**CT PATH OUTREACH PLAN TEMPLATE**

**Instructions:**

* CT PATH projects are required to develop a written outreach plan that meets the requirements defined in the CT DMHAS Projects for Assistance in Transition from Homelessness (PATH) Monitoring Guide (available at: <http://www.ctbos.org/resources/>)
* Each PATH recipient agency must ensure that there is a plan covering all areas of their assigned CAN. Agencies may opt to develop a single plan for the entire CAN or multiple plans covering specific geographic areas within the CAN.
* Each PATH recipient agency must ensure that the plan(s) are informed by current information about patterns of unsheltered homelessness and other conditions in the CAN.
* Each PATH recipient agency must ensure that the plan(s) effectively coordinate efforts by all subrecipients.
* To ensure that the plan remains current and responsive to any changes in the CAN, it must be reviewed and approved by a supervisor at least monthly. Plans should be updated as frequently as necessary. This template assumes plans will require updates at least every six months. As such, the template provides 6 fields for monthly supervisory sign-off.
* To ensure coordination with partners who may also be conducting outreach and to minimize duplication of services, the plan must also be reviewed and approved by DMHAS and the CAN or another community-wide planning body at least semi-annually (i.e., two times per year).
* All plans, including all updates, should be maintained in project files and made available at DMHAS’ request and/or during annual monitoring.
* CT DMHAS has provided a sample template (see pages 2-7) that meets these requirements. PATH projects are required to use this template and may add fields as needed to capture additional information.

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| **PATH RECIPIENT AGENCY:** |  |
| **PATH SUB - RECIPIENT AGENCY(IES):** |  |
| **CAN:** |  |
| **GEOGRAPHIC AREA ADDRESSED IN THIS PLAN:** |  |

**CANVASSING SCHEDULE**

*Provide details on outdoor locations where outreach workers are most likely to encounter unsheltered homeless people. Specify who is assigned to canvass these locations and when canvassing will occur. Be sure to include locations where outreach workers are likely to encounter all relevant populations (e.g., young people, undocumented immigrants, families with children, etc.). In CANS where multiple agencies provide outreach services, include all agencies. Add/delete rows as necessary.*

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| **DAY** | **TIME** | **LOCATION** | **AGENCY ASSIGNED**  | **STAFF****ASSIGNED**  |
| *Example:* *MONDAYS* | *7am – 9am* | *Train Tracks Behind Walmart* | *Hope House* | *Mary & Tim* |
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| TUESDAYS |  |  |  |  |
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**IN-REACH SCHEDULE**

*Provide details on indoor locations where outreach workers are most likely to encounter unsheltered homeless people. Specify who is assigned to visit these locations and when visits will occur. Be sure to include locations where outreach workers are likely to encounter all relevant populations (e.g., young people, undocumented immigrants, families with children, etc.). In CANS where multiple agencies provide outreach services, include all agencies. Add/delete rows as necessary.*

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| **DAY** | **TIME** | **LOCATION** | **AGENCY ASSIGNED**  | **STAFF ASSIGNED**  |
| *Example:* TUESDAYS | *1pm – 3pm* | *Maple Street Library*  | *Project Help* | *Kim & Sue* |
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| TUESDAYS |  |  |  |  |
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**ENGAGEMENT PLAN FOR MOST VULNERABLE CLIENTS**

*Indicate specific clients (initials and/or HMIS #s only) who are highly vulnerable, who is assigned to engage them and how frequently engagement attempts will occur. Add/delete rows as necessary.*

*NOTE: This should be a brief list of ONLY clients determined by the CAN to be highly vulnerable. It is not intended to be a complete list of all PATH clients. In CANS where multiple agencies provide outreach services to the most vulnerable clients, include all agencies.*

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| **CLIENT** | **AGENCY ASSIGNED** | **STAFF****ASSIGNED** | **FREQUENCY** |
| *Example:* *JOFI (HMIS#12345)* | *Hope House* | *Mary & Tim* | *At least 2X/week* |
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**CASE MANAGEMENT PLAN**

