

Street Outreach and Supportive Services

ESG 2017-2018

Georgia Department of
Community Affairs

Outreach

- ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. The term “unsheltered homeless people” is defined as –

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;...

BoS Written Standards for Street Outreach

- ❑ Agencies must have policies and procedures on safety standards.
- ❑ Engagement should occur during times when there is a reasonable expectation to believe people have no housing options.
- ❑ Individuals and families shall be assessed where they are.
- ❑ Projects must assess, prioritize, and re-assess the need for essential services related to street outreach.
- ❑ Projects should continuously engage unsheltered persons and persons experiencing chronic homelessness, even if they repeatedly decline housing and services.
- ❑ When appropriate, based on the individual's needs and wishes, the referral to permanent supportive housing or rapid re-housing that can quickly assist the individual to obtain safe, permanent housing shall be prioritized over the provision of or referral to an emergency shelter.

Eligibility for Outreach

- ❑ Individuals and families defined as Homeless under the following categories are eligible:
 - ❑ Category 1 – Literally Homeless
 - Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter.
 - ❑ Category 4 – Fleeing/Attempting to Flee DV
 - If Category 1 already met

Homeless Verification

CATEGORY 1

An individual or family who lacks a fixed, regular, and adequate nighttime residence.

- **Third party written:** A written referral or official communication from another housing or service provider. Third party written documentation must be on official agency stationery, and must be signed and dated by an appropriate agency representative.
 - **Alternate requirement:** Third party verification may be documented on DCA Third Party Verification form is not otherwise available.
- Completed DCA Staff Certification of Homelessness form documenting oral third party statement or staff observations
- Completed DCA Self Certification of Homelessness form

Homeless Verification

CATEGORY 4

Is fleeing, or is attempting to flee some form of family violence, has no other residence; **and** Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing:

- If services are provided by a victim services provider:
 - DCA Staff Certification of Homelessness or
 - DCA Self Certification of Homelessness
 - Third party documentation (law enforcement, referrals, etc.) should be obtained whenever possible

Homeless Verification

CATEGORY 4

- If services are not provided by a victim services provider:
 - DCA Staff Certification of Homelessness or
 - DCA Self Certification of Homelessness
 - Where the safety of the individual/family is not jeopardized, the client's statement must be verified by the intake worker or a written referral.

Where Do We Do Outreach?

- City Streets and Alleys
- Bridges and Underpasses
- Bus Stations
- Parks
- Vacant Lots and Abandoned Buildings
- Vehicles
- Railroad Tracks
- Rural Locations (wooded and camping areas)

DCA Housing Status Verification Form

| Georgia Department of Community Affairs | | |
|--|--|-------------------------|
| VERIFICATION OF HOMELESSNESS STREET OUTREACH | | |
| Participant Name: | Participant RMS #: | DCA Project Entry Date: |
| <p>Instructions: Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. Complete the Chronic Homeless information section for each applicant.</p> <p>Unless otherwise noted, the general order of priority for obtaining evidence is third party documentation first, intake worker observations second, and certification by the person seeking assistance third.</p> | | |
| CATEGORY 1: LITERALLY HOMELESS | | |
| Housing Status | Documentation Attached | |
| <input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground) AND: Unwilling or unable to access services in emergency shelter | <input type="checkbox"/> Written referral by another housing or service provider (either on relieving agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority) | |
| CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE | | |
| Applicant's fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence must also meet the criteria for CATEGORY 1: LITERALLY HOMELESS to qualify for street outreach services. | | |
| Complete the section above for CATEGORY 1: LITERALLY HOMELESS. Victim status must be included on documentation for CATEGORY 1: LITERALLY HOMELESS. | | |
| CHRONIC HOMELESS INFORMATION | | |
| Does the individual or head of household meet <u>all</u> of the following criteria: | | |
| <input type="checkbox"/> Has been literally homeless, as defined in Category 1 above, for at least one year continuously or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year (stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total) in a place not meant for human habitation, a safe house, or an emergency shelter. AND | | |
| <input type="checkbox"/> Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. | | |
| Does the applicant meet both criteria for Chronic Homelessness? | | |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |
| *If yes, attach completed DCA Certification of Chronic Homelessness or DCA Self Statement of Chronic Homelessness, with any applicable Backup documentation. | | |
| Form Completed By: _____ Date: _____ | | |

