# MODELS [illegible]ALISED INTAKE A[illegible]G LIST MANAGEM[illegible]

## FEASIBILITY REP[illegible]

**SPRC Report 12/06**

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Publications, SPRC, University of New South Wales, Sydney, NSW, 2052, Australia.
Telephone: +61 (2) 9385 7800 Fax: +61 (2) 9385 7838 Email: sprc@unsw.edu.au

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The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors

## Social Policy Research Centre

Alan Morris, Karen, Fisher, Ann Dadich, Kristy Muir, David Abelló, Kate Norris, Cassandra Bourne and Kristy Martire

## Disability Studies and Research Institute

Michael Bleasdale

## Authors

Alan Morris, Cassandra Bourne and Kristy Martire

## Contact for follow up

Dr Alan Morris, ph 02 9385 7808, email a.morris@unsw.edu.au

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## Abbreviations

| | |
|---|---|
| AHS | Area Health Service |
| AMHS | Area Mental Health Service |
| CANSAS | Camberwell Assessment of Need Short Appraisal Scale |
| Department of Housing | New South Wales Department of Health |
| Department of Health | New South Wales Department of Housing |
| HASI | Housing and Accommodation Support Initiative |
| SPRC | Social Policy Research Centre |
| UNSW | University of New South Wales |

**Figure 2.1: Issue grid**

| COMPONENT / ISSUE/AIM | Standardised Screening and Assessment Tool | Networked Database | Information Interface | Waiting List / Reassessment Register | Need evaluation Process | Allocation Procedure |
|---|---|---|---|---|---|---|
| **Transparency** | Helps ensure target groups are reached and that all potential clients experience a similar assessment process | Department of Housing and Department of Health will be able to access housing and service provider client records. | Potential clients receive all the relevant information regarding the services offered. | There will be a | | |

# 3 Systems Utilised by HASI-1

The process of gaining access into HASI-1 can roughly be broken into five stages - referral, application, assessment, filling a vacancy and finally meeting with the applicant. At present the way HASI is structured gives the support providers and other partner organisations a good deal of discretion as to who will be accepted into HASI and to shape the way each stage operates. There is little standardisation or uniformity.

***The five stages***

1) Referral

For a person to be considered for HASI, they must be referred to the local accommodation support provider. Referrals can be made by clients' family members, friends and carers, but in most cases referrals come from community mental health services and hospital inpatient units.

2) Application

Once a referral has been made, an application form is completed. In sites supported by New Horizons and Richmond Fellowship, the referring agent is responsible for completing the application form and obtaining informed consent. At sites supported by Neami, the referring agent provides Neami with the contact details of the applicant. A Neami staff member then completes the application form in an informal face-to-face interview with the client. The potential client's case manager and / or the referring agent will also attend this meeting.

Once the application form has been completed it is forwarded to the local selection committee. These committees are responsible for assessing the eligibility of applicants for HASI and will usually be comprised of members from both the support provider and the Area Mental Health Service.

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If they satisfy the eligibility criteria, HASI requires that each client undertakes a relative needs assessment. This includes a life skill profile, an account of the client's present accommodation status and a record of the number of days spent in inpatient care over the previous 12 months. Information is also required regarding the applicant's levels of support needs, levels of ongoing disability and any additional health problems they might be experiencing (Deakin 2004 Part B: 11-13; NSW Health and Housing 2003: 42-50).

Whether an applicant is deemed eligible depends on their assessment results, and on the evaluation of the *local selection committee* in the cases of Neami and Richmond Fellowship, and the *local placement committee* for New Horizons.

4) Filling a Vacancy

Once an applicant has been determined as eligible and their needs assessed, they are placed on a register of applicants in accordance with their relative needs score. People with a greater score are placed at the top of the register and are considered to have the greatest level of need at that time. It would appear that in all the sites the register is frequently reviewed and the order of applicants can change.

The register is known as t*he register of applicants* in sites supported by the Richmond Fellowship and *the contact register* in sites supported by Neami. These assignment lists are consistent with the earlier definition of a

***Equitable access***

- There is no way to ensure HASI target clients have equitable access across local support provider sites.

