

CT DMHAS Projects for Assistance in Transition from Homelessness (PATH) – Monitoring Guide

December 10, 2021

Report Date:

Monitoring Date:

Agency:

Subrecipient (s):

Levels of Service					
	Current Year: 9/1/21 – 8/31/22	Most Recently Completed Year: 9/1/20 – 8/31/21			
	Contracted Annual # of Participants (Based on IUP)	Contracted Annual # of Participants (Based on IUP)	Actual # of Participants Served (Based on Annual Report)	Actual # of Participants Served (Based on DDAP)	Difference between Actual and Contracted A) Annual Report B) DDAP
Unduplicated # of participants contacted:				N/A – not tracked in DDAP	A) B) n/a
Unduplicated # of participants enrolled:					A) B)

Coverage Area:

PATH Project Staff Participating in Visit (include titles):

Housing Innovations or PATH Agency Staff that Conducted Monitoring (include titles):

Project Outcome Data:

Formulas reference applicable fields from the Outcomes Section of the most recently submitted PATH annual report (i.e. for period from 9/1/20 – 8/31/21).

- % of PATH enrolled individuals who had income from any source at project entry (formula: 19a1/(19a1+19b1))
- % of PATH enrolled individuals who had income from any source at project exit or report end (formula: (19a2+19a3)/(19a2+19a3+19b2+19b3))
- % of PATH enrolled individuals who had SSI/SSDI income from any source at project entry (formula: 20a1/(20a1+20b1))
- % of PATH enrolled individuals who had SSI/SSDI income from any source at project exit or report end (formula: (20a2+20a3)/(20a2+20a3+20b2+20b3))
- % of PATH enrolled individuals who had non-cash benefits from any source at project entry (formula: 21a1/(21a1+21b1))
- % of PATH enrolled individuals who had non-cash benefits from any source at project exit or report end (formula: (21a2+21a3)/(21a2+21a3+21b2+21b3))
- % of PATH enrolled individuals who were covered by health insurance at project entry (formula: 23a1/(23a1+23b1))
- % of PATH enrolled individuals who were covered by health insurance at project exit or report end (formula: (23a2+23a3)/(23a2+23a3+23b2+23b3))

GOAL OF PATH PROJECT MONITORING: To support a coordinated, collaborative, outreach effort in each CAN that:

- quickly connects unsheltered homeless individuals and families to safe available housing, income, health/behavioral healthcare and other supports;
- identifies people living in unsheltered locations and helps them to reduce the associated risks;
- minimizes service duplication; and
- uses available resources strategically to end unsheltered homelessness for as many people as possible, prioritizing those who are most vulnerable and/or have been homeless the longest.

Participant Status Definitions	
Outreach Participants	Participants who have not been enrolled either because they have not been determined eligible or are not willing to participate in services.
Enrolled Participants	Participants who have been determined to be eligible for PATH services, have indicated willingness to participate in services, and whom have not been discharged.
Participants receiving Full Case Management Services	The # of direct care staff and # of participants on each staff’s caseload should be documented in the IUP. Projects without sufficient staff to provide full case management services (i.e., including needs assessment and service planning) to all enrolled participants may seek approval from DMHAS for limiting the number of participants for whom the project provides these services. That number must be documented on the outreach plan. The outreach plan must be approved by DMHAS.
Discharged Participants	Enrolled participants shall be discharged when they meet the criteria defined in #38 of this Guide. Enrolled participants shall not be discharged for other reasons.

Report Key	
FINDINGS HIGHLIGHTED IN PINK:	Signify significant findings. Submission of a corrective action plan is required. DMHAS will send a template and instructions for the corrective action plan with the final report.
FINDINGS HIGHLIGHTED IN YELLOW:	Signify area of non-compliance with PATH requirements. Findings should be corrected. Submission of a corrective action plan is not required.
AREAS HIGHLIGHTED IN GREEN:	Signify best practice recommendations. Action is not required.

Reviewer Impressions:

SECTION 1: PARTICIPANT CHARTS SELECTED

Monitoring team will review the spreadsheet or other tracking system used to record engagement attempts, contacts, and referrals for outreach participants.

Monitoring team will randomly select enrolled and/or discharged participant charts for review. Indicate initials of charts selected and, if applicable, discharge status.

