Outreach Plan Template

PATH Recipient Agency:	
PATH Sub-Recipient Agency(s):	
DOH Recipient Agency:	
DOH Sub-Recipient Agency(s):	
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.

Day	Time	Location	Agency Assigned	Staff Assigned
Example: Mondays	7am-9am	Train Tracks Behind Walmart	Hope House	Mary & Tim
Mondays				
Tuesdays				
Wednesdays				
Thursdays				
Fridays				

Office Hours 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 relevant populations (e.g., young people, undocumented immigrants, families with children, etc.). In CANs where multiple agencies provide outreach services, include all agencies.

Day	Time	Location	Agency Assigned	Staff Assigned
Example: Mondays	7am-9am	Maple Street Library	Project Help	Kim & Sue
Mondays				
Tuesdays				
Wednesdays				
Thursdays				
Fridays				

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.

Client	Agency Assigned	Staff Assigned	Frequency
Example: JOFI (HMIS #12345)	Hope House	Mary & Tim	At least 2x/week

Case Management Plan.				
Project provides Case Management, including needs assessment and service planning, for all PATH enrolled clients?				
Yes No (If <u>no</u> , please also complete se	ctions below.)			
Project has received DMHAS approval to provide Case all PATH enrolled clients?	Management for only a subset of			
Yes No				
DMHAS has approved limiting the clients for whom the management to the following number:	project provides case			
Number: # (Ple	ease Provide the Point-in-Time #)			
The CAN has approved the following targeting criteria to the project will provide case management (check all that				
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.

Town	Contact Info	Agency Assigned	Staff Assigned	Frequency
Example: Harleysville	Joe Smith (Mayor's Assistant) (201)-555-111 jsmith@hville.gov	Project Help	Kim	Quarterly

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.

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, Wednesday, & Fridays (12pm-3pm)

Coverage Plan. Briefly describe: A) The project's strategy for ensuring that regular outreach occurs during planned staff absences. B) The project's strategy for ensuring that engagement of those who seem particularly unwell and/or vulnerable occurs during unplanned staff absences.
A:
B:
Uncovered Areas. Briefly describe: A) Any geographic areas within your CAN that are not covered in this plan and the reason why. B) Any plans your project or CAN has to ensure that all areas are covered in the future.
A:
B:
System Gaps. Briefly describe: A) 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.) B) Any plans your project or CAN has to ensure that these partners are engaged in the future.
A:

B:

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.
Public Awareness/PIT. Briefly describe: A) 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. B) How your project prioritizes and responds to such concerns. C) How your project determines if anyone particularly vulnerable was found during the annual PIT count and how you follow up to engage those people.
A:
B:
C:

Plan Renewal and Approval			
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:	CAN Representative Signature (required 2x/year)	Date:	
	Period 1:		
	Period 2:		