the goals and any identified target populations served by the project, and in a manner consistent with their current grant agreement.

Due diligence should be exercised when conducting outreach and assessment to ensure that people are served in the order of priority as adopted by the MCOC. HUD and the CoC recognize that some people (particularly those living on the streets or in places not meant for human habitation) might require significant engagement and contacts prior to their entering housing; projects are not required to keep units vacant where there are people who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons, using a Housing First approach, to place as few conditions on a person's housing as possible.

Appendix C: Order of priority in CoC program funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1st Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.

2nd Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness.
A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

3rd Priority: Chronically Homeless Individuals and Families with the Most Severe Service Needs.
A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

4th Priority: All Other Chronically Homeless Individuals and Families.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in the next section maybe followed.

Appendix D: Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

CoC Program-funded non-dedicated and non-prioritized PSH should offer housing to chronically homeless individuals and families first, but minimally are required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless.

1st Priority: Homeless Individuals and Families with a Disability with the Most Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.

2nd Priority: Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less, but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution, and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

3rd Priority: Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less, but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

4th Priority: Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.

Appendix E: Coordinated Assessment Priority Status Guidelines for CoC Housing Resources

Basic priority order per HUD Notice CPD-14-012

	Priority	Homeless Category	Length of Stay in Homelessness	Where Experience Homelessness	Severity of Service Needs	Documented Disability
Dedicated CH PSH Beds	1	Chronic - Individual or HHLD with Children	> 12 Months Continuous ***OR*** Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	2	Chronic - Individual or HHLD with Children	> 12 Months Continuous ***OR*** Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
	3	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	4	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
Committed CH Beds Created by Turnover (85% program goal)	5	Category 1 - Individual or HHLD with Children	Any Length of Stay OR = < 90 Days Institution	UN, ES, SH ***OR*** Institution if UN ES SH Prior to entry	High = VI-SPDAT Score of 10 or greater	Yes
	6	Category 1 - Individual or HHLD with Children	> or = 6 Months Continuous ***OR*** at least 3 episodes in 3 years > = 6 Months ***OR*** = < 90 Days in Institution	UN, ES, SH ***OR*** Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	7	Category 1 - Individual or HHLD with Children	Any time > 30 days ***OR*** = < 90 Days Institution	UN, ES, SH ***OR*** Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	8	Category 1 - Individual or HHLD with Children	*Any Length of Stay > 14 days*	TH IF previous UN, ES, or SH (*dependent on funding source CoC or ESG*)	Low=VI-SPDAT Score of 5 or greater	Yes