# 4 Literature and Model Review

In conducting the literature review of centralised intake and waiting list management systems it became apparent that there was a paucity of literature that describes and evaluates these systems. This was compounded by the specific target population of HASI - individuals with a psychiatric disability. In general, the literature on centralised intake and waiting lists tended to refer to generic populations and housing services, and did not focus specifically on supported accommodation and housing services for individuals with a psychiatric disability.

The three evaluations we examine below were selected because they capture in different ways vital features of centralised intake and waiting list management systems. *The Victorian Living Options Service evaluation* was the primary source of information regarding the development of standardised and screening assessment tools, networked databases and waiting list management. Furthermore, it was selected because the population it targeted was comparable to that of HASI.

The second evaluation chosen for inclusion in the literature review was *The Statewide Assessment and Referral in Homelessness Services Project*. Its inclusion was driven by the comparability of the geographical scale on which the HASI and homelessness projects operate. Furthermore, the homelessness project provided a strong conceptual framework for the discussion of centralised intake as it identifies and describes various intake models and the components required in constructing them.

The final evaluation presented in this review is the *Access to Community Care and Effective Services and Support (ACCESS) Program*. This was the only empirical investigation of the systems required to facilitate the operation of centralised intake and waiting list management. It examined the local interagency coordinating bodies, inter-agency management information systems / client tracking systems and standardised application procedures.

## 4.1 Victorian Living Options Service

The Living Options Service, established in 1998 (it ceased operations in 2002), was a 'centralised information, intake and referral service of Housing and Support Services provided for people with a psychiatric disability' (Corbo 2001: 3). The service covered the Northern region of Melbourne an

Service. A uniform screening tool was developed and, following completion of this, clients could be referred to the most appropriate service within that region. The Living Options service also managed and co-ordinated the regional database and website and clients could access information regarding generic housing options and services.

The evaluation of the Living Options Service Pilot (Corbo, 2001) is summarised below.

1. Development of the screening tool

The development of the screening tool was undertaken by a subgroup of the Northern Residential Mental Health Services Reference Group (NRMHSRG). In order to ensure that their understanding of housing, support, assessment and referrals had a common framework, the services worked together to develop the screening tool (Corbo 2001: 15). This involved the coordinator of Living Options meeting with each of the participating services and noting what questions were desired and what the concerns were. Ultimately the final screening tool was made up only of those questions agreed to by all the participating providers (interview with Brendan O'Connor).

The screening tool developed did not, however, alter the internal assessment procedure of participating housing and support providers as they maintained a 'back page'. Maintenance of individual 'back pages' allowed for further assessment of suitability by service providers using their own criteria (Corbo 2001: 15). The evaluation found that agreement on the content of the common screening tool would probably not have occurred if service providers were told that they were not able to have their own 'back pages'.

2. Ownership of the Living Options Service

As mentioned above, Neami managed the Living Options Service and held the funds for the service, employed the coordinator, and managed the website and database. The evaluation reported that a number of housing and support services felt that the service operated for the primary benefit of Neami and that they received little or n38(ary bene4o2]TJ-0.0001

Furthermore, there were cases where management had failed to inform workers of their participation in Living Options. In these cases resentment was also evident (Corbo 2001: 15).

On the other hand, service providers reported that in some areas their workload had decreased as a result of Living Options. Many reported a reduction in their workloads due to all initial queries and screening being redirected to Living Options (Corbo 2001: 19). Furthermore, services indicated that their intake process had become less time consuming due to Living Options collecting the initial information. Clinical services also reported a reduction in workload as all their housing and support queries could be directed to one central point. They no longer had to contact individual service providers (Corbo 2001: 20).

4. Costs/Funding

A number of agencies expressed their disappointment that the lead agency (Neami) received the funding despite the fact that all incurred some costs for participation in the Living Options service. Other issues identified were the lack of funding for computing resources (reducing the capacity for involvement by some organisations), cost of staff training and meeting times.

There were costs involved with the development of the database, its installation and associated training and support. The developer of Living Options revealed that there were some initial difficulties in developing a secure web-based database however these were overcome through the support of the company contracted to develop the information technology system.

The interview with Brendan O'Connor also highlighted problems regarding the ongoing funding of the project. When pilot funding from the Victorian Department of Human Services ceased after 2 years, North Central Primary Care Partnerships then took up funding for a period of 6 months, with the remaining 6 months of operation funded by NEAMI. However, attempts to secure further ongoing funding from the Department of Human Services were unsuccessful and Living Options was eventually forced to close its doors.

