



The Role of Outreach and Engagement in Ending Homelessness: Lessons Learned from SAMHSA's Expert Panel

Coordinated and persistent outreach, in-reach, and engagement efforts allow communities to bring services directly to people experiencing homelessness who otherwise might not seek out services and to connect them to permanent housing and necessary supports. Many individuals experiencing homelessness are disengaged from — and may be distrustful of — public systems and may be reluctant to seek assistance. Assisting individuals to overcome these barriers often requires significant outreach time and effort, and can take months or even years of creative and proactive engagement.

What We Heard: Practices that Work

- 1. Housing First.** Connecting people with permanent housing as quickly as possible provides a platform for addressing health issues, pursuing employment, and attending to other needs, thereby reducing the likelihood of reoccurring homelessness. With evidence of the effectiveness of the Housing First response and increased availability of supportive housing at the local level, community outreach efforts can offer more than meeting only the basic needs of individuals experiencing homelessness — they can offer connections to meaningful pathways to housing stability.
- 2. A systematic, documented approach.** Regular and consistent documentation of outreach efforts decreases the likelihood of overlooking individuals experiencing homelessness who are most in need, as well as the duplication of services. A systematic approach also allows greater participation from other partners and systems in the community and faster access to a wider variety of targeted and mainstream programs.
- 3. Collaboration with nontraditional partners.** Homelessness service providers are teaming up with a variety of other nontraditional partners, such as law enforcement, jails, prisons, hospitals, and other health care providers, to identify and target individuals who may be experiencing or at risk of homelessness and to connect them with housing and services. Salt Lake City, for example, is piloting a program in which social workers accompany police officers as they canvas the city's streets. Another example are providers who partner and build relationships with insurance enrollment and outreach efforts associated with the Affordable Care Act.
- 4. High quality data.** HMIS or other data systems, such as an active list, include client-centered data on all persons experiencing homelessness within the community and is informed by various data sources. All outreach contacts should be recorded and permanent housing offers tracked and monitored on an ongoing basis. Having high quality and complete data at the person level allows for communities to better monitor their progress and hold themselves accountable to identifying and quickly helping every individual experiencing homelessness.
- 5. Coordinated entry.** As communities begin to implement or strengthen coordinated entry processes, they create opportunities for providers who may not have communicated as regularly in the past to collaborate in new ways and simultaneously promote the standardization of housing assessment and referrals, improve targeting, and more quickly connect people to appropriate and tailored housing and services. This process also encourages communities collectively to prioritize housing for individuals with the highest need.

In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS) sponsored an expert panel to discuss outreach toward, and the engagement of, individuals experiencing homelessness.

Planned with assistance from the U.S. Interagency Council on Homelessness (USICH) and the U.S. Department of Housing and Urban Development (HUD), this virtual event was a forum for exchanging knowledge on outreach and engagement approaches and for beginning the process of codifying that which is critical to those activities.

Panelists shared research-based knowledge, field experience, and best practices in conducting outreach and engagement.

6. **Targeting.** Assessment has improved greatly over the last several years, allowing outreach workers to more quickly identify people experiencing homelessness and connect them with the housing and services that are most appropriate. Often, the population with the highest needs are frequent users of shelter, emergency health services, and the criminal justice system. Targeting individuals based on vulnerability *and* high utilization increases the probability of comprehensive outreach by diversifying the points at which individuals are identified.
7. **Data sharing.** When data sharing across the system occurs, individuals with the highest needs can be identified more easily from multiple systems and programs. Formal agreements and memoranda of understanding exist to address privacy and confidentiality issues associated with sharing other sources, such as hospital and jail data.
8. **Hot-spotting.** Incorporating data on utilization of services, or hot-spotting, is a process for identifying concentrations of high-need individuals geographically. Periodic mobilization of intensive, comprehensive outreach across a community's full geography can identify and confirm locations of "hot spots."
9. **Institutional "in-reach."** The needs and experiences of individuals experiencing or at risk of homelessness make corrections, health care, and behavioral health systems all prime candidates for institutional in-reach. For example, in Los Angeles, a collaborative was formed to provide pre- and post-incarceration services to meet the needs of chronically homeless individuals who have repeatedly been involved with the criminal justice system to ensure that they have supports as they seek employment and family reunification upon reentry.
10. **Warm hand-offs.** Outreach workers often forge deep ties with individuals experiencing homelessness. Effective outreach ensures that there is a gradual, warm handoff to housing and service providers. Street outreach workers should also visit people in their housing for the first few weeks after move-in to reinforce the transition and to provide support to the individual and their providers.
11. **Training on evidence-based practices.** Trauma-Informed Care, Motivational Interviewing, and Critical Time Intervention are among the many evidence-based practices (EBPs) useful to those working with individuals experiencing homelessness. Where time and resources permit, formal trainings for both homelessness service providers and other community members on these EBPs will increase the effectiveness of the community's outreach, in-reach, and engagement efforts.
12. **Diversity of approach.** The continuity of traditional outreach — on the street, in encampments, at drop-in centers, and in soup kitchens — is important, but outreach and engagement efforts must be diverse and robust. For example, using social media can be particularly effective in reaching youth experiencing homelessness.

What We Heard: Our Charge

Identify essential components of outreach and engagement. The list of components contributing to successful outreach and engagement should be refined, studied, and shared with communities. Curricula should be adopted or developed to teach staff essential skills, such as open communication, ethics, cultural competency, mental health first aid, staff care, strength-based and person-centered approaches, recognizing patterns of interaction, and accessing coordinated entry. Supplemental training on preferred or best practices in case management and on using data is also recommended.

Creatively resolve funding issues. Outreach and engagement activities can be the most challenging to fund, in part due to an unclear understanding among funders of what outreach services entail. The role of outreach in preventing and ending homelessness should be better promoted, and additional guidance should be created regarding the federal resources that can be used to fund these activities.

Ensure that local Housing First responses are inclusive of access to health care and recovery supports. Housing First must not be interpreted as *housing only* or *housing as first in a fixed sequence of service* provision. Providers and policymakers should continue to promote this concept and ensure that messaging emphasizes that the path leading to permanent housing should include connections to health and behavioral health services and supports based on the needs and preferences of the individual.

Clarify data-sharing parameters. Navigating the intricacies of data-sharing has proven difficult for some communities. Providers and staff at the local and national levels should develop and share best practices and "how-to's" based on community experiences. To that end, more federal support on understanding confidentiality requirements, particularly the Code of Federal Regulations—Title 42, should be provided as well.