SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF)

Practice Area 1: Outreach, Engagement, and Admission

These program components are related to the most important planning decision a program must make: who is the target of our services and how can we best find and engage them? This Practice Area addresses the many choices each program must make and the connections between those choices.

> **Training:** SSVF Program LAUNCH: Outreach, Engagement, and Admission (2013). This recording covers key aspects of the outreach, engagement, and admission process in relation to VA regulatory requirements, targeting, and prioritization.
> SSVF_Program_LAUNCH: Outreach_Engagement_and_Admission.asx

Best Practice Standards

The VA has developed best practice standards for homelessness prevention and rapid re-housing programs. The standards reflect a growing consensus about what works in homelessness prevention and rapid re-housing programs and have been developed to further promote best practices among SSVF grantees. The VA also encourages non-SSVF funded homelessness prevention and rapid re-housing providers to review and use these standards to support program improvement adherence to best practices.

The standards are organized according to the five practice areas. Click on the link provided to learn about the best practice standards as they apply to: Outreach, Engagement and Admission.
http://www.va.gov/HOMELESS/ssvf/docs/SSVF_Practice_Standards_April_2013.pdf

Guidance

Outreach, engagement and admissions screening/selection operationalize the most important decisions a program must make: who is the target of our services and how can we best find them so we can assist them? This Practice Area addresses the many choices each program must make to ensure a comprehensive outreach plan, implemented in a manner that ensures Veterans who are literally homeless or at-risk of literal homelessness are quickly identified, screened and connected to assistance to address their housing crisis.

Targeting

Targeting decisions are the beginning point for **program design** (what does _this_ target population need and want?), **operations** (how will we deliver the right assistance to this target population?) and evaluation (did we effectively assist this target population to achieve their goals?). Targeting decisions should include an analysis of:

➢ **Funder requirements.** Federal, state and local agencies or philanthropic organizations often identify the priority populations for which their funding is available. Service provider agencies that are awarded or accept funds agree to serve that target population. Programs that rely on funding from several sources may have to find a target population that meets all requirements from all funders -- or assist multiple subpopulations, each dictated by a separate funder. It is also generally possible to add criteria to further narrow the target population, particularly when the funder allows assistance to a very broad population. Targeting decisions require careful analysis of the community's needs, resources and resource gaps.

➢ **Local Continuum of Care (CoC).** The Continuum of Care, as defined by the U.S. Department of Housing and Urban Development (HUD), is the primary entity for a defined geographic community designated to 1) assess current resources to prevent and to resolve homelessness and 2) develop a strategic plan for filling resource gaps, so that 3) all subpopulations will have access to effective assistance. CoCs have members who represent a broad array of community partners and who elect a board or similar decision-making body (e.g., steering committee) to serve on their behalf. As such, the CoC is a critical partner for rapid re-housing and homelessness prevention programs. When making or re-visiting targeting decisions, the program should consult with the CoC about both resources already available for a subpopulation and data on unmet needs. This preparation can help prevent targeting so _narrowly_ that the program cannot find sufficient participants or, conversely, targeting so _broadly_ that the program receives far more applications than can be assisted. Furthermore, CoCs are planning and implementing, federally-mandated coordinated assessment systems. The coordinated assessment model established in most communities may ultimately serve as a single point of entry for rapid re-housing and prevention services, making coordination with CoCs vital.

➢ **Agency mission.** Within funder requirements and local service gaps, a program may be required by its charter or Board of Directors to target a specific population. For example, an agency that works only with persons who have a serious mental illness may have to target that population unless they receive Board approval to diverge from the agency's historical mission. Agency mission and experience must be very carefully weighed during program design, operations and evaluation. A program may be faced with conflicting agendas or approaches if the organization's mission differs from that of the funding source. As an example, a treatment/sobriety-focused agency would have to make significant changes in screening, intake, assistance models, staff training and policies/procedures to accommodate a Housing First program component.

> **Special Targeting Considerations for Non-Metropolitan Areas** In an area with large numbers of potential program participants and a rich array of agencies and programs, the process and options for targeting are quite different than targeting in a large area with a widely-dispersed population and fewer community resources. In general, there will be fewer members of any particular subpopulation in a non-metropolitan area. And since they are dispersed over a broad geographical region, they may be more difficult to locate. Further, the region may include more than one CoC, and the CoCs may have varying priorities. To the extent possible, a new program in a more rural region should coordinate with all relevant CoCs, but keep the target population as broad as possible – unless the CoC(s) can point to high numbers of a subpopulation who are under-served and need your program's assistance

Eligibility & Prioritization

Eligibility and prioritization decisions, like those with targeting, can be based upon relatively broad or extremely narrow criteria. There are a few key decisions that programs must consider:

- ➤ **Accept the funder's eligibility criteria "as is" or impose additional requirements?** The funder's eligibility requirements are generally non-negotiable. But providers must still decide whether to narrow eligibility even further (if allowed), and add additional eligibility criteria. If these criteria were part of the program's funding proposal and were incorporated into the contract with the funder, any changes must be negotiated with the funder.