Homeless Verification

HUD prefers this order for homeless verification:

1. Third Party verification
 - Written, including documents already available
 - Oral
2. Intake Staff Observations
3. Self-Certification (with staff certifying due diligence)

Written Third Party Verification

- ❑ Written verification from a third party must be an official communication on agency stationery from a housing or homeless services provider.
- ❑ The written communication must be signed and dated by an appropriate agency representative.
- ❑ If the verification is from an emergency shelter, the shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).
- ❑ If the certification is for unsheltered homelessness, the certifying agency must be recognized by the local CoC as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

DCA Third Party Written Homeless Verification

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| THIRD PARTY WRITTEN HOMELESS VERIFICATION | |
| <small>If documentation on agency stationery is not available, this document may be used by housing and service providers (such as emergency shelters, institutional care facilities, police officers, business owners, etc.) to document the housing status of a homeless applicant for DCA DSG services. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. Complete Option 1 or Option 2.</small> | |
| DSG Applicant Name: | |
| <input type="checkbox"/> Individual without dependent children (complete one form for each adult household member) <input type="checkbox"/> Household with dependent children (complete one form for each adult household member) Number of persons in the household: _____ | |
| Option 1: Documentation of Stay at a Facility/Program | |
| Verification of Stay: | |
| I certify that the above named individual(s) resided at our facility as follows: | |
| Entry Date: _____ | Exit Date: _____ or ☐ Currently staying at facility/program |
| Facility or Program Type: | |
| This facility or homeless service program is classified as one of the following: | |
| <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Institutional care facility (e.g. jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days) <input type="checkbox"/> Other (describe): _____ | |
| <small>Certifying emergency shelters must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).</small> | |
| Option 2: Documentation of Unsheltered Living Situation | |
| I certify that the above named individual(s) (were currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., a car, park, abandoned building, bus station, airport, or camp ground). | |
| Description of current living situation: _____ | |
| <small>The certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)</small> | |
| Verifying Agency/Person | |
| I certify that the information documented above is true and accurate. | |
| Printed Name: _____ | Signature: _____ |
| Date: _____ | Title: _____ |
| Organization: _____ | Address: _____ |
| Phone: _____ | Email Address: _____ |

- ❑ This form is required for third party written verification when sufficient written verification is not otherwise available.

Lack of Third Party Documentation

- ▣ Lack of third party documentation **MUST NOT** prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

DCA Staff Certification of Homelessness and Domestic Violence

- ▣ This form is required for homeless certification by oral third party statements or staff observation.

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| STAFF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE | |
| This document is required for DCA ESG sub-grantees verifying homelessness and/or domestic violence status through oral third party verification or staff observation. Complete either Option 1 OR Option 2. | |
| ESG Applicant Name: | |
| <input type="checkbox"/> Individual without dependent children (complete one form for each adult household member) <input type="checkbox"/> Household with dependent children (complete one form for each adult household member) | |
| Number of persons in the household | |
| Option 1: Third Party Oral Verification | |
| I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents. Below I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete. | |
| Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (Relevant Third-Party Representative). | |
| Verification of homelessness was provided: <input type="checkbox"/> Over the phone <input type="checkbox"/> In person | |
| The following information was provided regarding the ESG applicant's homeless status, victim status, and available resources: | |
| _____ _____ _____ _____ _____ | |
| I understand that obtaining third party documentation of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party documentation. | |
| _____ _____ _____ _____ | |
| Option 2: Staff Observation Verification | |
| I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for ESG assistance. | |
| _____ _____ _____ | |

DCA Self Certification of Homelessness and Domestic Violence

Georgia Department of Community Affairs

SELF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE

This is to certify that the below named individual or household is currently homeless based on the check mark, other included information, and signature indicating their current living situation. The entire form must be completed.

ESG Applicant Name:

Individual without dependent children (complete one form for each adult household member)

Household with dependent children (complete one form for each adult household member)

Number of persons in the household:

Self-Certification

ESG applicant check only one:

I (and my children, if applicable) am/are currently homeless and living on the street (e.g. a car, park, abandoned building, bus station, airport, or camp ground).

I (and my children, if applicable) am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g. family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.

I (and my children) am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.

