**Maine Case Conferencing Recommendations**

Developed by HUD TA (Cloudburst)

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**Introduction**

HUD TA has been supporting the Maine Statewide CoC (MCoC) with the implementation of its newly-developed Coordinated Entry process since September 2023. This support has included assistance with the collaborative development of a referral process for housing programs, role clarification, and HMIS capacity building efforts.

Throughout HUD TA’s engagement with the MCoC, concerns about the effectiveness of case conferencing within its Coordinated Entry process have emerged, given that case conferencing is facilitated differently across the CoC’s 9 hubs. Over the course of several weeks in early 2024, HUD TA attended case conferencing meeting in each of the Maine CoC’s 9 coordinated entry hubs, to observe how each Hub Coordinator facilitated these meetings and develop recommendations designed to:

1. Improve the effectiveness of case conferencing as a tool for producing better housing outcomes for the people being served
2. Establish standards of practice to ensure case conferencing is delivered consistently across the 9 hubs
3. Ensure client data is appropriately collected and shared through case conferencing in support of improved housing outcomes for the people being served
4. Aid the MCoC CE Lead in the development and implementation of a continuous improvement process for case conferencing

**Problems Identified**

Prior to attending the case conferencing meetings, HUD TA met the Hub Coordinators, Housing providers, and CoC leadership. Each party shared their perspective about the challenges with case conferencing in its current iteration. Problems identified included:

1. Substantial decline in provider participation in CE case conferencing, attributed in part to the lack of housing resources presently available through coordinated entry.
2. Outreach team members attending case conferencing demonstrate unwillingness to engage clients with highest vulnerability, citing their large caseloads. Outreach seems to be bogged down providing long-term ongoing case management to clients that is beyond the scope of housing-focused outreach.
3. Housing providers attending case conferencing sometimes create an atmosphere that is counterproductive to the goals of case conferencing or that otherwise inhibits productivity at case conferencing meetings.
4. Housing providers decline referrals for individuals deemed not “document-ready”, thereby operating in ways inconsistent with the principles of Housing First and perpetuating inequity in the distribution of housing resources.
5. Housing providers have expressed concern that they have been pushed out of case conferencing meetings, and therefore are left in the dark about critical information shared or decisions made in case conferencing meetings.
6. Engagement of proponents of the Long-term Stayers (LTS) initiative.

**Additional Context/Background**

* Case conferencing, as defined in the Maine BoS CE P&P, is a “*local process for CE staff 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.”*

**HUD TA Observations**

Attendance

* Attendance at each Hub meeting was minimal in comparison to the total calendar invitation list. In a larger hub meeting where 51 people were invited (Hub 2) for example, 19 people were in attendance at the meeting and most did not contribute to discussion.
* The calendar invitations may not accurately reflect current attendance. There may be confusion or disagreement about “who” should attend that is reflected in the wide reach of meeting invitations.
* Within multiple hubs, only clients who are assigned to a worker present during case conferencing are discussed. Therefore, attendance is important for client outcomes.

Format

* All meetings began with confidentiality disclosure.
* Hub Coordinators generally go through the names listed on the BNL one by one, and beginning from the top (that is, the clients who scored the highest on the CE assessment), allowing attending providers to chime in with updates on the status of client and pending housing referrals.
* Generally, the hub coordinator shares their screen to show the by-name list, and updates the list in real-time.
* Each Hub Coordinator has their own unique way of documenting client updates. Some elect to employ a color-coding system to indicate that an action has been taken (i.e “blue” to indicate the client has been referred to housing) or some other distinction (i.e. “red” to indicate the client has not been located in XX amount of time). The notation system is not universal.
* Veterans were included in some case conferencing meetings (parallel to the veteran-specific by-name list), but were not addressed in others.

Time Allocation

* Multiple Hubs completed their meetings before the 40 minute point. Although this may be reflective of current resource availability, at present there appears to be more time available for client work and discussion.
* After the by-name list discussion, meeting attendees introduced additional items for discussion. Some of these items included alternative housing sources, for example (H4H). However, those items weren’t submitted in advance, and may not have been prioritized for the meeting. Total discussion time varied significantly by hub.

Resource Matching & Prioritization Awareness

* There was a general level of confusion about prioritization. As one meeting participant stated: “I’m not sure why we tell people to go inside if it moves them off the priority list”.
* Some clients who were included in the by-name list did not have scores available.
* Attendees didn’t think that the broader community was aware of prioritization schemes. The meeting attendees seem to be well-placed to serve as effective community ambassadors of information, but are not currently being utilized in this way.