#1: <input type="checkbox"/> Discharge	#2: <input type="checkbox"/> Discharge	#3: <input type="checkbox"/> Discharge	#4: <input type="checkbox"/> Discharge	#5: <input type="checkbox"/> Discharge
#6: <input type="checkbox"/> Discharge	#7: <input type="checkbox"/> Discharge	#8: <input type="checkbox"/> Discharge	#9: <input type="checkbox"/> Discharge	#10: <input type="checkbox"/> Discharge

Reviewer Comments:

SECTION 2: VISUAL OBSERVATION

The monitoring team will briefly tour the project offices where the visit is being held.

- 1) Are participant files and information handled in a confidential manner?
- Yes No

Guidance: Recipients shall adequately safeguard charts and assure they are used solely for authorized purposes. Reviewer will look for evidence of locked charts and for proper safeguarding of participant names and other confidential information.

Reviewer Comments:

- 2) Are the project offices clean and well maintained and is space available for private discussions?
- Yes No

Reviewer Comments:

- 3) Is a summary of the agency grievance policy posted in an area that is readily visible to project participants who are receiving services at the agency offices?
 Yes No

Reviewer Comments:

SECTION 3: WRITTEN POLICIES

- 4) Nondiscrimination and equal opportunity requirements. Are written policies in place indicating full compliance with all federal and state nondiscrimination laws and with the rules and regulations governing fair housing and equal opportunity in housing and employment, including reasonable accommodation provisions? Yes No
Guidance: Recipients, subrecipients and partner agencies are subject to federal civil rights laws, including Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and CT Anti-Discrimination law..

Reviewer Comments:

- 5) Conflicts of interest.
- A. Are written policies in place requiring staff and Board members to disclose conflicts of interest and prohibiting financial interest or benefit from PATH assisted activity on the part of staff, persons with whom the staff member has immediate family or business ties, and Board members during his/her tenure with the organization and one year following his/her tenure? Yes No
 - B. Do staff demonstrate an understanding that they may not use their positions for purposes that are motivated by or give the appearances of being motivated by a desire for private gain for themselves, their family, and/or their business associates? Yes No
 - C. To the extent that conflicts of interest are present, did the agency take appropriate action to mitigate? Yes No

Reviewer Comments:

- 6) Code of conduct. Are written policies in place defining agency expectations around staff conduct, including guidance on professional boundaries? Yes No

Reviewer Comments:

7) Confidentiality.

- A. Are written policies in place to ensure that all participant records containing identifying information are kept secure and all information is handled in a manner that protects participant confidentiality? Yes No
- B. Do observed field interactions between participants and outreach workers and discussions between the monitoring team, participants, and staff indicate that staff is knowledgeable about confidentiality requirements and that discussions with participants, colleagues, and collateral contacts and participant records are handled in a manner that protects participant confidentiality? Yes No
- C. Are disclosures of confidential information evidenced in charts authorized by a signed release of information? Yes No

Reviewer Comments:

8) Educational rights & services. Are written policies in place to ensure that participants are helped to understand their educational rights, to ensure that children and youth are immediately enrolled in school, as required by federal and State law, & to ensure that they are connected to educational services to help them succeed in school? (As established under the Every Student Succeeds Act – ESSA. Sample policy available at www.ctbos.org)

- Yes No

Reviewer Comments:

9) Grievances and appeals.

- A. Does the agency have a written grievance policy defining a process that is accessible to participants with low literacy levels and other barriers? Yes No
- B. Has the agency designated a Client Rights Officer to manage the grievance process? Yes No
- C. Are outreach participants informed about how they can use that process to grieve eligibility and termination decisions and other issues? Yes No
- D. Are participants informed in a timely manner of the outcomes of any grievance? Yes No
- E. Are grievance reviews conducted by a person other than someone who made or approved the decision under review or a subordinate of such a person? Yes No

Reviewer Comments:

10) Safety.