- ➤ **Add priorities that will guide intake decisions when applications exceed capacity?** Even with good targeting decisions, requests for assistance may exceed program resources. On a day-to-day basis, eligible applicants are accepted on a first-come-first-served basis. But when there are multiple requests for each opening, the program must decide how they will select which households to accept. A crisis response program cannot utilize a "waiting list;" another option is defining priority "rules" governing intake decisions. For example, "If there are multiple applications for the same opening, the applicant whose loss of housing is *most imminent* will be selected." Alternatively, the priority might be "households with a member who would be *more negatively affected* if the household became or remained homeless' -- such as an individual on the verge of losing a job due to absenteeism caused by homelessness or a family with a medically fragile child, etc. Regardless of how requests for assistance are prioritized, agencies must establish policies and procedures to assist those turned away by providing information on other available programs and services that may be able to address the household's concerns.

- ➤ **Avoid eligibility criteria and prioritization processes that include predictions of success or failure.** Programs must be sure that the policies and processes they adopt will not screen out program applicants *because it is believed they may not achieve program goals*. These applicants are the very ones most in need of services. In fact, experience with rapid re-housing and homelessness prevention shows that even those households with multiple, significant barriers to housing stability can achieve nearly the same outcomes as households with fewer barriers.

Outreach

Outreach plan and activities are the program's strategic plan to find the eligible population the program is targeting. This requires a combination of strategies:

Soliciting referrals from other public and private agencies that have contact with the target population. Referrals from agencies that participate in the Continuum of Care planning process are a good source, as are 211/311 providers and VA and state or local government agencies that have contact with people who have very low incomes. In particular, as communities develop coordinated assessment, rapid re-housing and homeless prevention programs must assure that they will receive appropriate referrals.

Developing a regular presence at other locations that are often frequented by households and individuals who avoid formal agencies. This can include churches, discount stores, check-cashing locations, laundromats, specific parking lots or camps in the forest/desert where people may be living.

Visibility at local community events that may be attended by the target population. If targeting Veterans, the program may have a booth at a local Stand Down. Events like a county fair and events that include free food and/or entertainment may draw persons with very low incomes who may be experiencing a housing crisis. When attending community events, handing out cards, stickers, or "survival kits" with program contact info have been helpful.

Coordination with other outreach programs in the community. In some areas, outreach is well-developed and effective at finding people who are unsheltered and experiencing homelessness. Unless there are situations or locations that outreach providers have missed, the program might instead focus on coordinating with existing outreach programs for referrals.

> **Special Considerations: Public Advertising**
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> Public advertising may generate referrals and applications, but it can overwhelm a program's intake process. This is especially true of any advertising for *homelessness prevention*. Additional intake lines and staffing may be required whenever the program is advertised on television or radio. Billboards will also result in a need for more screening. The program should be sure that any advertising clearly describes eligibility requirements, to minimize inappropriate calls. And staff should be prepared to triage and refer the callers to other programs that might be helpful. Those other agencies should be consulted about how and when to refer a caller, so that they are not flooded with requests--some from people who are not eligible or not appropriate for their service.
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> Advertising focused on *people experiencing literal homelessness* is less problematic. Flyers posted or handed out near shelters or camping/parking locations, in food shelves, hot meals programs, churches and near hospitals can be helpful. Posted information could include tear-off contact information.

Engagement

Engagement is the process of meeting prospective program participants, and starting to form a relationship. Engagement contacts may precede ascertaining or verifying eligibility and before actually offering specific services. A fundamental principle of engagement is participant choice. Participant choice is significantly different from the traditional medical model, where an "expert" provider tells clients what they need and how it will be provided. Empowering the participant in the decision making process by making them partners in the service plan is far more likely to lead to successful engagement. This occurs because participants with a greater sense of personal control can avoid or break a pattern of learned helplessness that can undermine motivation. Effective engagement should be considered throughout the program's design and operations:

> ➢ **Time to engage.** Sometimes people are slow to develop trust or may be reluctant to accept formal services. Recognizing this, programs should allow multiple visits with a potential program participant, sometimes before verifying eligibility.

> ➢ **Transferring engagement.** When staff from another community resource has successfully engaged with a potential program participant and wants to refer her for assistance, program staff should collaborate with that staff to transfer the relationship. This is necessary and critical for people who are initially very reluctant to accept services.

> ➢ **Collecting and verifying information.** The program should allow staff some discretion in collecting personal information. The timing of assessment interviews should be appropriate for the person's level of tolerance and engagement.

> ➢ **Outreach role.** A program that targets a population that is particularly difficult to engage may assign the outreach role to case managers so they can develop and also maintain an ongoing relationship with the program participant.

Engagement, Cultural Competence and Peer Staff

Most often, rapidly developing a trusting relationship with a potential (or enrolled) participant is most effective when staff has a high degree of cultural competence. Cultural competence is enhanced when staff shares a relevant characteristic or experience with the participant. The commonality may be gender, age, lived experience (e.g. history of homelessness, military service or poverty) and/or race. It is an effective strategy to prioritize hiring staff with some life experiences that mirror those of the program's target population.