Appendix F: Maine Ending Homelessness Resources Prioritization Chart and Guide

2018 Ending Homelessness Resources Prioritization Chart

Length of Homelessness: Longest ↓ Shortest

N* = 6373	Resource Priority	Homeless Category	Parameters	N*	Length of Time Homeless (in 12-month period)	Resources Prioritized
1.5%	P1	Long Term Stayers (LTS)/Chronically Homeless: Individuals	Greater or equal to 180 days in a 365-day period; and/or VI-SPDAT flagged (score >8) including medically compromised; LOCUS (≥ 17), LOCUS ≥ 23 for PNMI (requires ANSA).	70	≥ 180	PSH: Prioritized S+C vouchers, prioritized Section 8 vouchers (VNED), ESHAP, BRAP, GA (in conjunction w/ BRAP), PNMI (requires ANSA). For Vets: HUD/VASH with initial SSVF assistance. For people with substance use disorders: Recovery housing.
	P2	Long Term Stayers (LTS): Families	Greater or equal to 180 days in a 365-day period; and/or VI-SPDAT flagged (score >8), LOCUS (≥ 17).	29	≥ 180	PSH: Section 8, ESHAP, GA, occasional S+C, BRAP. For Vets: HUD/VASH and SSVF, as family qualifies.
22%	P3	Domestic Violence Families & Individuals	Fleeing DV greater than 30 days; and/or VI-SPDAT flagged (score >3).	945	≥ 30	TSH (& PSH where appropriate): Section 8, BRAP, S+C, ESHAP, GA, STEP or HTS-HCV. For Vets: SSVF.
	P3**	Unaccompanied Youth Unable to be Reunited with their families **Prioritize youth-specific resources for youth immediately.	Greater than 30 days; and/or VI-SPDAT flagged (score >3).	100	≥ 30	TSH (& PSH where appropriate): GA, ESHAP, Wrap funds, rent and security deposit for DHHS OCFS placements, RHYA resources, BRAP if over 18, STEP or HTS-HCV. For people with substance use disorders: Recovery housing.
	P3	Less than Long Term Stayers (LTS) Individuals & Families	Greater than 30 days but less than 180 days in a 365-day period and/or VI-SPDAT flagged (score >3).	285	≥ 30 & < 180	PH, TSH, (& PSH where appropriate): Section 8, BRAP, S+C, Wrap funds, ESHAP. For Vets: SSVF, or where appropriate HUD/VASH. For people with substance use disorders: Recovery housing.
	P4	People Discharged from Institutions	Greater than 90 days and exiting institutions to homelessness, LOCUS ≥ 17, LOCUS ≥ 23 for PNMI (requires ANSA).	80	≥ 90	PH, TSH, (& PSH where appropriate): BRAP, PNMI (requires ANSA), GA, SSVF, HUD/VASH
76.5 %	P5	Circumstantially Homeless	Less than 30 days & not flagged on VI-SPDAT	4327	< 30	Safety Net Resources (to solve circumstantial homelessness): GA, Family Promise. For Vets: SSVF. For people with substance use disorders: Recovery housing.
	P5	Unaccompanied Youth Working Toward Reunification/stability)	Less than 30 days & not flagged on VI-SPDAT; RHYA Programs	537	< 30	Safety Net Resources (to assist unaccompanied youth toward family reunification/stability): RHYA resources, Section 13

PSH | TSH & PH | Safety Net Resources

People who are Veterans, elderly, experiencing mental illness, experiencing substance use disorders, and medically compromised could fit into any prioritization category as applicable (i.e., Veterans could fit into any category except <18 aged youth).

**Numbers are a snapshot as of July 1st of every year. They will be updated each July.*

KEY:

- PSH = Permanent Supportive Housing
- TSH = Transitional Supportive Housing
- PH = Permanent Housing (general, non-programmatic)
- S+C = Shelter Plus Care
- HUD/VASH = Veterans Affairs Supportive Housing
- BRAP = Bridging Rental Assistance Program
- GA = General Assistance
- VNED = Vulnerable, Non-Elderly Disabled
- PATH = Projects for Assistance in Transition from Homelessness
- PNMI = Private Non-Medical Institutions (ages 18+)
- ESHAP = Emergency Shelter & Housing Assistance Program (Housing Navigator Stabilization)
- SSVF = Supportive Services for Veteran Families
- STEP = Stability Through Engagement Program - Rapid Re-Housing (TBRA)
- TBRA = Tenant Based Rental Assistance – Rapid Re-Housing
- HTS = Home to Stay – Rapid Re-Housing HCV (Section 8 vouchers)
- VI-SPDAT = Vulnerability Index & Service Prioritization Decision Assistance Tool
- LOCUS = Level of Care Utilization System
- ANSA = Adult Needs and Strengths Assessment
- RHYA = Runaway and Homeless Youth Act Services

How to Use the Ending Homelessness Resources Prioritization Chart

The Ending Homelessness Resources Prioritization Chart is a guideline tool designed to see that people are matched appropriately with, and prioritized for, Maine's finite housing resources. In a nutshell:

- The relatively small group of people with the longest histories of homelessness and/or very complex circumstances underlying their homelessness are directed toward permanent supportive housing (PSH) resources, our most resource-intensive intervention.
- Conversely, the relatively large group of people with simple circumstances and brief experiences of homelessness are directed toward safety net resources, our least resource intensive intervention, to be rapidly rehoused.
- People with lengths of homelessness and/or levels of complexity of circumstances in between, depending on needs, are directed toward transitional housing (TH), and permanent housing (PH) for the most part, or in some cases PSH if that is warranted.