- A. Does the agency have a comprehensive policy regarding staff safety that covers situations likely to be encountered by outreach workers and includes keeping informed about where each worker will be and when, working in pairs whenever possible and in all situations determined to be high-risk, and guidance on environmental scans and situations workers should avoid? Yes No
- B. Have outreach staff received training on personal safety that includes techniques for de-escalating disruptive situations?
 Yes No

Guidance: Web-based training for outreach workers is available at:

<https://www.homelesshub.ca/resource/hrc-webcast-resources-effective-street-outreach-why-its-important-how-you-can-do-it-better>

Reviewer Comments:

- 11) Incident reporting. Does the agency have a comprehensive policy regarding incident reporting and management that defines an incident and outlines procedures for incident reporting, review and follow-up? Yes No

Reviewer Comments:

SECTION 4: ADMINISTRATIVE REQUIREMENTS

- 12) Number of participants. Is the number of unduplicated participants contacted and enrolled during the last complete operating year consistent with the contracted level as indicated in the project's Intended Use Plan (IUP)?
 Yes No

Guidance: PATH projects must maintain a utilization rate of at least 90% of commitments as defined in the Intended Use Plan.

Reviewer Comments:

13) Scope of services.

- A. Is the scope of services actually being provided consistent with the applicable Intended Use Plan? Yes No
- B. Do staff allocated to the project spend the designated portion of their time on activities primarily aimed at quickly connecting unsheltered homeless individuals and families to safe available housing, income, health/behavioral healthcare and other supports and/or identifying people living in unsheltered locations and helping them to reduce the associated risks?
 Yes No

Reviewer Comments:

- 14) Prioritization of services. If the project is unable to comply with the standards outlined in this guide or adherence to the standards would not be an efficient use of resources given the unique circumstances of the relevant CAN, has the agency documented efforts to negotiate alternative service standards with DMHAS? Yes No

Reviewer Comments:

- 15) Reporting requirements. Were reports submitted on time:
- A. Most recent PATH Annual Data Report?
 Yes No
 - B. Most recent SOAR data reported in OAT (*Best Practice Recommendation*)?
 Yes No

Reviewer Comments:

- 16) Consumer satisfaction.
- A. Does the project survey PATH consumers at least annually?
 Yes No
 - B. Does the project review consumer survey results and take action accordingly?
 Yes No

DMHAS requires that PATH projects use a standard survey: [Consumer Survey English](#), [Consumer Survey Spanish](#)

Reviewer Comments:

- 17) Race Equity & Consumer Involvement Has each contractor and subcontractor agency taken these actions during the past 12 months to ensure that homeless services programs are meeting the unique needs of marginalized communities, including people with lived experience of homelessness; people who identify as Black, Indigenous, and People of Color – BIPOC, Latinx, and Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual + - LGBTQIA+? (*Best Practice Recommendations*)
- A. Recruiting, retaining and promoting people with lived experience of homelessness in staff and Board positions
 - B. Recruiting, retaining and promoting people who identify as BIPOC, Latinx and LGBTQIA+, and people from nations of origin and linguistic groups that are significantly represented in the relevant CAN in staff and Board positions
 - C. Creating and maintaining an inclusive organizational culture that promotes equity.

- D. Engaging people with lived experience of homelessness in meaningful opportunities to shape homeless services programs
- E. Developing partnerships with local organizations that focus on work with marginalized populations
- F. Analyzing who gets access to your agency’s homeless services programs and program outcomes by race/ethnicity/sexual orientation/gender identity to determine if access and/or outcomes are disparate
- G. Planning and or implementation of steps to address any disparate access and/or outcomes

Information and resources: [Race Equity Impact Assessment Tool](#); [Race Equity Framework for the Connecticut Homeless and Housing System](#).

Our agency has taken specific actions in the past 12 months to advance:

- All items listed above (i.e., A through G)
- At least 6 items listed above
- 3-5 items listed above
- Fewer than 3 items listed above

If your agency has not taken specific actions in the past 12 months to advance at least 3 of the above items, please briefly describe specific actions your agency plans to take over the next 12 months to advance additional items. For each action, please be sure to include a target date.

Letter	Action	Target Date
EXAMPLE: C.	Customize a race equity impact assessment tool for use in analyzing policies and programmatic decision-making.	9/30/21
	Pilot use of the tool in two programs	11/30/21

Reviewer Comments:

- 18) Staff Training. Have outreach workers participated in at least 12 hours of training in the past year on topics relevant to provision of street outreach services (for example: assertive engagement, identifying/responding to signs of mental illness & addiction, identifying/responding to signs of overdose, Housing First, Motivational Interviewing, safety assessments, crisis intervention, trauma-informed care, and/or service planning)? Yes No

Reviewer Comments:

19) Supervision.

