Grant & Per Diem (GPD) Program
VHA Homeless Programs

Helpful Practices: Outreach & Engagement

• Outreach
  
  • Outreach Plan & Staffing
    • Grantees must ensure all agency staff follow the outreach plan in the grant; liaison to monitor this.
    • Examine if outreach strategies match the program model.
    • Grantees must have appropriately trained staff in place to meet time and geographic needs.
    • Leverage technology to be able to conduct full intakes from the streets.
    • Explore collaborative outreach opportunities with HCHV, CRRC, SSVF or other external teams.
    • Review the outreach schedule to ensure the number of outreach hours matches the need, particularly for the number of unsheltered Veterans.
    • If there are grantee agency staff with interest in/experience with a particular population, build this into the outreach schedule (i.e., women, seniors, LGBTQIA+)
  
  • Coordinated Entry (CE)
    • Maximize the capabilities of HMIS to locate and track outreach opportunities.
    • Grantees, and liaisons when helpful, should participate fully in CE, CoC, By Name List and case conferencing meetings in the community.
    • Track how many referrals come from participation in CE.
    • Grantees should plan so that what is written in the grant matches community need.

• Referral & Admission
  
  • Ensure the intake and admission process provides timely and equitable access. Ask the following:
    • Are there any admissions barriers that result in a non-inclusive process?
    • Is there a burdensome and lengthy paperwork process?
    • Is there duplication of work/reinventing the wheel?
  
  • Develop a clear process for informing stakeholders of bed openings and the referral process.
  
  • Coordinate same day admissions by examining the referral and intake process and streamlining when useful.

• Eligibility
  
  • Liaison and Healthcare Eligibility Center (HEC)
• Ensure that the grantee is trained in the plan for verifying eligibility through the liaison.

• Ensure there is a coverage plan for verifying healthcare eligibility when the liaison is not available.

• Do not delay admission if unable to reach the liaison; utilize other methods for determining eligibility (i.e., SQUARES)

• SQUARES
  • Ensure that grantee agency staff are trained on how to use SQUARES.
  • Grantee and liaison map out admission notification method and timeframe.
    • Example: "If the Liaison is unavailable and the grantee proceeds with admission following the confirmation of eligibility in squares, the grantee will notify the GPD Liaison within 24 hours of admission by ______ (phone, Azures)…"

• Liaison In-Reach to VA Medical Center staff
  • Engage in in-reach at your local VA Medical Center by sharing GPD program information and bed availability updates through email and/or in-service presentations
  • Get with your team to start planning and brainstorming
  • Determine action steps needed and who is responsible
  • Think about the following when planning:
    • Think about how you can help your GPD program get more referrals
    • Who at the hospital would benefit from knowing which GPD programs there are and bed availability?
  • How will you disseminate the information?
    • Verbally: How often should you present? Who is your audience? Who from your team will present?
    • Written: Will you send a weekly email? What will you send? Are there email groups you can utilize?
    • Design your own local GPD spreadsheet that contains program information, referral process, contact information, and bed availability
    • Get started by accessing the GPD In-Reach Sample Template and Fill-In Template and/or on the internal VA GPD SharePoint.

Please email the GPD National Program Office at gpdgrants@va.gov with questions.