The Chart describes how this pertains to each population. There are eight Homeless Categories, and five Resource Priorities, into which the eight Homeless Categories fit. Columns are as follows:

- The "Homeless Categories" are generally listed from longest to shortest lengths of homelessness, and highest to lowest levels of vulnerability ("Resource Priority" P1 to P5).
- The "Resources Prioritized" are correspondingly listed from most intensive (PSH) to least intensive (Safety Net Resources).
- The "Parameters" column further defines each Homeless Category and its corresponding priority, and includes tools and benchmarks to assist in making this determination. Length of homelessness is the first listed parameter, followed by assessment tools and guideline assessment score ranges.
- The "Length of Time Homeless (in a 12-month period)" column discerns length of homelessness in days.
- "N" refers to people in each category per HMIS numbers for the latest year.

Analysis of HMIS data from MaineHousing staff has shown that length of homelessness frequently correlates with VI-SPDAT score ranges. For instances when this is not the case, the Ending Homelessness Resource Prioritization Chart Parameters allow for latitude to ensure very vulnerable populations, who have not yet met the length of homelessness criteria, are appropriately prioritized for resources based on vulnerability assessment. People who are Veterans, elderly, experiencing mental illness, experiencing substance use disorders, and/or medically compromised could fit into any Homeless Category and corresponding Resource Priority, as applicable (i.e., Veterans could fit into any category except <18 aged youth).

In summary, each "Homeless Category" has a corresponding "Resources Prioritized"; people are prioritized for housing resources, and referrals are made, accordingly. People categorized as P1 and P2 would be prioritized for, and be referred to, Permanent Supportive Housing (PSH) programs (the prioritization for PSH is consistent with HUD's Prioritization/PSH Notice). People categorized as P3 would be prioritized for, and referred to, Transitional Supportive Housing (TSH) programs (and PSH programs, where appropriate). People categorized as Priority 4 would be prioritized for, and referred to, general, non-programmatic permanent housing, and TSH (and where appropriate PSH). People categorized as P5 would be prioritized for, and referred to, existing safety net resources to assist with solving their homelessness.

Appendix G: Terms and Definitions

Chronically Homeless	HUD's definition: *Chronically homeless* means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months, or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
Case Conferencing	Local process for CE participating providers to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit providers of services and/or housing for people experiencing homelessness, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless Veterans, and people who are currently experiencing, or have a history of, homelessness.
Continuum of Care Program	HUD-funded program to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments, to quickly rehouse individuals and families experiencing homelessness while minimizing the trauma and dislocation caused to individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by individuals and families experiencing homelessness; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD-funded program to (1) engage individuals and families experiencing homelessness, including those living on the street; (2) improve the quantity and quality of emergency shelters for individuals and families experiencing homelessness; (3) help operate these shelters; (4) provide

	essential services to shelter residents; (5) rapidly rehouse individuals and families experiencing homelessness; and (6) prevent families and individuals from becoming homeless.
Homeless Prevention	Housing relocation and stabilization services as necessary to prevent the individual or family from moving to an emergency shelter or a place not meant for human habitation.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Projects for Assistance in Transition from Homelessness (PATH)	Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.
Public Housing Authority (PHA)	Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist people experiencing homelessness with a disability, or families with an adult or child member with a disability, achieve housing stability.
Rapid Re-Housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move persons and families experiencing homelessness (with or without a disability) as rapidly as possible into permanent housing.
Release of Information (ROI)	Written documentation signed by a participant to release personal information to authorized partners.
Transitional Housing (TH)	Program providing individuals and families experiencing homelessness with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Appendix H: Coordinated Entry System Roles