- A. Does agency provide outreach staff with at least one hour of individual supervision bi-weekly that helps them to build low barrier, assertive engagement skills, adjust canvassing and eligibility documentation strategies as necessary, build participant motivation, establish meaningful service plans, ensure team safety, support self-care, and develop professionally? Yes No
- B. Are outreach staff assisted through supervision to strategically plan concrete daily objectives that are aligned with the project's outreach plan? Yes No
- C. Does the agency ensure staff have access to regular clinical consultation and/or clinical supervision to help identify signs of serious health challenges, mental illness, and substance use disorders and adjust interventions accordingly? Yes No

Reviewer Comments:

SECTION 5: ELIGIBILITY DETERMINATION REVIEW

20) Determining eligibility.

- A. Does the project establish a concrete plan for engagement & determining eligibility as quickly as possible for each participant encountered? Yes No
- B. Does the project limit enrollment to those who have been determined or are suspected to be experiencing serious mental illness OR co-occurring serious mental illness and substance use disorders? Yes No
- C. Does the project make assertive efforts to obtain documentation of disability for all enrolled participants? Yes No
- D. Does the project limit eligibility criteria to those listed above? Yes No
- E. Are a minimum of 90% of the enrolled participants living in unsheltered locations or in emergency shelter? Yes No

Reviewer Comments:

- 21) Referrals. Does the project document referrals to appropriate services for clients determined to be ineligible for PATH services? Yes No

Reviewer Comments:

SECTION 6: OUTREACH AND ENGAGEMENT SERVICES

- 22) Knowledge of community. Has the project established a thorough process to identify patterns of unsheltered homelessness across their CAN, including coordinating regularly with other service providers (e.g., shelters, day centers, soup kitchens, health/mental health services, hospitals, corrections facilities, immigration/youth/family/LGBT services, etc.), community resources (e.g., law enforcement, transportation providers, schools, libraries, businesses, faith-based

organizations, etc.) and homeless and formerly homeless people to identify homeless people throughout the CAN?

Yes No

Reviewer Comments:

23) Outreach Plan.

- A. Does the project use the information gathered about patterns of unsheltered homeless and coordinate with all subrecipients to develop and document an outreach plan that covers the entire CAN? Yes No
- B. Is the plan approved by a supervisor and updated at least monthly?
 Yes No
- C. Does the plan prioritize engagement of those who have declined services and seem particularly unwell and/or vulnerable? Yes No
- D. Does the plan include street outreach outside of regular business hours at times when participants are most likely to be present at their sleeping locations (e.g., during early morning hours)? Yes No
- E. Does the plan include a year-round street outreach canvassing schedule that specifies times and locations to be canvassed and establishes predictable locations where outreach workers can be found? Yes No
- F. Is the plan designed to engage populations that may be hard to find (e.g., youth, families, and remote populations)? Yes No
- G. Does the plan include strategies to address urgent physical needs, such as providing meals, blankets, clothes, and/or toiletries? Yes No
- H. Does the plan include a schedule for in-reach to locations where unsheltered people are likely to be found (e.g., libraries and other locations that offer free access to restrooms and protection from the elements, transportation terminals, day labor sites, and places where people can access food and other necessities)?
 Yes No
- I. Does the plan include a schedule for outreach to locations in the catchment area where canvassing may not be effective (e.g., making regular contact with public and private agencies that might help identify and refer unsheltered people)?
 Yes No
- J. Does the plan carve out time to identify, engage, assess, and support the safety of unsheltered people who are not yet prioritized for housing; respond to public concerns regarding unsheltered people; AND provide housing focused case management services to those who have been prioritized for housing?
 Yes No
- K. Does the plan ensure that regular outreach occurs during planned staff absences and that engagement of those who have declined services and seem particularly unwell and/or vulnerable occurs during unplanned staff absences? Yes No
- L. Is the plan adjusted in response to cold weather, heat advisories and other emergency conditions to promote participant safety?