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| Project provides Case Management, including needs assessment & service planning, for all PATH enrolled clients? 🔾 Yes 🔾No (If no, please also complete sections below) |
| Project has received DMHAS approval to provide Case Management for only a subset of all PATH enrolled clients? 🔾 Yes 🔾 No DMHAS has approved limiting the clients for whom the project provides case management to the following number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please provide the point-in-time #)The CAN has approved the following targeting criteria to determine for which clients the project will provide case management (check all that apply):🔾 Target clients who have been determined by the CAN to be the most vulnerable.🔾 Target clients who have been determined by the CAN to have been homeless the longest.🔾 Target clients who have been prioritized by the CAN to receive a housing intervention.🔾 Target clients who have expressed willingness to participate in case management services while  continuing regular attempts to engage others.🔾 Other approved targeting criteria (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PHONE/EMAIL OUTREACH SCHEDULE**

*Provide details on towns where neither in-reach nor canvassing is feasible. Specify people who can identify and refer any unsheltered homeless people in each town, who is assigned to stay in contact with to each person and how frequently contact will occur. In CANS where multiple agencies provide outreach services, include all agencies. Add/delete rows as necessary.*

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| **TOWN** | **CONTACT INFO** | **AGENCY ASSIGNED** | **STAFF ASSIGNED** | **FREQUENCY** |
| *Example:* *Harleysville* | *Joe Smith (Mayor’s Assistant): (201) 555-1111**jsmith@hville.gov* | *Project Help* | *Kim* | *Quarterly* |
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**SCHEDULE FOR OTHER CRITICAL STAFF TASKS**

*Identify and schedule other critical tasks that outreach staff need to prioritize. In CANS where multiple agencies provide outreach services, include all agencies.*

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| **Task** | **AGENCY ASSIGNED** | **STAFF ASSIGNED** | **DAYS/TIMES** |
| *Example:* *Documentation* | *Project Help* | *(Kim & Sue)* | *Tuesdays, Thursdays & Fridays (7am – 10am)* |
| *Example:* *Case Management Tasks with Enrolled Clients* | *Hope House* | *(Mary & Tim)* | *Mondays (9am -12pm)*Tuesdays, Wednesdays & Fridays (12pm – 3pm) |
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| **COVERAGE PLAN***Briefly describe:*1. *The project’s strategy for ensuring that regular outreach occurs during planned staff absences.*
2. *The project’s strategy for ensuring that engagement of those who seem particularly unwell and/or vulnerable occurs during unplanned staff absences.*
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| A)B) |
| **UNCOVERED AREAS***Briefly describe:*1. *Any geographic areas within your CAN that are not covered in this plan and the reason why.*
2. *Any plans your project or CAN has to ensure that all areas are covered in the future.*
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| A)B) |

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| **SYSTEMS GAPS***Briefly describe:*1. *Any key organizations or sectors within your CAN that are not currently engaged to help prevent and end unsheltered homelessness (e.g. Shore Hospital, Fulton County jail, DOC, child welfare, schools, etc.)*
2. *Any plans your project or CAN has to ensure that these partners are engaged in the future.*
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| A)B) |

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| **EMERGENCY PLAN***Briefly describe steps your project will take to help unsheltered people reduce risks during:*1. *Extreme cold weather/snow storms*
2. *Extreme hot weather*
3. *Flooding*
4. *Other emergencies*
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| A)B)C)D) |

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| **ENGAGEMENT SUPPLIES***List supplies that are available to outreach workers to offer to clients. Examples might include toiletries, socks, gloves, hats, blankets, water, etc. If needed supplies are not currently available, describe plans for obtaining supplies.* |
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| **PUBLIC AWARENESS/PIT***Briefly describe:*1. *The project’s strategy for ensuring that members of the public who are unfamiliar with the homeless services system know who to call to get help for a homeless person.*
2. *How your project prioritizes and responds to such concerns.*
3. *How your project determines if anyone particularly vulnerable was found during the annual PIT count and how you follow up to engage those people.*
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| A)B)C) |

**PLAN REVIEW AND APPROVAL**

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| **Supervisor Name:**  | **Supervisor Signature (**required monthly**):**  | **Date:** |
| **Month 1:** |  |
| **Month 2:** |  |
| **Month 3:** |  |
| **Month 4:** |  |
| **Month 5:** |  |
| **Month 6:** |  |
| **CAN Representative Name:**  | **CAN Representative Signature** (required 2x/year):  | **Date:** |
| **PERIOD #1:** |  |
| **PERIOD #2:** |  |
| **DMHAS Representative Name:**  | **DMHAS Representative Signature** (required 2x/year):  | **Date:** |
| **PERIOD #1:** |  |
| **PERIOD #2:** |  |