

# Outreach Plans

JULY 16, 2020

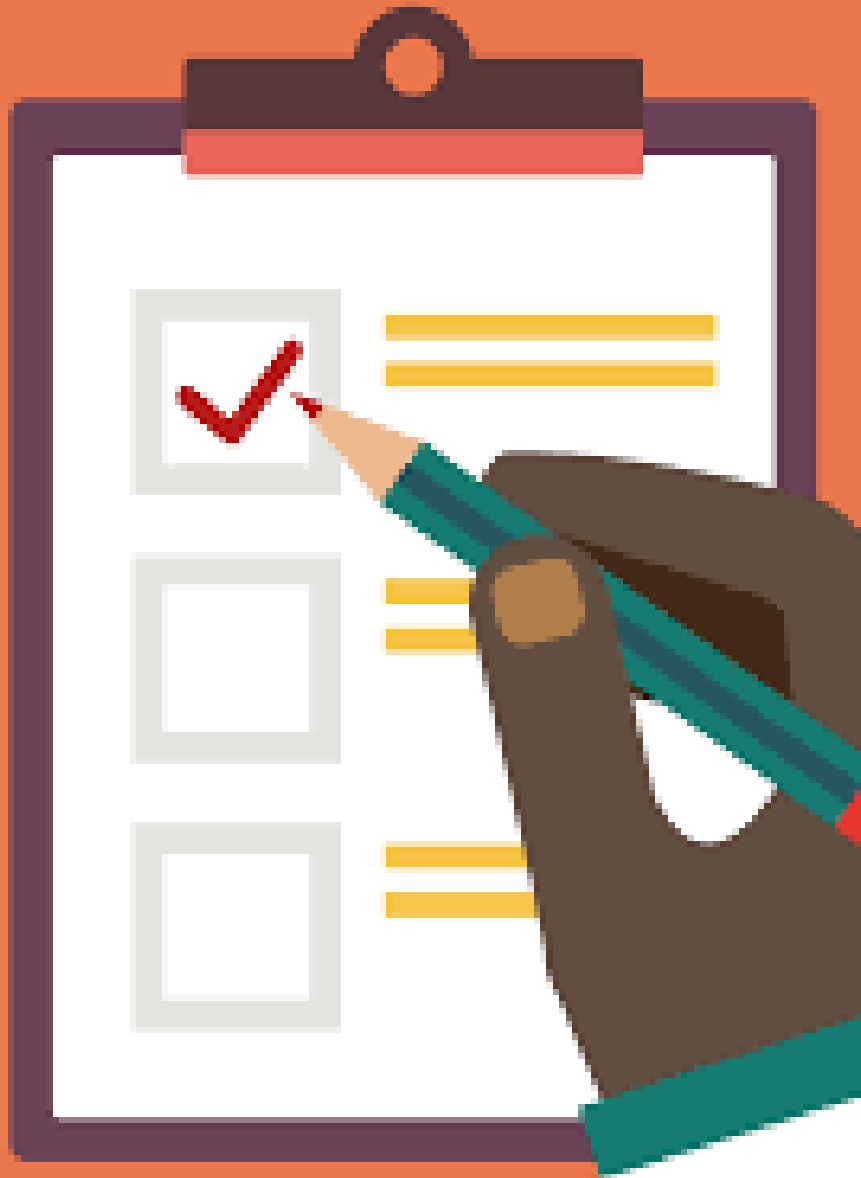
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# Agenda

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- Outreach Plan Overview
- Safety During COVID Pandemic
- Discussion of Adjustments to Plans
- Next Steps for Updating and Submitting Plans to DMHAS



# Ice Breaker: Silver Linings

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WHAT POSITIVE THINGS HAVE YOU BEEN ABLE TO ACHIEVE WITH A CLIENT BECAUSE OF OR DESPITE COVID?



# Outreach Plan Overview

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# Goals

Support coordinated and collaborative outreach effort in each CAN that:



- Rapidly connects unsheltered homeless persons to safe housing and supports, reducing length of homelessness;
- Identifies people living in unsheltered locations, reducing associated risks;
- Minimizes duplication of services; and
- Uses all available resources strategically to end unsheltered homelessness for as many people possible prioritizing most vulnerable and those who have been homeless the longest.