- Yes No
- M. Does the plan include a strategy to determine if anyone particularly vulnerable was found during the annual PIT count and to ensure follow up (e.g., unsheltered families with children, youth, elderly and medically fragile)? Yes No
- N. Is the plan reviewed and approved by DMHAS and the CAN or another community-wide planning body at least semi-annually to ensure coordination with partners who may also be conducting outreach and to minimize duplication of services? Yes No
- O. Does the project use the [outreach plan template](#) provided by DMHAS? Yes No
- P. Do case records, other written materials and discussions between agency staff and the monitoring team indicate that the project is providing outreach services in accordance with their outreach plan? Yes No

A completed [sample outreach plan](#) is available for reference.

Reviewer Comments:

Only assess N in 2022

24) Public concern.

- A. Has the project worked with the relevant CAN and/or 211 to ensure that the general public is informed about how to report concerns regarding an unsheltered person? *(Best Practice Recommendation)*
 Yes No
- B. Has the project developed a system for prioritizing and efficiently and promptly responding to public reports as resources allow and circumstances warrant?
 Yes No

Reviewer Comments:

25) Locating participants.

- A. Does the project use an effective system to record participant locations, consult with community partners when there is difficulty locating a participant, adjust the outreach plan to locate participants promptly as needed, and ensure that participants can be located when the primary worker is unavailable? Yes No
- B. Has the project implemented a system that uses geocoding, mapping, or other technology to facilitate tracking and sharing participant location patterns? *(Best Practice Recommendation)* Yes No

Reviewer Comments:

26) Engagement.

- A. Does the project make consistent and assertive efforts to engage each participant enrolled? Yes No
- B. Does the project track (may be outside of HMIS) all contacts with participants who are not enrolled? Yes No
- C. Do staff seek to understand participants' perspectives, including any reasons why they are not using shelter and/or other services, and to help participants identify reasons to engage in services that are personally meaningful?
 Yes No
- D. Do staff help participants to solve the problems that are most important to them? Yes No
- E. Do staff recognize signs and symptoms of trauma? Yes No
- F. Do staff use approaches that promote participant safety & communicate staff trustworthiness & service transparency? Yes No
- G. Is staff persistent despite any participant reluctance to engage? Yes No

Reviewer Comments:

27) Participant choice.

- A. Is staff flexible in how, where, and when services are provided, and do they maximize opportunities for participant choice and autonomy? Yes No
- B. Do staff accept participant choices as a matter of fact without judgment?
 Yes No
- C. Do staff work persistently to assist participants in locating safe temporary accommodations and permanent housing that can accommodate their entire family, including any pets?
 Yes No
- D. Do staff understand the clinical and legal limits to choice, and do they intervene as necessary when someone presents an imminent risk of danger to self or others?
 Yes No

Reviewer Comments:

SECTION 7: HOUSING FOCUSED CASE MANAGEMENT SERVICES (applicable only to enrolled participants; applicable to all enrolled participants unless otherwise noted)

- 28) Housing Navigation. Is every enrolled participant who has been prioritized for housing assigned to a single primary PATH or other worker within the CAN who is responsible for helping the participant to establish eligibility for and secure housing? Yes No

Reviewer Comments:

29) Building motivation. Are services designed to help participants build motivation for change, for example:

- A. Staff helps participants gain control of their own lives, define their personal values, preferences, and visions for the future, and establish meaningful individual short and long-term goals?
 Yes No
- B. Staff helps participants to develop discrepancy between their personal goals or values and their current behavior?
 Yes No
- C. Staff adjusts to participant resistance rather than opposing it directly?
 Yes No
- D. Staff helps participants to build confidence, self-efficacy and hope that the things they want out of life are attainable?
 Yes No

Reviewer Comments:

30) Housing First. Does project consistently use a Housing First approach, for example:

- A. Staff assists participants to immediately access permanent housing without unnecessary prerequisites such as abstinence, treatment, or service participation requirements or other determinants of “housing readiness?”
 Yes No
- B. Services prioritize resolving the issues that are most likely to prevent participants from quickly obtaining permanent housing? Yes No
- C. Staff helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior? Yes No

Reviewer Comments:

31) Housing placement tracking. Does project track and aggregate housing placements at least annually and use those data to inform continuous quality improvement efforts?

- Yes No

See sample [placement tracking tool](#).