CoC Board of Directors	Responsible for the general oversight of the CES, including the approval of the CE Policies & Procedures document.
Collaborative Applicant	Entity that must (at the request of the CoC Board and on behalf of the CoC) apply for certain types of HUD funding, including funding for coordinated entry and planning grants.
HMIS Lead Agency	Operates the Homeless Management Information System on the CoC's behalf. Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS.
Participant	An individual or family which accesses the CES, at any step in the process. "Participant" encompasses people for whom the following commonly used terms could apply: Client, resident, guest, etc.
CES Participating Provider	Provider agency or organization that has agreed to provide supports/services to people experiencing homelessness on behalf of the CoC. A CES participating provider must execute a CE Participation Agreement with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in, and compliance with, the policies and procedures governing the CES operations. In order to receive CoC or ESG Program funding from HUD, entities are required to participate in coordinated entry.
Referral Partner	A type of CES participating provider. Referral partners will receive and consider referrals for their project(s) from the CES. They will sign a Referral Partner Agreement with the CE management entity affirming it is aware of, and will adhere to, all expectations for coordinated entry.
Mainstream Services Provider	Agency or entity that can provide necessary services or assistance to people served by coordinated entry. Examples of mainstream service providers include, but are not limited to, hospitals, mental health agencies, employment assistance programs, and schools.
U.S. Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homeless programs including the CoC and ESG Programs.
U.S. Department of Veteran Affairs (VA)	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to Veterans and their families.

Appendix I: Veteran CES Policy and Procedure

Integration with Coordinated Entry & Veteran Coordinated Outreach, Assessment, Screening and Denials of Service Policy and Procedure

Policy

It is the policy of the members within the Maine Homeless Veteran Action Committee (HVAC) to collaborate in identifying Veterans as the veteran subcommittee of the COC that collaborates with the state-wide Coordinated Entry System (CES). It is with the help of Maine HVAC that Veteran's experiencing homelessness, will be rapidly outreached and engaged to coordinate services of their choice. By allocating resources based on Veteran vulnerability and Veteran preference so that when a Veteran becomes homeless, it is rare, brief and nonrecurring. The following procedure outlines the Maine HVAC's integration with the Maine COC CES and veteran coordinated, outreach, assessment, screening, program denial, program exits and program absences.

Procedure

A. Integration with Statewide Coordinated Entry and Coordinated Outreach

1) At initial contact, veterans who enter coordinated entry will be entered into the Homeless Management Information System (HMIS) by 2-11 or a responding community provider at presentation with a housing emergency. At this initial entry into the coordinated entry system for assistance with a housing emergency/crisis, the veteran will be provided with two referral resources:
    a. An emergency shelter or other provider to address immediate shelter or safety concerns.
    b. One of two Supportive Services for Veteran Families providers, based on the veterans presenting region to provide outreach, veteran specific program eligibility screening and housing resource navigation.

Support Services for Veterans and Families (SSVF)
Veterans Inc. 207-298-0458 Preble Street 1-800-377-5709

2) When a call comes in to any of the above stated agencies the next step is to coordinate outreach and engagement efforts consistent with the following procedure for Outreach, Assessment, Screening and Denials.

3) If a veteran contacts any member of the HVAC Committee, that committee member commits to ensuring the veteran is entered into the statewide coordinated entry system either by entering the client directly into HMIS using the Coordinated Entry Fields, contacting 211 with the client or connecting the client with an HVAC member who is able to enter the client into HMIS.
4) If the above agencies, in coordination with other members of ME HVAC, are unable to verify veteran status, the ME HVAC will coordinate with other community homeless service providers to ensure the client is connected with an appropriate homelessness intervention.

B. Veteran Coordinated Assessment, Screening and Prioritization

1) Any Veteran, Agency, Community Provider or Community stakeholder can call or contact any of the below Veteran Homeless Providers (VHP) to connect a literally homeless Veteran to homeless assistance services.