5. Data collection / Planning tool

A benefit highlighted by many of the services was the potential use of data collected via the centralised database for planning purposes. The Department of Human Services indicated that data collected would have an application as a planning tool for the area's housing needs. This view was reiterated in the interview with Brendan O'Connor who highlighted the additional benefit of eradicating double counting for clients on multiple waiting lists. Furthermore, he noted that service gaps could be identified with greater ease

However, the evaluation by Corbo (2001: 18) indicated that three housing and support services indicated that they were not enthusiastic about the idea of data collection as this had the potential to increase service accountability. The evaluation suggested that they found this threatening as it could expose inefficiencies.

6. Waiting lists

Although the Living Options Service was not utilised as a central waiting list by most of the of services, some indicated that they would eventually do so as a way to eradicate the duplication of client information and administrative effort (Corbo 2001: 20). There was, however, some scepticism about having one waiting list. Several of the services felt that 'if a consumer was on only one list their chances of getting a service was reduced, and it could make their wait seem longer' (Corbo 2001: 20).

## Summary and Conclusions

e) need for management / organisational support and recognition for the value of the service and the impact of participating on existing workloads for staff.

It is important to acknowledge the differences between the Living Options Service and HASI when considering the evaluation offered by Corbo (2001). Firstly, the Living Option Service included a range of housing support services for individuals with a psychiatric disability, offering long-term, shared, gender specific and permanent accommodation across a small region of Melbourne. In contrast HASI currently involves one housing and one accommodation support organisation in each local government area and covers most of New South Wales.

Secondly, the target populations differ. HASI 1 focuses specifically on clients with high support needs, while Living Options also involved a referral service for all individuals with a psychiatric disability and hence provided a systematic referral component and follow-up. It is unclear if such a comprehensive service is feasible for HASI at this stage.

Based on the Living Options evaluation, it appears that any centralised intake and waiting list management model proposed for HASI would ideally not involve one support provider managing the centralised system. This issue has also been recognised by other housing services, such as the NSW Federation of Housing Associations, that suggest it is inappropriate for a dominant service provider to manage a database and refer to services within the network that they are a part of.

A further issue concerns determining the funding body and the period for which resources are provided, as inadequate funding can undermine the contributions made by partner organisations to developing centralised intake and waiting list systems.

In regards to developing a common screening tool, agreement would probably be necessary among the support providers currently funded by HASI as to the content of this. A related issue concerns the appropriateness or desirability for the separate services to retain a 'back page' as the HASI funded services are all targeting the same population i.e. clients with high support needs. Thus a balance needs to be determined between autonomy for service providers including what they are equipped to offer clients, and equitable access to housing and support for HASI clients regardless of location.

### 4.2 The Statewide Assessment and Referral in Homelessness Services Project

The Assessment and Referral in Homelessness Services Project (A&RHSP) was funded and managed by the Community Programs Group of the Department of Human Services in Victoria during 2001. It was established to address the issue identified by the Victorian Homelessness Strategy that

> a lack of clearly visible entry points to the homelessness system, a lack of readily available information about service options, and poor co-ordination between existing services, made clients' experience of seeking assistance complicated and stressful. (Thomson 2001: 1)

requirements and not be 'bounced' from one service to the next. In order to achieve consistency, projects to develop common tools and guidelines would need to be coordinated centrally (Thomson Goodall Associates 2001: 69).

2. Develop agreed standards for assessment and referral in all homelessness services

This suggests that standards should be supported by a quality improvement strategy and a compliance framework linked to funding (Thomson Goodall Associates 2001: 70). That is, in order for services to continue to receive funding they must meet the standards agreed to by the funding body and partner organizations regarding appropriate service provision.

3. Implement a training strategy for assessment and referral including joint training across services (Thomson Goodall Associates 2001:71).

It was argued that that this would facilitate the development and implementation of standardised assessment and application tools and this will help ensure that access to services are consistent and equitable.

4. Develop, implement and resource an Information Technology (IT) strategy

It was argued that improved IT systems are required to 'support the assessment and referral frameworks' (Thomson Goodall Associates 2001: 71). The evaluation argued that there needs to be a compliance framework so as to 'to ensure all homelessness services participate'(Thomson Goodall Associates 2001: 71). The IT system would ensure that there was up-to-date data on vacancies and support available.