Reviewer Comments

32) Assessment: For all enrolled participants¹, does the project complete an assessment of participant service needs that meets these criteria²:

A. Is an initial assessment completed within 30 days of project enrollment?

Yes No

B. Are assessments updated at least every 6 months?

Yes No

C. Are assessments signed by the participant, outreach worker, and supervisor?

Yes No

Reviewer Comments:

33) Service Planning: For all enrolled participants³, does the project complete a service plan that meets these criteria⁴:

A. Is an initial service plan completed within 30 days of project enrollment?

Yes No

B. Are service plans updated at least every 6 months?

Yes No

C. Are service plans signed by the participant, outreach worker, and supervisor?

Yes No

D. Are goals specific and measurable, and do plans indicate who is responsible for indicated action steps and when those action steps will occur?

Yes No

E. Does the project use the Assessment & Service Plan template provided by DMHAS for all enrolled participants receiving full case management services.? Yes

No

Reviewer Comments:

34) Mainstream benefits. Are enrolled participants screened for public benefits eligibility and assisted in applying for benefits? Yes No

¹ If a project has insufficient case management resources to enable assessment & service planning with all enrolled participants, the project may propose an alternative case management plan to DMHAS (e.g., conduct service planning with the 20 participants determined to be most vulnerable and/or homeless the longest). That alternative plan must be documented on the project's outreach plan, which must be approved by DMHAS & the CAN.

² PATH projects are required to make assertive attempts to engage enrolled participants in the assessment and service planning process. Participants may opt not to participate. In such circumstances, projects should document engagement attempts.

³ See footnote #1.

⁴ See footnote #2.

Reviewer Comments:

35) SOAR. Are enrolled participants assisted, as appropriate, to connect to a SOAR trained case manager? Yes No

Reviewer Comments:

36) Community-based services.

- A. Do enrolled participant files include evidence that all participants are connected to services to address health, mental health, addiction, educational, and vocational needs and assisted to use community resources (e.g., schools, libraries, houses of worship, grocery stores, laundromats, parks, etc.)? Yes No
- B. To improve access to services, whenever possible, do outreach staff accompany enrolled participants to their initial appointment? (*Best Practice Recommendation*) Yes No

Reviewer Comments:

37) Discharge planning.

- A. Do participant files include evidence that participants are connected to appropriate on-going services in advance of planned discharges? Yes No
- B. Do outreach staff use “warm hand-offs” to help participants establish a relationship with the providers from whom they will receive on-going services? (*Best Practice Recommendation*) Yes No

Reviewer Comments:

38) Discharge criteria. Does the project consistently discharge participants in the following and only the following circumstances⁵:

- i. Outreach workers from the PATH or another project have been unable to make contact with the participant in the past 90 days⁶.
- ii. The participant was placed in permanent or transitional housing more than 90 days ago⁷.
- iii. The participant has been institutionalized for a period anticipated to be longer than 90 days (includes hospitalization, jail/prison, and residential treatment).
- iv. The participant is deceased.

⁵ When extenuating circumstances warrant variance from these discharge criteria, projects must seek approval from DMHAS.

⁶ All contact attempts must be documented.

⁷ Projects may not retain enrolled participants for more than 90 days post placement without DMHAS approval. They may, however, discharge a placed participant before the 90 days has elapsed.

- v. The participant has been transferred to a different project to receive case management and housing placement services.
- vi. The participant has requested to be discharged.
 Yes No

Reviewer Comments:

- 39) Aftercare. Does the project make at least monthly attempts to contact discharged participants to assess on-going service needs and connect participants to appropriate services as necessary for at least three months post discharge?
 Yes No

Reviewer Comments:

SECTION 8: COORDINATION WITH COMMUNITY PARTNERS

40) Encampments.

- A. Does the project use a coordinated approach to assist people living in encampments that draws upon the resources of multiple homeless service organizations and mainstream partners (e.g. law enforcement, fire department, buildings department, sanitation department, other legal authorities, elected officials, LMHA, libraries, etc.), and is that approach evidenced by planning meetings and/or written agreements? (*Best Practice Recommendation*)
 Yes No
- B. Does the approach coordinate at least three of the following activities:
- i. assessment of encampment safety (e.g., presence of weapons, fire hazards, improperly disposed of sharps, dangerous animals, violence, stolen property and/or exploitive sex work) and access to necessities (e.g., potable water, toilet and bathing facilities, safe food, and shelter sufficient for the current/approaching weather conditions)
 - ii. coordination to ensure outreach worker safety, including ensuring outreach is always conducted by groups of at least two
 - iii. plan to engage encampment residents and assess their service needs
 - iv. plan to provide indicated services & facilitate access to alternative accommodations
 - v. timeline for encampment removal
 - vi. plan to notify encampment residents of removal timeline
 - vii. plan to limit the destruction of valued personal property
 - viii. plan to respond to neighbors' concerns and keep neighbors informed
- Yes No