I certify that I have insufficient financial resources and support networks, e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____

ESG Staff Due Diligence

I understand that third party verification is the preferred method of certifying homelessness/risk for homelessness/victim status for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third party verification:

ESG Staff Signature: _____ Date: _____

- ❑ This form is required for client self declaration of homelessness or domestic violence.

Chronic Homelessness Documentation

- ❑ Chronic homelessness must be documented, even if the agency or project does not specifically target the chronically homeless.
- ❑ Documenting chronic homelessness is vital to ensure that the individual or family maintains the proper homeless status for other service options.

Street Outreach

- Teams will have the most comprehensive knowledge of street based individuals/households within the locality.
- You must establish a case plan for each household:
 - It must be client-centered, realistic and
 - Focused on helping households move into some form of housing, preferably permanent, sustainable housing.

Street Outreach

Eligible Activities

1. **Engagement** – the location, identification and relationship building with unsheltered homeless people and the engagement of them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.
2. **Case management** – the assessment of housing and service needs, and implementing individualized services to meet the needs of the program participant including planning a path to permanent housing stability.

Street Outreach

Eligible Activities

3. **Emergency health services** - for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living.
4. **Emergency mental health services** - direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living.

Street Outreach

Eligible Activities

5. **Transportation** - travel by outreach workers, social workers, medical professionals, or other service providers, as well as the costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible.
6. **Services for special populations** –for homeless youth, victim services, and services for people living with HIV/AIDS, so long as the costs of providing these services are eligible under paragraphs (a)(1) through (a)(5) of this section.

Street Outreach

Eligible Activities

- DCA anticipates the bulk of funding to be spent on street based Engagement and Case Management.
- Sub-grantees should note that activities 3 and 4 refer to Emergency Health and Mental Health services, rather than services that may be delivered in typical settings on a routine basis.
- Street Outreach is **NOT** designed to be a feeding or emergency shelter program.

Incentives

- While incentives may be used to build relationships, or to ensure that homeless households' emergency needs are met, the awards made should not alleviate the need to exit the street.
- Budgets should have minimal money in this line item.

Street Outreach Collaboration

- ❑ Outreach teams will be expected to establish close working relationships with other service providers, not only Emergency Shelters, but other mainstream and housing focused services, including Rapid Re-Housing.
- ❑ Not every homeless household is expected to need admittance to an emergency shelter and Street Outreach teams should be prepared to implement a variety of interventions in securing permanent housing.

Street Outreach Collaboration

Where more than 1 Outreach team works in the same area, agencies collaborate to provide complimentary services by:

- ❑ Establishing a lead person/agency that will promote an agreed intervention for the individual/family.
- ❑ The agency will lead the case management of the homeless individual until either the individual has been re-housed, or a more appropriate case manager is ready to take over.
- ❑ Other agencies will reinforce this intervention so that agencies are not working against one another.

What Makes Good Outreach Workers?

- ❑ Genuinely initiate conversation
- ❑ Resourceful and creative
- ❑ Patient and persistent without being intrusive
- ❑ Assertive
- ❑ Independent but able to collaborate
- ❑ Reliable - Keep their word
- ❑ Maintain and respect privacy
- ❑ Advocate for Change – Remove barriers and impact policy

Street Outreach Performance Measures

For each Street Outreach program, performance will be measured based on the following standards:

1. An increase in the number of contacts with unduplicated individuals made during outreach.
2. An increase in the percentage of households that access emergency shelter or transitional housing.
3. An increase in the percentage of discharged households that access permanent housing.
4. An increase in the percentage of households that increase cash and non-cash income during program enrollment

Street Outreach + HMIS

- There should be a project on HMIS dedicated to your DCA ESG-funded Outreach project. All household members that your agency is providing assistance to should be enrolled and later discharged from the project (**including children**).
- Every household member should have a Contact and/or an Engagement Service Transaction recorded (including children).

Summary/Resources

- There is no perfect model for rural projects - talk to your peers
- Partners at PATH
- Troubleshoot with DCA staff
- ESG website:
 - SAMHSA webinar: <http://homeless.samhsa.gov/Resource/HRC-Webcast-Resources-Effective-Street-Outreach-Why-Its-Important-How-YOU-Can-Do-It-Better!-48319.aspx>

- *Christine Elwell, Ph.D., Pathways to Housing DC provided content for this presentation



Questions?

Thank You!



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