5. Develop standardised data collection for homelessness services. This would datf3CID 6 6ssne422 sc2pthi(Thom

These included intensive mental health, substance abuse, housing, primary care and income maintenance services (Randolph, *et al* 2002). By the end of 1999, approximately 400 clients had passed through each of the 18 ACCESS

while *interagency management information systems/client tracking systems* were in their initial stages at seven sites by trial completion. Finally, *uniform applications, eligibility criteria and intake assessments* were utilised at less than half of the nine sites and even then were still only in their initial stages. These findings led evaluators to conclude that some strategies have a higher probability of being successfully implemented than others, however they were unable to definitively explain why this is so (Coccozza *et al* 2000: 405). It was further concluded that systems integration strategies could be implemented, but only with significant additional technical assistance (Goldman *et al* 2002: 967).

The implications of this research for HASI is that centralised intake and waiting list management systems are costly in terms of both time and money, and that the investment of both of these resources does not necessarily mean that all aspects of the system will become operational or that investment in systems integration will produce the desired outcomes (Goldman *et al* 2002: 968). The evaluation of the ACCESS program also suggested that some strategies like uniform application eligibility criteria and intake assessment are more challenging to establish than other integration strategies like the local-interagency coordinating body. It is important to note that the integration attempted through ACCESS required the contribution of more diverse services than those participating in HASI, a difference which could have increased the difficulty and cost associated with integration.

### 4.4 Summary of general and HASI specific benefits and challenges identified through the review of the three models

#### 1. Standardised screening and assessment tool

*Benefits - General*

- Potential clients across many catchment areas are compared against the same eligibility criteria. This hopefully ensures that uniform criteria for admission are used irrespective of which service the client is applying to and that there is equitable access for all target individuals.

- Where a standardised screening and assessment tool is used it also has implications for the needs evaluation process. It facilitates the development of fair, efficient and consistent priority determinations and definitions of housing need.

- It provides information regarding clients in a standardised format that facilitates data comparison and analysis across services as all characteristics will be assessed and categorised in a standard fashion. This removes the potential for mis/multiple classification of client information.

- The use of a standardised screening and assessment tool limits the extent to which hidden criteria can inform and direct determinations of eligibility as all decisions are guided by the tools rather than the assessor or service provider.

*Benefits - HASI*

- Clients applying for housing and support services will be compared against the same eligibility criteria, irrespective of the identity of their local support provider.

- All local service providers will use the same screening and assessment tool. This will ensure that the HASI program will be client driven rather than service driven - the clients' characteristics rather than the service provider will determine eligibility.

- The standardised screening and assessment tool should provide a means of collating statewide data on HASI client profiles and levels of need. This will indicate what the current HASI service system is capable of providing and where changes need to be made.

- The use of a standardised tool should limit the extent to which the staff of various local area accommodation support providers are able to influence eligibility determinations beyond the scope of the selection and assessment criteria.

*Challenges - General*

- Services attempting to develop a standardised application and/or assessment form have found it difficult to satisfy the requirements of all partner organizations in one document.

- Developers of this component of the system must be careful that the tool is not so broad that it leads to too many people meeting the eligibility criteria as this could lead to the inappropriate inflation of waiting lists/registers (NSW Federation of Housing Association Inc, 1999: 11). It also may give those waiting the mistaken impression that they may be housed at some point when the reality is that only a small percentage will be housed (NSW Federation of Housing Association, 1999: 12).

- Standardised measures may limit the extent to which service providers are able to match client eligibility with their own specid1ioe Td[f TdodabsetW Federatio/TT1 1 Tf03a5l pc1(

*Benefits - HASI*

- The centralised database will enable the Department of Housing and the Department of Health to view the status of the HASI project at any given time. This means they will be able to see who has applied, who has been accepted / rejected, on what grounds and by which local accommodation support service. Thus it should be possible to assess the extent to which HASI eligibility criteria determine entry into the HASI system.

- A database should facilitate the decision-making process by informing the relevant Departments of the development or tailoring of services in response to the gaps that have been identified in the provision of services to individuals with a severe psychiatric disability. It will also allow more informed decision-making regarding ongoing and future funding requirements appropriate to the maintenance of the current level of service provision and possible service expansion across regions and providers.