<table>
<tr><th>Support Services for Veterans and families (SSVF)</th><th>VA Maine Healthcare for Homeless Veterans</th><th>Homeless Veteran Reintegration Project</th></tr>
<tr><td rowspan="2">Veterans Inc.
207-298-0458

Preble Street
1-800-377-5709</td><td>1-877-424-3838</td><td rowspan="2">Easter Seals
207-828-0754 ex 1004</td></tr>
<tr><td>Grant and Per Diem-Transitional Housing Programs
Veterans, Inc
207-298-0458

Volunteers of America
207-571-3359</td></tr>
</table>

2) When a call comes in to any of the above stated agencies the next step is to coordinate outreach and engagement efforts.
    a. Outreach and Engagement
        i. Attempts to contact the presenting veteran within 1 business day, with outreach occurring within 3-4 business days. Homelessness is treated as an emergency and outreach is a rapid response to engage literally homeless veterans before location or contact information changes.
            i. The goal of Outreach is to engage a Veteran to:
                a. Assess immediate basic needs i.e. food, clothing, and shelter.
                b. Assess a Veteran's vulnerability.
                    i. Vulnerability will be assessed using the Vulnerability Index-Services Prioritization and Decision Assistance

Tool (VI-SPDAT). This assists in prioritizing a Veteran and guides them to the appropriate homeless intervention.

c. Complete the Uniform Coordinated Assessment Packet (UCAP).

ii. If any of the above agencies receives a call from a Veteran who is experiencing unsheltered homelessness or is staying in a place not meant for human habitation, then the veteran will be immediately offered a referral to one of the veteran specific transitional housing programs to help address the immediate basic need for shelter.

iii. If any of the above agencies receives a call or encounters a Veteran but does not have the capacity to respond quickly (within 3-4 business days) that agency will identify these veterans for weekly veteran case consultation by contacting the HVAC committee chair or officer leading case consultation chair and/or emailing representatives from the above providers to coordinate outreach.

iv. The agency responding to the call for Veteran engagement:

i. Reply to all entities represented on the initial request ensuring that multiple agencies are not responding to a single Veteran in need.

ii. The responding agency will reach out to the referring agency's POC to ascertain more detailed information about the Veteran's current housing situation.

2) Uniform Coordinated Assessment and Vulnerability Prioritization

a. Any HVP that outreaches and engages a Veteran will need to begin the Uniformed Coordinated Assessment Packet (UCAP). Following the script, a Veteran will be asked "*where do you sleep most frequently."*

i. If the Veteran reports to be literally homeless, i.e., staying in a publicly run shelter, a place not meant for human habitation, safe haven or transitional housing program (Not Grant and Per Diem) the agency will proceed to complete the UCAP.

i. NOTE: If a Veteran is not literally homeless:

a. And the agency has prevention services proceed with project specific assessment and enrollment

b. If agency doesn't have prevention services then refer to your local SSVF provider for navigation and resources. Contact information for SSVF providers is stated above.

ii. Any Veteran that has been engaged and reports to be literally homeless, the HVP will complete a Uniformed Coordinated Assessment Packet (UCAP).

i. UCAP includes :

a. Homeless Management Information System's Universal Data Elements

b. Vulnerability Index-Services Prioritization and Decision Assistance Tool (VI-SPDAT). This assists in prioritizing a Veteran and guides them to the appropriate homeless intervention.
c. Interim Housing Plan or Interim Housing Track
d. Homeless Management Information System Release
e. Agency specific release.
    i. NOTE: Agency specific release(s) will not be provided in the UCAP and should include a section denoting a Veteran's willingness to participate in the Coordinated Assessment process.

ii. At the completion of the UCAP, the HVP will obtain a VI-SPDAT score. This score will be the primary tool to determine prioritization and referral for permanent housing offers.
    a. The VI-SPDAT score identifies the appropriate initial permanent housing intervention. Referral for eligibility determination and offers of permanent housing interventions are stratified as follows:
        i. **0-3**
        No or light intervention – Rapid Rehousing Intervention (SSVF or Community Funded)
        ii. **4-7**
        Rapid Re-housing Intervention (SSVF or Community Funded)
        iii. **8+**
        Refer to Permanent Supportive Housing Project (VA HUD VASH or Community Funded Program)

iii. In the rare event that multiple UCAPs are completed by multiple agencies for one homeless episode then the UCAP with the earliest date will drive the intervention.