# Resources

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- [Outreach Plan Template](#)
  - ✓ tool to help PATH projects achieve goals and meet monitoring requirements
- [SAMPLE Completed Outreach Plan](#)



# Outreach Plan Sections

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- Canvassing Schedule
- In-Reach Schedule
- Engagement Plan – Most Vulnerable
- Case Management: All Clients or Targeted
- Phone/Email Outreach Schedule
- Other critical staff tasks: e.g., documentation, team meetings, CAN meetings
- Coverage during staff absences
- Uncovered geographic areas
- Systems Gaps
- Emergency Plans
- Engagement Supplies
- Public Awareness/PIT
- Monthly Supervisor Review
- Semi-Annual CAN/DMHAS Approval



# Monitoring - Outreach Plan Items

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## PATH Monitoring Guide:

- Covers the entire CAN
- Prioritizes vulnerable
- Street outreach outside of regular business hours – when most likely to encounter clients at sleeping locations
- Specific, year-round canvassing schedule
- Plan to engage hard to find populations (youth, undocumented immigrants, families, etc.)
- Addresses physical needs (blankets, food, masks, water, sunscreen, hygiene, etc.)



# Monitoring - Outreach Plan Items (2)

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- In-reach schedule (e.g., libraries, soup kitchens)
- Phone/email outreach to people who can refer clients in areas not otherwise covered by outreach
- Response to public concerns
- Schedule for other critical staff tasks
- Coverage plan for staff absences
- Response to cold/heat/storms and other emergency conditions

# Monitoring - Outreach Plan Items (3)

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- Follow up on vulnerable people identified during PIT count
- Use of template
- Updated/approved by supervisor monthly
- Sign-off on plan by CAN/DMHAS semi-annually



# Documentation Required for Monitoring

- OUTREACH PLAN  
TEMPLATE MEETS ALL  
MONITORING  
REQUIREMENTS  
RELATED TO THE  
OUTREACH PLAN



# Staff & Client Safety During COVID

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# Keeping Safe During Outreach



Wash or sanitize hands before & after each encounter



Outreach outdoors in well-ventilated areas



Maintain at least 6 feet between you and client



Establish disaster response protocols



Screen for symptoms – communicate with health department

## Medium to Very High Risk Use PPE

Frequent handwashing, using face mask or covering, maintaining physical distance of 6 ft. or more when possible, and other PPE when appropriate (e.g. gloves, isolation gown).



High population density environments including congregate shelters and encampments



Face-to-face, in-person meetings to provide housing navigation, case management, and street outreach



Workers exposed to, or providing care for, known or suspected COVID-19 patients.

## Lower Risk Use Fabric Covers

Frequent hand washing, using cloth covering, and maintaining physical distance of 6 ft. or more from others while in public spaces.



Remote workers, those working from home during the pandemic.



Workers providing only telehealth or remote services.



Workers who **do not** have frequent close contact with others or work behind glass or protective barriers.

# Safety During Outreach (3)

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- Ensure staff who are interacting with sick clients have appropriate PPE. (See [CDC Infection Control Guidelines](#) & next slide).
- Avoid transport without [vehicle adaptations, protocols, & training](#).
- Staff at high risk of severe COVID-19 should avoid face-to-face interactions.
- Cross-train staff.
- Provide regular supervision
  - adjust communication methods for remote/hybrid work conditions, new schedules and changing outreach plan



# Staff Self-Care

Use self-care practices at home and at work, as appropriate, to support coping and managing stress

o Acknowledge and reduce stress by:

- o taking breaks
- o asking for help
- o exercise
- o healthy eating
- o sleeping
- o meditation
- o avoiding alcohol and drugs
- o connecting with others