- The database will allow service providers and the Departments (Health and Housing) to view the status of HASI at any given moment. This means that they should be able to more efficiently fill vacancies, gather information regarding client outcomes and analyse the profiles of clients who benefit most from the services offered within HASI.

- The data gathered through the screening and application process could be readily transferred to relevant allocation committees to facilitate speedy determinations regarding eligibility.

- Accommodation support providers are currently required to fill out many documents regarding their dealings with HASI and its clients. The process of completing and submitting these reports should be easier and probably more efficient when electronic transfer is possible.

*Challenges - General*

- Confidentiality and privacy of applicants in the way that their personal information is collected, stored, verified and employed presents a significant challenge. Sophisticated monitoring mechanisms will have to be developed to ensure compliance with privacy and consent legislation.

- The use of a centralised database would require applicants' consent to place their information on this database and allow for it to be transferred electronically. If many clients refuse to give their consent there is the potential for the networked database to be significantly undermined in terms of the benefits it will be able to deliver.

- There needs to be managerial support of the time investments required of staff in order to establish and learn the data collection system. As mentioned this has been found to be a time-consuming and challenging process that is often undervalued. Effective operation of the database requires that all staff members display competency in the procedural skill set necessitated by information technology systems. The database may be undermined by a lack of training, support or time investment on both staff and managerial levels.

- There would be a substantial cost involved in designing, implementing, staffing

suited to the service that they have contacted. This has the potential to streamline the process of accessing services.

- The introduction of an information interface will provide the scope for the seamless inclusion of additional service providers into an existing network as clients will not need to locate that service individually, or even be aware of its inclusion. All they will have to do is contact the interface which will then refer them to the most appropriate provider.

*Benefits - HASI*

- In the current HASI system, accommodation support providers receive enquiries about HASI and other programs directly. This can be very time-consuming. The implementation of an information interface would allow them to focus more specifically on the provision of support.

- Applicants who contact the HASI interface will not be turned away simply because they do not meet the specific HASI criteria, rather their need will be acknowledged and they will be assisted to locate the service most appropriate for their situation.

- If HASI were to expand to include more than one accommodation support provider in each local government area, applicants would not need to apply to each of these support providers, rather they could just contact the information interface and be referred to the one most suited to their needs.

*Challenges - General*

- The success of an information interface appears to hinge a lot on the skill of the coordinator. The coordinator role requires administrative, time management, policy and diplomacy skills (Corbo 2001: 16). Where this information interface takes on the role of a referral service a further skill set including crisis intervention, immediate needs assessment and risk assessment have been identified (Thomson 2001 Appendix D: A19). Finding the right person/s for the job will be a significant challenge.

- The boundaries of the services referral and information capacity must be clearly defined and appropriately resourced. Individuals who do not meet the specific

*Challenges - HASI*

- The size of HASI may mean that the benefits associated with an information

*Challenges* -

*Challenges specific to HASI*

- Although HASI already has a needs based allocation system, its benefits are somewhat stifled by the absence of a standardised tool by which to determine an applicant's need, and a centralised database by which to monitor needs assessments. This undermines the fairness and consistency normally attributed to needs based allocation procedures.

### 6. Allocation procedure (a common placement committee)

*Benefits* - General

- It can assist in the development and maintenance of inter-agency partnerships (Randolph *et al* 2002: 946).

- Allocation of available resources are not made arbitrarily by one influential individual, rather are made by a group of invested parties. This tends to improve the impartiality and accountability of the allocation procedure.

- The existence of an efficient and impartial allocation committee is not explicitly dependent on any other component of integrated systems.

*Benefits* – HASI

- HASI currently utilises a committee based allocation procedure.

*Challenges* - General

- It is often difficult to convene a cohesive and cooperative committee focused on a common goal. The parties involved may be operating with differing agendas, priorities and scopes for compromise. Disunity and incompatibility can influence the extent to which the committee can make informed and appropriate resource allocations.

- Attending committee meeting may be time-consuming and difficult to arrange considering the number of people involved and the demands on workers' time.