(All of the above are Best Practice Recommendations)

Reviewer Comments:

- 41) Outreach Provider Coordination. Where there are multiple agencies providing homeless outreach services within a geographic area is the approach coordinated to ensure that:
- A. All high priority areas are canvassed regularly and there is no duplication of effort?
 Yes No
 - B. Participants are assigned to a primary worker in a manner that leverages individual agency strengths and resources (e.g., those with SMI get case management from an agency with clinical services)? Yes No
 - C. All outreach provider agencies convene for case conferencing at least monthly to strengthen coordination, minimize duplication and problem solve?
 Yes No
 - D. When a particular agency has been unable to make progress with a participant, assignment to a different agency is considered? Yes No

(All of the above are Best Practice Recommendations)

Reviewer Comments:

- 42) CAN & CoC – Participation. Does the project actively participate in their local Coordinated Access Network (CAN), including outreach staff participating in Case Conferencing and Housing Matching meetings as necessary to ensure all unsheltered persons eligible have an opportunity for referral to housing resources? Does the project actively participate in the Continuum of Care (e.g., attend meetings, participate in annual PIT counts, and participate in committees/work groups)?
 Yes No

Reviewer Comments:

- 43) CAN – By-Name List. In coordination with the local CAN, does the project ensure that the by-name list includes all unsheltered homeless people and that this information is kept current?
 Yes No

Reviewer Comments:

- 44) CAN – Common Assessment. Does the outreach project promptly conduct the Common Assessment and enter data into HMIS on the same day?
 Yes No

Reviewer Comments:

- 45) CAN– Placement options. Does the outreach project coordinate effectively with their local Coordinated Access Network (CAN) to ensure unsheltered participants are prioritized based on length of homelessness and intensity of service needs and to secure housing placements for participants accordingly? Yes No

Reviewer Comments:

46) Partner agreement.

- A. If the DMHAS contracted agency is subcontracting PATH funding to one or more partner agencies, is there current, executed Memorandum of Agreement or similar document that clearly outlines: contract year covered; roles and responsibilities of each partner; a schedule for regular check-in meetings between the DMHAS contracted agency and subcontractor(s); amount of the subaward; geographic area(s) that the subcontractor is responsible for covering; and deliverables for the subcontractor, which must at a minimum specify the number of participants to be contacted and enrolled annually, responsibility for adhering to the standards outlined in this Guide, and expectations for timely and accurate data entry?
 Yes No
- B. Did the DMHAS contracted agency meet as specified in the agreement with all subcontractors and were topics discussed, decisions and next steps from those meetings documented? Yes No

Reviewer Comments:

47) HMIS & DDAP participation.

- A. Does the project enter participant level data for all enrolled participants in the Homeless Management Information System (HMIS) or a comparable data system if the agency is prohibited from using HMIS?
 Yes No
- B. Does the project record all contacts with enrolled participants in HMIS?
 Yes No
- C. Does the project employ a system for periodically reviewing and ensuring HMIS & DDAP data accuracy?
 Yes No
- D. Based on information reviewed during monitoring, were the client lists submitted from HMIS & DDAP accurate?
 Yes No
- E. Does the project refer to the HMIS Steering Committee suggestions for ensuring that HMIS data collection & entry is efficient and/or that data collected are available and useful to inform service delivery? (*Best Practice Recommendation*)
 Yes No

Reviewer Comments:

SECTION 9: EMERGENCY PREPAREDNESS AND RESPONSE

- 48) Emergency/Disaster Preparedness and Response Plan. Do the recipient/subrecipient agencies have an emergency/disaster preparedness and response plan that encompasses at a minimum the following core elements:
- A. A risk assessment to identify the potential crises on which to focus planning efforts?
 Yes No
 - B. An emergency safety plan to ensure that in a man-made or natural emergency the agency quickly gathers all relevant, accurate information, assesses the need for immediate intervention, and executes a plan to minimize the impact and loss?
 Yes No
 - C. A communication plan targeting multiple audiences (e.g., staff, clients, volunteers, board, funders, vendors, partners, media, public) to calm fears, stop rumors, reduce uncertainty, and protect confidentiality? Yes No
 - D. A continuity plan to ensure that time-sensitive and critical organization services and processes can continue or be quickly resumed? Yes No
 - E. A timeline for regular plan updates and for post-crisis evaluation and plan revisions?
 Yes No
 - F. Protocols to orient staff to and reinforce the plan with staff regularly? Yes No

Reviewer Comments:

49) Infection Control Practices & Response to Public Health Emergencies. Has the project incorporated into its approach to infection control and response to any public health emergencies the following strategies ^{8 9}?

- A. **Whole Community Approach** – Has the project coordinated with the following partners and are each partner’s roles and responsibilities clear: local/state health department, other homeless service providers, CANs, local/state emergency

⁸ [CDC Infection Control Inventory Planning Tool](#)

⁹ [Framework for Enhancing Safety in Your Homeless Response System](#)

management, health/behavioral care providers, housing providers, funders, law enforcement, local government leadership? Yes No

B. **Maintenance of Effort** - Has the project maintained operations to ensure the continuation of critical services throughout any public health emergency? Yes No

C. **Identification of additional resources** - Are decisions regarding whether participants should remain in their current sleeping location or be directed to alternative housing sites (e.g., decompressed shelter, hotels/motels isolation sites, quarantine sites) made in coordination with local health authorities? Yes No

D. **Communications** Has the project monitored what is happening locally and stayed updated with regards to any public health emergency and have they distributed critical information to staff and clients? Yes No

E. Staff Considerations

1. Has the project adjusted job duties for staff at higher risk of transmission and severe illness? Yes No

2. Have supervisors regularly discussed with and provided resources to staff related to mental health and coping with stress during a public health emergency? Yes No

F. Risk Reduction Protocols, Universal Precautions, Hygiene and Disinfecting

1. Has the project implemented the risk reduction, universal precautions, hygiene, and disinfection protocols as recommended by public health authorities?

Yes No

2. Has the project provided all staff with training on how to properly implement these protocols? Yes No

3. Has the project assessed staff compliance with these protocols and taken action as necessary to ensure compliance? Yes No

4. Has the project provided staff and clients with the necessary supplies?

Yes No

G. Symptom Screening & Testing

1. Has the project implemented a plan to regularly screen staff and clients for symptoms and/or conduct testing as recommended by public health authorities?

Yes No

2. Does the project have clear protocols as recommended by public health authorities for what to do if a staff person or client has symptoms or receives positive test results?

Yes No

H. Vaccination

a. Has the project engaged in ongoing efforts to continuously build vaccine confidence among participants and staff, including deployment of culturally relevant and targeted engagement strategies for communities that have been historically mistreated by the medical establishment? Yes No

- b. When vaccine resources are limited, has the project elevated to public health partners the prioritization of essential staff and participants who are at high risk of exposure, transmission, and severe illness? Yes No
 - c. Has the project worked with local public health officials and/or other healthcare partners to repeatedly offer convenient, on-site vaccination opportunities to participants?
 Yes No
 - d. Has the project tracked vaccination status at the individual level and conducted continuous follow-up accordingly to help ensure that participants receive all required doses in a timely manner? Yes No
- I. **Accelerated housing**
- 1. Has the project worked with their CAN to prioritize housing placement for clients most at-risk of serious complications? Yes No
 - 2. Has the project worked with their CAN to identify housing resources and recruit landlord participation in accelerated housing efforts? Yes No

Actions the agency plans to take over the next 12 months to advance additional Infection Control and Public Health Emergency Response items.

Letter	Action	Target Date
<i>EXAMPLE: H d</i>	<i>Develop a plan for outreach staff to gather vaccination information from all enrolled clients and enter in HMIS</i>	<i>9/30/21</i>
	<i>Complete entry of all available info in HMIS</i>	<i>10/30/21</i>
	<i>Continue to gather and enter missing info</i>	<i>Ongoing</i>