iv. The need for transitional housing is not assessed through the VI-SPDAT and referrals to transitional housing (GPD) will be based on initial provider assessment in collaboration with transitional program (GPD) staff, the GPD Liaison and the client.

v. Enrollments in GPD can exist in parallel to enrollments with SSVF or HUD VASH in compliance with applicable program guides.

Grant and Per Diem-Transitional Housing Programs
Veterans, Inc. - 207-298-0458 Volunteers of America - 207-571-3359

C. Veteran Project Entry

3) Project Entry
    a. Decision for Veterans that score between 0 and 7
        i. If SSVF has the initial engagement they can proceed with an offer of entry into their program and if accepted begin their program specific enrollment process.
        ii. When GPD has the initial engagement;
            i. If the veteran is to be accepted in the GPD program, the GPD program should coordinate with SSVF program staff within 3-4 business days of entry into GPD. If the client is determined to be ineligible for SSVF than an alternative permanent housing plan must be identified with the veteran in the first 15 days with an offer to come within the first 30 days.
            ii. If the veteran is not to be accepted into GPD, the GPD provider will
                a. contact any of the SSVF providers within 3-4 business days
                b. Maintain contact with the Veteran and ensure the referral was picked up at case consultation.
        i. If the Veteran is initially engaged by HCHV service provider will need:
            i. To contact any of the SSVF providers within 3-4 business days
            ii. Maintain contact with the Veteran and ensure the referral was picked up at case consultation.
    c. Decision for Veteran that score 8 or more
        i. If the SSVF or GPD has the initial engagement and the Veteran scores an 8 or above then the Veteran is offered a referral to the Department of Veteran's Affairs Healthcare for Homeless Veterans (HCHV) program through the HCHV Hotline or during case consultation meeting whichever is sooner within 3-4 business days.
            i. When referring the Veteran to the Healthcare for Homeless Veterans the veteran or referring agency will need to provide the following information.
                a. Name
                b. Date of initial engagement
                c. Best way(s) to contact the Veteran
                    i. NOTE: In most instances this can and should be the referring person's contact information.
    d. Providers who refer identified veterans to another project will continue to engage the Veteran to assist with coordinating a warm hand-off for housing intervention.
            i. Services during this transition include ordering of service record DD-214s, Completing 10-10 EZs, transportation to and from HCHV appointments, financial documentation and birth certificates.

ii. IT SHOULD NOT INCLUDE: Housing goals and navigation except as a part of coordination through case consultation.

e. For Veterans who are identified through Coordinated Entry that articulate a desire for part time or fulltime employment as a part of their overall housing stability plan should be referred as quickly as possible to a Homeless Veteran Reintegration Program prior to their homelessness being resolved.

Homeless Veteran Reintegration Project
Easter Seals of Maine 207-828-0754 ex 1004

D) Veteran Project Denial, Program Capacity denials and or Project Enrollment Termination.

4) Veteran Ineligibility and or Denial of Project Entry
    a. If a veteran is not entered into a program due to eligibility, program capacity limitations and/or by veteran choice, then that program is responsible for bringing the veteran to case consultation.
    b. During case consultation the committee will be responsible for identifying a new permanent housing point of contact.
    c. If a point of contact is unable to be established through case consultation due to eligibility or program capacity limitations the individual is to be referred to a CoC Navigator or PATH provider for services as outlined in the Maine CoC's Coordinated Entry Policies and Procedures.
5) Project Termination:
    a. If a veteran is facing a discharge from any HVAC participating program, that program must at a minimum provide 48 hours' notice to the HVAC committee. Best practice is to provide 7 days' notice to the HVAC committee in all cases that do not involve an immediate safety concern.
    b. At case consultation a new intervention plan will be established and a new permanent housing point of contact will be identified.
6) Unexpected absence from a program
    a. If a veteran leaves a program without notifying staff of their location or plan, the HVAC committee will be notified within 48 hours. Through case consultation a new outreach plan will be established to attempt to reconnect with the missing veteran.