*Challenges* - HASI

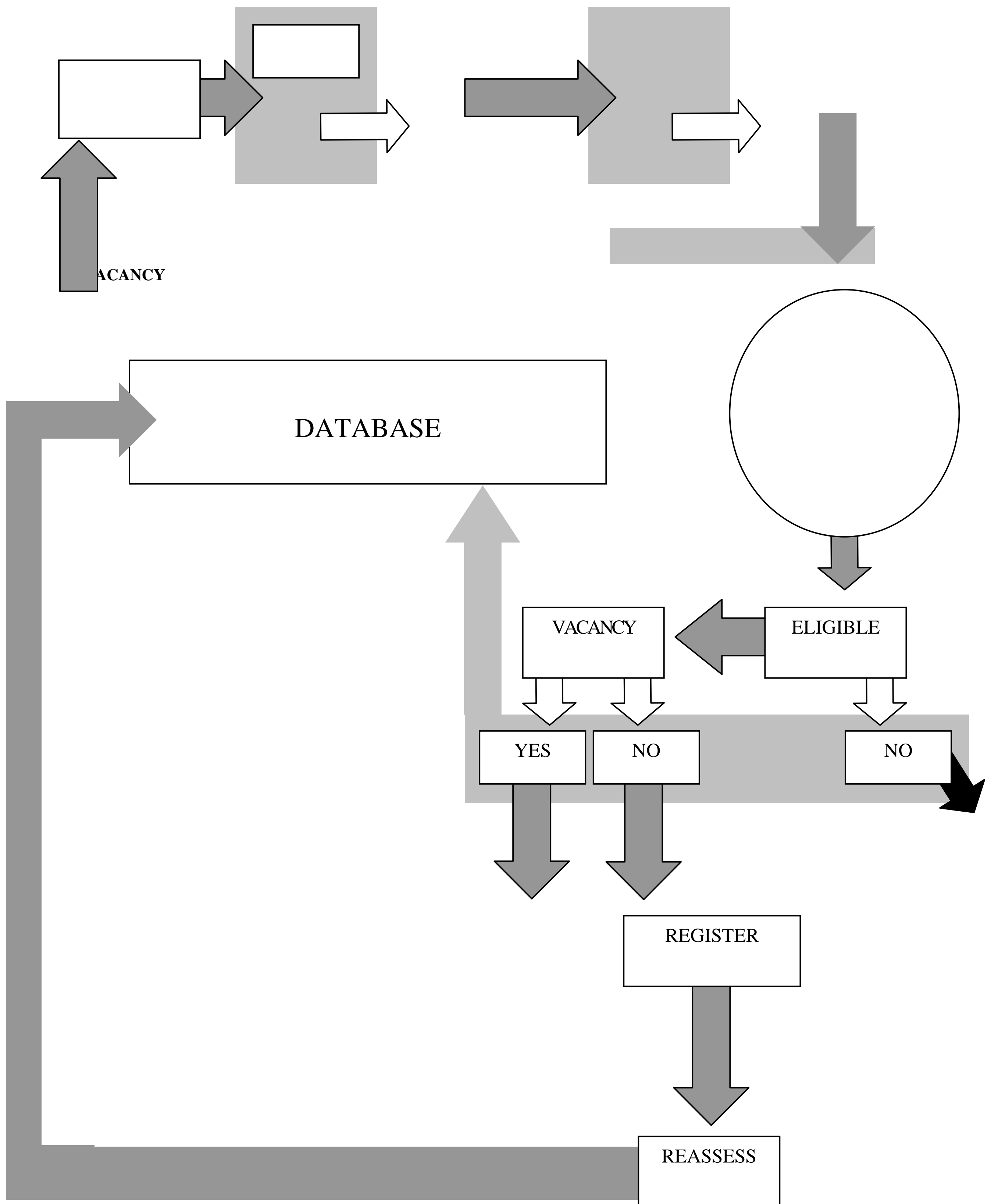
- It may be difficult to convene an allocation committee in a timely fashion after the notification of a vacancy as many people need to be contacted and common availability may be difficult to identify.

evaluation process can only provide its full complement of benefits when coupled with both standardised screening and assessment tools and a networked database.