Client Discussion

* Oftentimes a client’s status is unclear. When a client’s status was unclear and providers didn't have knowledge of their location, meeting attendees didn’t immediately develop a plan or implement a protocol for reestablishing contact.
* Prompts to begin these conversations in some hubs were general, such as: “does anyone else know \_\_\_\_?” “Has anyone been in contact with\_\_\_?”
* In one hub, although a client was in a known location (shelter), their representative did not contact the client prior to the meeting.
* When the client reaches the next step, and is “closed out” there doesn’t seem to be an immediate protocol that is apparent to all attendees.
* Multiple clients in meetings did not have any update available, including a “no-update” update.

**HUD TA Recommendations**

1. Memo from Maine BoS leadership to providers mandating participation in case conferencing
   1. Memo should define the purpose of case conferencing and establish the expectation that providers send representation to each meeting
   2. Providers should be prepared to report out on the housing status of the clients they are engaging with, as well as accept additional tasks/assignments during the meeting
   3. Case conferencing, in this iteration, is a departure from care coordination practices adopted in response to COVID-19. Maine BoS should articulate this fact and provide a specific date for which mandatory participation goes into effect.
2. Consider consolidating weekly Care Coordination meetings and LTS meetings with the Case Conferencing meetings to reduce opportunities for mixed messaging, duplication of work, or other confusion about which meeting providers ought to attend.
3. Consider developing a universal color coding system, with a legend, to indicate client status on the BNL.
4. Outreach teams are urged to evaluate their caseloads to determine which clients can effectively be transitioned to ongoing case management from another source, freeing outreach teams to engage new clients with a focus on unsheltered households with the highest vulnerability
5. Maine BoS is urged to conduct project monitoring in accordance with its established monitoring plan to audit the extent to which Housing Providers are abiding by the principles of Housing First.
   1. Per the Maine BoS CE P & P, “*program denials will be monitored at the system level. Maine Housing as the CE Operator will include in its quarterly report to the CE Steering Committee and Maine CoC Board data to show the reasons for denial for available housing openings in a given quarter so the committee may monitor and/or troubleshoot trends on a system level*.”
   2. Provider staff may benefit from additional training in Housing First
   3. Create a forum for provider staff to discuss the challenges they have encountered with implementing Housing First and use provider feedback to revise policies.
6. Leverage the CE Steering Committee to identify and discuss problems inhibiting the flow of unsheltered clients through the CE process and redesign procedures to eliminate barriers to CE access and stagnation in the housing process.
7. Integrate housing providers and PHAs into case conferencing as appropriate to support transparency and collaboration

* Manage expectations, roles, and responsibilities
* Determine who the appropriate parties are who should be attending case conferencing
* Ensure information shared in case conferencing is appropriately shared out to all relevant parties, including parties not in attendance

1. The Long-term Stayers meeting represents a parallel case conferencing and referral that brings community providers together in a secondary space and undermines coordinated entry case conferencing.
2. Our recommended next steps the Board can take to support the coordinated entry implementation:

* Develop messaging about coordinated entry and its benefits for distribution to community homeless services providers that do not currently participate in CE.
  + This messaging should advise that participation is coordinated entry is required for CoC-funded providers.
  + For non-funded providers, share the benefits of participation

**Recommendations from the MCoC Board President**

At the request of HUD TA, the MCoC Board President developed the following list of recommendations for effective case management, based upon the Board President’s experience facilitating the LTS meeting for the last eight years.

1. **Have meetings be broadly inclusive of all stakeholders.**  This is most important with complex cases, people requiring permanent supportive housing, and people experiencing chronic homelessness, a population that tends to ricochet through a wide array of emergency systems.  Bringing everyone together creates continuity of care and the most efficient access to housing.  It is important that meetings purposefully include a comprehensive array of stakeholders including housing providers (landlords, developers, housing authorities), mental health and healthcare providers, service providers in the criminal justice system, the County District Attorney, community policing, DHHS (Private Non-Medical Institutions, Intensive Case Managers, and other parts of OBH).  Other core participants should include direct service providers from shelters and outreach service-providing agencies – housing navigators, etc.

Including non-traditional service providers is important because the chronically homeless population frequently interacts with the emergency and criminal justice systems.  To house and keep this population housed, all systems with which they interact need to be partners in ending their homelessness.  These systems won’t be engaged for other homeless populations.  Their time is consumed with the chronically homeless population and how it touches their systems.