# Reducing Client Risks

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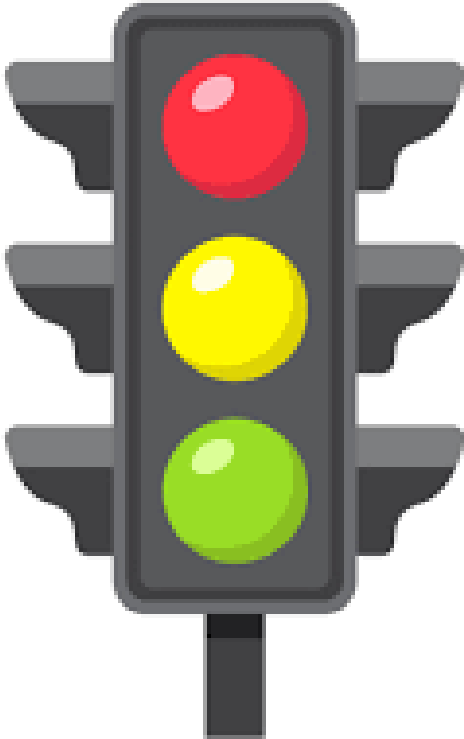


- Provide accurate information ([Fliers](#))
- Work with partners to avoid encampment clearing
- Separate well people from sick people – providing access to hotels/motels for isolation when available/appropriate
- Encourage tents/sleeping quarters with at least 12 feet x 12 feet per individual
- Encourage frequent hand washing – set up stations ([DIY Handwashing Stations](#))
- Facilitate access to toilet/shower facilities
- Assist to obtain any needed medications and access to narcan

# Reducing Client Risks (2)

- Distribute hygiene and care kits & weather-proof supplies
  - Water & Food
  - Pedialyte or powdered Gatorade
  - Tissues & plastic resealable bags for trash disposal
  - Hand sanitizer & alcohol wipes
  - Masks, gloves & trash bags
  - Soap, shampoo, & feminine hygiene products
  - List of local health, mental health, and substance use counseling and hygiene resources.
  - Educational material on COVID19 that contains basic information on symptoms and when to seek medical care
- Plan to obtain food safely
- Obtain client contact info & document in a shared system





## Reducing Client Risks(3)

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Coordinate discharges from correctional/health care settings

Facilitate access to cell phones and minutes: [Phone Carrier Information](#)

Consider using colored, laminated signs:

- Green = I'm okay & don't need help
- Yellow = Please check-in
- Red = I need assistance

# Reducing Client Risk (4)

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Continue to advocate for permanent housing

Provide/facilitate:

- Access to testing
- Access to medical care as necessary
- A means to quarantine/isolate as necessary (hotels/motels or individual tent)

Harm Reduction

- Harm Reduction Coalition: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>
- Vital Strategies: <https://www.vitalstrategies.org/resources/practicing-harm-reduction-in-the-covid-19-outbreak/>



# Next Steps

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# Outreach Plan – Steps for updating



1. Discuss the plan(s) at your CAN.
2. Update the plan template.\* see next slide
3. Have a CAN representative sign the updated plan(s).
4. Submit to DMHAS for approval by 8/31/20.
5. PATH supervisor reviews monthly and updates the plan(s) as needed.
6. Continue to submit to the CAN and DMHAS for approval every 6 months.

# When Updating Outreach Plan

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How has your plan changed due to COVID-19?

- Canvassing and In-Reach
- List of program participants with greatest vulnerability changed?
- Deviation in provision of full case management to all or a specific portion of participants?
- Phone/Email Outreach Schedule
  - Providers/locations that make sense given COVID to add to this list, and other localities that are not relevant due to closures?
- Coverage!
- Emergency Plan – Add protocol for infectious disease outbreak
- Supplies – add masks, gloves, etc.

# Outreach Plan Timeline

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- **Plans approved by CANs/DMHAS 2 times per year**
- **March 2020** – Original plans submitted to/approved by DMHAS
- **July & August 2020** – Update plans and get CAN approval
- **8/31/20** – Updated plans due to DMHAS







# Tools

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[Outreach Plan Template](#)

[Sample Outreach Plan](#)

[Assessment & Service Plan](#)

[Housing Target Tracking Tool](#)

[Consumer Survey](#)



# Questions?

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# Contact Info

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