In conclusion it is the resources available and the aims and future directions of HASI that will determine if a centralised syst

# Appendix A: Intake and waiting list management model

**Figure A.1: A partially integrated model for intake and waiting list management**



allocation committee. The eligibility of each applicant is determined by their compliance with HASI criteria. If deemed eligible the applicant is placed on the register and both the referrer and the applicant are notified of the applicant's progress.

If ineligible, the applicant and the referrer are informed of the mismatch and the applicant exits the system.

Step 6:

All information regarding eligibility decisions is entered into the database and is accompanied by a report from the placement committee to justify the decisions made. Accordingly, the decisions of the allocation committee are transparent to all of those on the networked database. Those applicants deemed eligible, but for whom there is no vacancy, are placed on the reassessment register.

Step 7:

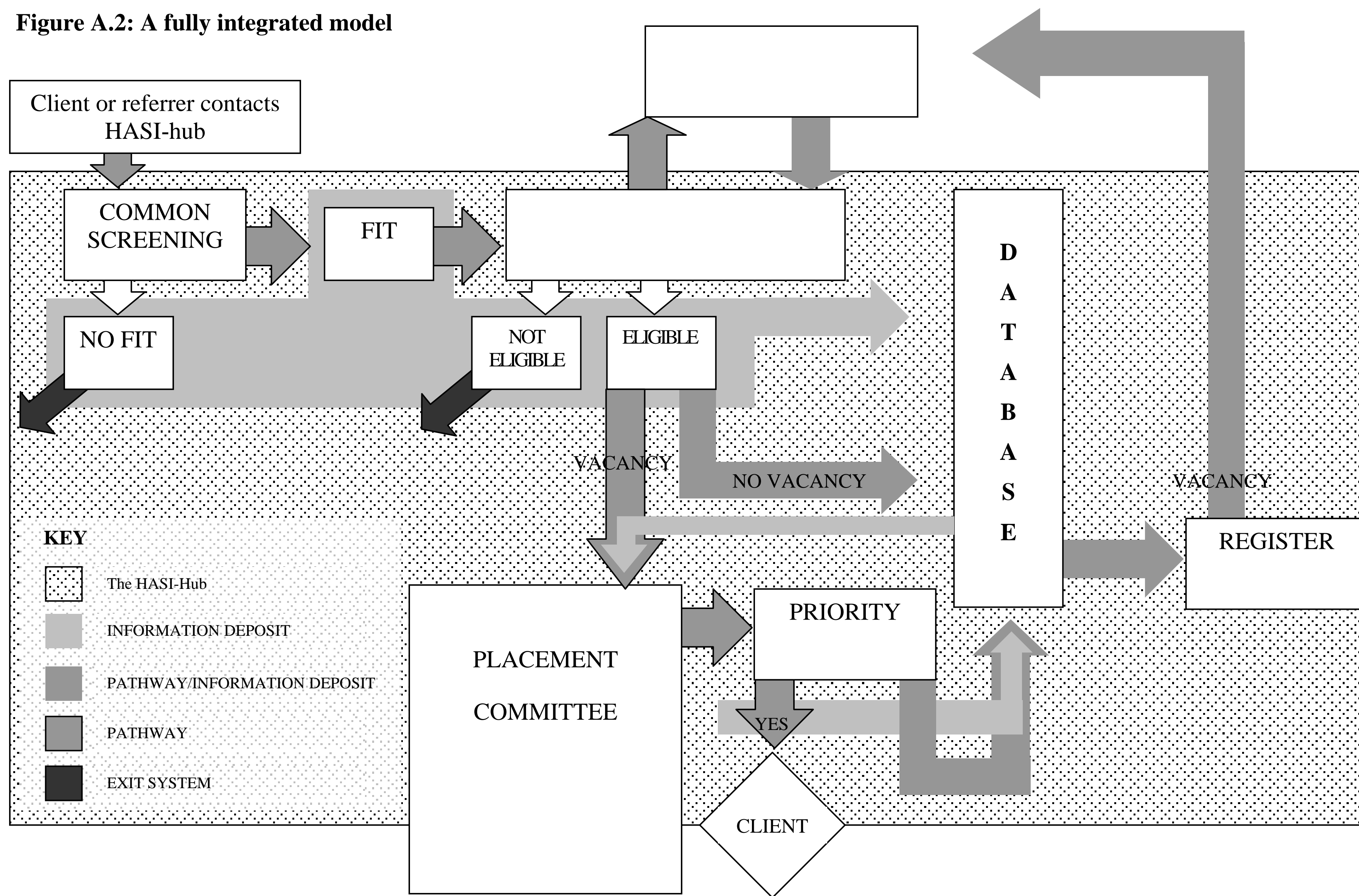
When a vacancy becomes available the database generates a list of all the applicants waiting to be placed and forwards it to the appropriate local service provider.