However, life experience alone is not enough. The strength of staff experiences with homelessness or other similar life challenges depends on staff's success and insights into overcoming those challenges. Programs should recruit individuals who demonstrate capacity to use their personal experience to provide practical advice and positive role modeling. At the same time, staff should not expect their participants to resolve life problems exactly the same way they did.

Screening

Screening is the process of assuring that 1.) the person is eligible for the services, and meets any priority criteria, 2.) there is no other better resource in the community that is available and acceptable to the participant (i.e., the program is a good "match"), and 3.) the person is a priority for the program, recognizing that most programs are not able to serve everyone who is eligible. Assessing other possible resources available to the participant answers the question – "Would this person or household become homeless or remain homeless BUT FOR this particular assistance?" Staff works with the applicant to explore any personal support network or resource that could be quickly accessed to address the immediate housing crisis.

In rapid re-housing and homelessness prevention programs the screening assessment process focuses first on the participant's immediate housing crisis. The participant's income and housing situation must meet certain requirements before the household can be formally admitted. *The household is homeless*; are they unsheltered and unable to exit homelessness? Or *the household will be homeless immediately unless assistance is provided*; is there an intervention that will enable the household to retain that housing? Do they need to quickly relocate to avoid homelessness? However, it is critical that screening for **eligibility and prioritization** for SSVF assistance not include in-depth psychosocial or other similar assessments, to assure that admissions decisions are not based upon projections of the participant's likely success or failure in the program—which have not been shown to be reliable predictors of actual success – but instead are limited to factors necessary to determine eligibility and prioritization for SSVF assistance, as well as to determine whether another intervention, if available, is more appropriate to resolve the housing crisis.

*NOTE: this assessment must be done **very quickly**; applicants should **not** be required to <u>prove</u> that they have been denied assistance by multiple resources. It can take significant time and effort to secure some needed resources; staff may include this goal in the participant's Housing Plan. Remember, many of these applicants may already feel defeated by their crises. Erecting additional institutional barriers may create an obstacle to providing care that cannot be overcome.*

There are particular issues associated with screening and admission that should be addressed in the program design and implementation:

➢ **Who screens?** Many programs have a specialized screening/intake staff. This can be efficient, since staff will learn exactly what documentation is required and how to obtain it. A large program could further specialize, splitting Homelessness Prevention screening and Rapid Re-Housing screening. The credentials of the person(s) assigned to screening are less important than the staff's ability to quickly assess and respond to the reactions of people in crisis while obtaining the information needed to establish eligibility. Screeners should be knowledgeable about other community resources beyond their own agency. This knowledge allows screeners to provide person-centered care, offering choices of the services that can best meet the applicant's needs and preferences.

➢ **How do they screen?** The screening process should be very clearly defined. This assures that eligibility is documented and intake decisions are fair, consistent and transparent. By defining the process, programs can also specify the kind of information that should not be routinely collected, such as a diagnosed disability (unless the program targets only households where one member has a verified diagnosis of a disability). Every program should have screening tools/forms that identify all the information and documentation needed to determine eligibility, assign priority and make an admission decision. The VA's Homelessness Prevention Eligibility Screening Disposition form is required for SSVF programs and provides a good framework for ensuring only necessary information is obtained when screening for SSVF homelessness prevention assistance.

➢ **How quickly do they screen?** In order to respond to and address an immediate housing crisis, the screening process and admission decision must be as prompt as possible. At a minimum, there should be a formal, expedited process for screening and admission when an applicant will imminently lose their housing or is homeless and unsheltered. Ideally, when an applicant has a very urgent situation, the program can make a decision within hours. This requires detailed information for screening staff about all acceptable sources of verification as well as strong partnerships and processes for data-sharing with other agencies.

➢ **Who makes the admission decision?** Deciding which applicant will receive needed services, and who will be denied is a very difficult responsibility for staff. All applicants are in need. Where a single staff person is responsible for admission decisions, staff is likely to have a difficult time making consistent decisions and frequently experiences considerable stress. A team approach can be better, as long as the decision can be made quickly. Another option is to require supervisory approval of intake decisions, so the single staff is essentially making a recommendation rather than a final decision-- but this process must be very timely. Regardless, supervision should include review of screening decisions to ensure appropriateness and consistency.

➢ **What happens when an applicant is not accepted into the program?** There will be times when a person or household is not eligible, does not meet the program's priorities or is requesting assistance the program cannot provide. In such cases, redirecting the person to another resource is necessary. Every program must have a process for matching the applicant to the best available, alternative resource. This matching may include questioning the applicant about a disability diagnosis if and when such is required by the alternate program. But this is not a screening question that should be used to make intake decisions.

Integrating the Core Concepts

The three core concepts should underlie all program activities and decisions.

➢ *Housing First.* Targeting decisions should prioritize those most in need which often means those with multiple housing barriers. Targeting and enrollment is not contingent on any preconditions, such as treatment participation, sobriety or preparation for permanent housing in a transitional setting.

➢ *Participant Choice.* Outreach and engagement should be focused on the participant's priorities and choices as they relate to resolving the immediate housing situation.

➢ *Crisis Response.* Screening processes and intake decisions should be quick enough to respond to urgent housing crises.

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