HMIS
The Data Does Matter!

MAINE HOMELESS MANAGEMENT INFORMATION SYSTEM
AUTHORIZATION FOR DISCLOSURE OF HEALTH AND/OR PERSONAL INFORMATION

For:_____ _____
(First Name) (Middle) (Last Name) (Date of Birth)

READ FIRST: _____ ("Participating Agency") participates in a federally funded Maine State Housing Authority ("MaineHousing") program for persons who are homeless. Such participation includes collecting and entering into a Maine Homeless Management Information System ("HMIS") certain personal and demographic information Participating Agency maintains for homeless persons it serves, and such information can also include health care information (such as needs assessment information used to establish your level of housing needs and services) if Participating Agency is a licensed health care provider. Information entered and maintained in the HMIS about you can then be accessed and used by MaineHousing and other participating agencies to evaluate outcomes and the effectiveness of MaineHousing's program in reducing homelessness. Authorizing Participating Agency to collect and enter into the HMIS personal and health care information about you may reduce or eliminate the need for you to be screened repeatedly by each participating agency from which you seek services (i.e., minimize the number of times you have to "tell your story"), allow you to receive services more quickly, and enhance MaineHousing's and participating agencies' ability to provide you with more effective coordinated services to meet your housing needs. If you wish to authorize Participating Agency to disclose your personal and/or health care information to MaineHousing and other participating agencies through the HMIS, please complete and sign this form. Participating agencies who are "covered entities" under HIPAA, may use and disclose your health care information only for purposes authorized by the federal HIPAA Privacy Standards and applicable Maine health care confidentiality law, pursuant to this authorization, and pursuant to each participating agency's own Notice of Privacy Practices, which is posted at each participating agency and should be offered to you by each participating agency from which you obtain services.

By signing below, I acknowledge, understand and agree that:

- ✓ My and my dependent children's (identified below) personal and health care information and records are protected by federal and state laws and regulations governing the confidentiality of client records and cannot be disclosed without my written authorization unless otherwise provided for in such laws and regulations. All agencies that participate in the Maine HMIS have an obligation to keep confidential my personal information, identifying information, records, and any health care information, they maintain about me and my dependent children as listed on this form below.
- ✓ *Unless I strike out this sentence*, I intend for this authorization to include disclosure of (i) any mental and behavioral health information maintained by any participating agency that is a licensed mental health agency, facility or program (which I have the right to review at any reasonable time before deciding to authorize its disclosure on this form); (ii)any mental and behavioral health information related to mental health services provided to me by licensed mental health professionals (i.e., psychiatrists, psychologists, clinical nurse specialists, social workers and counseling professionals) at a participating agency; and (iii) any HIV information maintained about me by any participating agency (which disclosure of HIV information could have adverse consequences, including loss or denial of employment, health insurance benefits, life insurance benefits, and other forms of discriminatory treatment, whether lawful or unlawful).
- ✓ *Unless I strike out any of the following*, I intend this authorization to include (i) the disclosure of records and information the disclosing agency has received from other agencies, healthcare providers or facilities, and (ii) subsequent disclosures of information that are within the scope of this authorization.
- ✓ This authorization is also intended to include disclosure of my historical record contained within the HMIS.
- ✓ I authorize the disclosures permitted by this authorization to be made through the HMIS, by fax, mail or orally, as deemed most appropriate by the parties authorized to share my information.
- ✓ None of the parties authorized to share my information under this authorization will receive any payment or other remuneration in exchange for disclosing my information, except as may be allowed by law.
- ✓ I may refuse to authorize the disclosure of some or all of the personal or health care information described on this form concerning me or any of my listed dependents below to any of the other collaborating Maine HMIS participating agencies. However, I understand that my refusal could result in improper services or other adverse consequences.
- ✓ Participating Agency will not condition services or treatment on whether I sign this authorization.
- ✓ I may revoke this authorization at any time, in writing, by notifying the Participating Agency in the manner described in Participating Agency's Notice of Privacy Practices, except to the extent that Participating Agency or other persons or entities have already acted in reliance on it. Revocation WILL NOT be retroactive.
- ✓ There is the potential that information disclosed pursuant to this authorization may be redisclosed by persons or entities receiving the information and that, as a result, the information may no longer be protected.
- ✓ Data derived from my information will be used by MaineHousing to report to funders, the Maine Department of Health & Human Services, and for advocacy purposes.
- ✓ All information collected on the Client Profile, Entry, Interim, and Exit Assessments, and the Shelter/Home to Stay prioritization tool will be shared with MaineHousing and other participating agencies through the HMIS to aid and assist service providers in obtaining housing and services for me and/or my household.
- ✓ I have a right to a copy of this signed authorization.