1. **Meetings should be about who is doing what to house - and keep housed- each person on the by-name list.** Other details are extraneous.  How people are doing in general is useful, but details are not necessary.  Terms like “struggling” or “engaged” say plenty.  Information about general whereabouts, whether they are staying in a shelter or multiple shelters, or outside is important.
2. **Meetings should include regular participation from everyone.**  These meetings are most effective if there is regular attendance.  Each participant brings added details that pull the puzzle together.
3. **Meetings should be run with utmost efficiency.**  It is important that the time spent feels entirely productive.  Meetings should include minutes so that people on vacation or unable to attend can remain informed. Minutes should include progress in housing placements as well as success rates in housing to encourage adequate services for success.
4. **Meetings should include a parallel focus on keeping people housed.**  A broadly collaborative membership should ideally wrap around each chronically homeless person on the list for their success in ending and preventing their homelessness.  This includes steady work ahead of each person’s housing, as well as steady work to ensure each housing placement is successful.  People should be monitored for their current level of support necessary for success in housing, and support should adapt to current presentations and needs.  The long-term support component is integral to long-term stability – and ending chronic homelessness, one of the pillars of the state’s goals.  Particularly for people with demonstrated patterns of chronic homelessness, keeping them on a by-name list after housing is secured is critical for success.  An eviction or repeated eviction can be a major setback and can also prohibit a person from accessing certain rental subsidies.  Long-term eyes-on from the collaborative case conferencing group is a key factor for overall system performance.
5. **Design should ensure that broad case conferencing helps inform positive system change.**  A broad array of players can motivate individual parts to work to de-silo the system, innovate, and share the group’s successes.  This can lead to cross-collaboration and policy improvements.  This has also helped to change systems to better serve this population – the criminal justice system in particular.  We have seen a District Attorney work with Intensive case managers to commute sentences and drop charges if the individual could instead get into treatment or obtain housing – realizing that the behavior that landed the person in jail was not criminality but symptoms of their long-term homelessness which can only be solved by (in most cases) a PSH intervention.
6. **Design should ensure case conferencing includes longitudinal data collection.**  Aggregate statistics gathered at these meetings, including what is in effect a longitudinal study of contacts by this population with hospitals/jails and a comparative analysis of the ratios for people housed vs unhoused, can and should influence policy decisions on cost savings alone.  Effective case conferencing should produce aggregate statistics as a by-product.  These are ripe for analysis and dissemination.  When shared, they should drive policy decisions to assist this population in securing PSH.  Some examples:
   1. Data collection has been consistently collated going back to March 2021 detailing this population’s contact with hospitals and jails when housed vs unhoused.  This data has driven policy decisions related to FUSE, LD 2, and the Medicaid Innovation Accelerator efforts that resulted in wraparound services for the chronically homeless population.
   2. This and other data have also driven the City of Portland to require a set aside for LTS for LIHTC housing developed using Tax Incremented Financing from the City.  This policy has resulted in over 100 units being created for this population, also accounting for the increase in housing rates as the effort has continued.  It has driven housing first opportunities for this population.
   3. This and other data have driven policy decisions by MaineHousing in targeting PSH to chronically homeless.  This has included tools to lower barriers such as project-based Section 8.
   4. This committee’s results have driven policy decisions by DHHS to target Shelter Plus Care and BRAP to this population prior to CE.  This has allowed Maine to make a huge jump start in ending chronic homelessness in Maine, at one point reducing it by 75% per HMIS data.
   5. This committee’s statistics have led to the creation of a pioneering ultra-low barrier housing for people stuck at the bottom of each list – people who have demonstrated a lack of success with all other housing options.  This has spawned creativity and innovation and ultimately has resulted in the successful housing of members of this population previously considered impossible to house.
7. **Collaboration is key to success.** People experiencing homelessness tend to touch disparate systems.  They are homeless because of system failures.  Case conferencing works to mitigate these effects.  When everyone works together, significant progress in ending homelessness occurs; when everyone works alone, progress is slow.  When done correctly, case conferencing should be unifying.

**Resources**

[Maine BoS CE P&P](https://docs.google.com/document/d/1lSwVDkk7fGasRKZsZJWrjouJnGCb0Iz-/edit?usp=drive_link&ouid=100491571444687163718&rtpof=true&sd=true)

[Coordinated Entry Self-Assessment](https://files.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf) (PDF)

[Coordinated Entry Implementation Assessment Worksheet](https://files.hudexchange.info/resources/documents/VA-Participation-in-Coordinated-Entry-Implementation-Assessment-Checklist.pdf)

[What Is Case Conferencing In Homeless Services? - Community Solutions](https://community.solutions/built-for-zero-communities-learn-how-to-design-everyones-favorite-meeting-of-the-week/)

[Case Conferencing Tool Bank](https://www.joinbuiltforzero.org/resources/case-conferencing-tool-bank/) - Community Solutions