Step 8:

The service provider must then **reassess** each applicant on the register and enter their updated information into the database. The database then prioritises the applicants according to a needs based points system. The information of the highest priority applicant is then forwarded onto the allocation committee to determine eligibility and then housability. If the client is deemed eligible, and also appropriate for the vacancy, the applicant then becomes a HASI client.

If the applicant's circumstances have changed substantially from the time of their original acceptance onto the register (i.e. the applicant entered an acute phase of their illness while waiting to be placed), that applicant may be deemed ineligible for HASI. If the allocation committee is not satisfied that applicant is suited to the available vacancy, they may place the highest priority applicant back on the reassessment register (notifying both the applicant and the referrer) and request that the information on the next highest priority applicant be provided by the database. Eligibility and housability determinations are made by the allocation committee until a HASI client is located. Again, all the decisions made by the allocation committee must be recorded and made available to all those on the networked database.

**Figure A.2: A fully integrated model**



A fully integrated 'single entry' model incorporates all of the components of centralised intake and waiting list systems identified in this report. The key component of this fully integrated model is the information interface, referred to here as the HASI-hub.

Step 1:

Entrance into this system is initiated when the client or referrer contacts the **HASI-hub** either in person or over the phone. The HASI-Hub is manned by a system coordinator whose particular skills are comparable to those described by Corbo (2001: 16). The coordinator addresses the enquiry conducting a brief **screening** questionnaire to establish the applicant's compatibility with the HASI criteria.

Step 2:

If the applicant does not fit, their deidentified data is entered into the **database** by the coordinator.

If the inquirer to the HASI-hub is an appropriate referring agent (most likely the applicant's mental health case manager) and the applicant is considered to fit the HASI criteria, the standardised **assessment** tool is issued to the referrer for completion with the applicant. In this case the assessment package also includes a form requesting consent, which will apply retrospectively to the individuated data gathered at screening. If it is the applicant who contacts the HASI-Hub, and they appear to fit the HASI criteria, the coordinator will obtain both informed consent (which will apply retrospectively to individuated data from the screening stage) and information regarding the applicant's mental health case manager. The coordinator will then issue the standardised assessment tool to the referrer for completion with the applicant.

Step 3:

The information gathered by the referrer from the completion of the standardised assessment tool is then returned to the HASI-hub and is used to complete the **application** form. If additional information is required, the coordinator will contact the applicant's referrer. Once the application form is complete the coordinator determines the eligibility of the applicant for HASI.

Step 4:

The coordinator's decisions are entered into the database along with any outstanding information from the assessment and application stages and the applicant and the referrer are notified of the applicant's status. If the client is ineligible the applicant exits the system.

If the applicant is deemed eligible the applicant's information is placed on the reassessment **register**. Both the applicant and the referrer are informed of the applicant's status after the coordinator determines eligibility.

Step 5:

When there is a vacancy all applicants on the reassessment register are reassessed. This updated information is gathered through the reissuing of the standardised assessment tool to each referrer who has a client on the register. This list is generated by the database. If any applicants are deemed ineligible at this stage, the referrer and the applicant are both notified of the change in status.

Step 6:

The coordinator then ascertains that those on the register are still eligible for HASI and then forwards the name of the priority applicant to the **allocation committee**. The allocation committee is composed of the coordinator and a minimum of one representative from the local area mental health service, the local support provider and the housing provider. The allocation committee determines whether or not an applicant can fill the available vacancy. If the applicant is appropriate, they become a HASI client.

If they are not appropriate they return to the register and await reassessment for the next vacancy. The coordinator then provides the allocation committee with the next highest priority applicant and so on until the vacancy is filled.

Step 7:

All of the determinations of the allocation committee are entered into the database by the coordinator to ensure transparency of the allocation procedure. The referrer and the applicant are notified of any decisions made by the allocation committee regarding placement.

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