I have read the foregoing information, or it has been read to me, and I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction.

By signing below, I give permission to the Participating Agency identified above to disclose to and obtain from MaineHousing and the other Maine agencies participating in the Maine HMIS identified on Exhibit A attached, any personal information and health care information that any of these participating agencies maintain about me, or about any of my dependent children who are not authorized by law to authorize such disclosure on their own behalf. I authorize such disclosures for purposes of evaluating my housing service needs, coordinating the delivery of housing services to me, for evaluating outcomes and the effectiveness of the MaineHousing's emergency shelter homeless program in reducing or eliminating homelessness, and for the other uses and purposes described elsewhere on this form above.

This authorization will automatically expire in thirty (30) months, unless I revoke it earlier. To the extent that this authorization authorizes disclosure of any mental health information maintained by a licensed mental health agency, facility or program, this authorization will automatically expire in one (1) year with respect to the disclosure of such mental health information, unless I revoke it earlier.

_____ _____

Signature of Client, Guardian, Health Care Power of Attorney or Health Care Surrogate — Date

Provider Use:

☐ _____ did not give permission to share and exchange information with other Maine HMIS participating agencies for the purpose of evaluating services needed and to coordinate service delivery.

☐ _____ gave limited permission to share and exchange information with other Maine HMIS participating agencies for the purposes of evaluating services needed and to coordinate service delivery.

Note: If one of the above boxes is checked FAX this signed form IMMEDIATELY to the Maine HMIS Team at (207) 624-5768

EXHIBIT A

Maine Homeless Management Information System

AUTHORIZATION FOR DISCLOSURE OF HEALTH AND/OR PERSONAL INFORMATION

PARTICIPATING AGENCIES

Aroostook Mental Health Services, Inc.

The Bangor Area Homeless Shelter

Bread of Life Ministries, Inc.

Catholic Charities Maine

City of Portland

Area IV Mental Health Services Coalition (Common Ties Mental Health Center)

Community Health and Counseling Services

Community Housing of Maine, Inc.

Employment Specialists of Maine, Inc.

Families and Children Together (F.A.C.T.)

H.O.M.E., Incorporated

Homeless Services of Aroostook

Kennebec Valley Mental Health Center

Knox County Homeless Coalition

Maine Bureau of Veterans' Services

Maine Department of Health and Human Services

Maine State Housing Authority

Mid-Maine Homeless Shelter, Inc.

New Beginnings, Inc.

Penobscot Community Health Center

Preble Street

Portland Housing Authority

Rumford Group Homes, Inc.

Rural Community Action Ministry

Shalom House, Inc.

Shaw House

Sweetser

Tedford Housing

The Opportunity Alliance

York County Shelter Programs, Inc.

Western Maine Homeless Outreach

U.S. Department of Veterans Affairs

Veterans Inc.

Volunteers of America Northern New England, Inc.

Client initials: _____