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This policy was selected because it is a real example of how a community approached the task of developing an outreach policy. BFZ data coaching staff adapted some elements to make it more transferable and annotated it to highlight the key components from the guide and suggestions for continuous improvement. These policies may help you overcome the dreaded writer’s block as you start thinking about structure and language for your policy. These examples are available as inspiration or sample text in conjunction with the guide. Feel free to copy language if it’s relevant to your community.

Approved by community for use in October 2024.

## Community Context:

This workshopped Outreach policy was based on the outreach policy of Grand Rapids Area Coalition to End Homelessness. Classified as “largely suburban,” the CoC geographic area includes Grand Rapids, Wyoming & Kent County, Michigan. Grand Rapids is a mid-size city of nearly 200,000 people within the just over 650,000 people residing in Kent County. They joined the BFZ network in 2021 and are working toward quality data for the Chronic population, estimated at over 200 people. Kent County uses WellSky Community Services HMIS.

## Continuous Improvement Suggestions:

While this workshopped policy covers the major recommendations offered in the [BFZ Outreach Policy Guide](https://login.builtforzero.org/hubs/resources/bfz-outreach-policy-guide/), we offer the following additional recommendations if your community seeks to build on this example:

* Consider building in ongoing feedback loops with people with lived expertise directly related to outreach policies and deployment.
* Include information about training and safety protocols outreach staff can refer to and/or are expected to follow while in the field

*Reviewing the BFZ Outreach Policy Guide fully will help you to create comprehensive outreach policies and procedures that align with the BFZ quality data standards.*

**Purpose and Goal**

* Establish shared community standards and procedures for conducting street outreach including outreach coverage and coordination. To accomplish this, street outreach practices in the Greater Grand Rapids Area are documented herein. 
* Goal of community-wide outreach policy is to ensure coverage and efficiencies in outreach to meet the following benchmark: 90% or more of unsheltered people are included on the community by-name list

Street Outreach Performance Standard

Street outreach programs will conduct housing-focused outreach and engagement to include locating, identifying, and building relationships with unsheltered persons living in places not meant for human habilitation and assist them in accessing emergency shelter, physical and behavioral health services, permanent housing through linkage to the community’s Coordinated Entry system, and additional supports based on individual need.

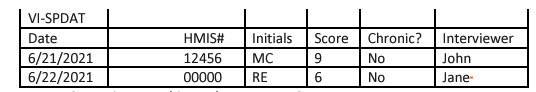
**Workflow**

New Active encampment individual identified Interacting with People in Encampments

* Outreach staff connects and documents the following: Location, approximate number of individuals and length of time the encampment has been active. Information is documented on the outreach map.

When & How: The community is explaining when and how data is collected on individuals experiencing unsheltered homelessness.

* Staff completes a CE assessment (if trained and appropriate) for households/individuals at encampment.
* Staff emails assessment and chronicity information to CE (example below):



* Notes for sending HMIS/chronic/assessment info:
  + If assessment is not completed, please note for CE staff for future follow-up.
  + ROI needs to be up to date and visibility open for 7740 and 10653 Provider Pages
  + Outreach staff should send a list of names to CE every week on Fridays via encrypted email to ensure the new names are pulled into the following weeks’ report
  + Please see Chronic Flowchart when determining chronic homeless status
  + If needed: Outreach staff communicates with other outreach team members based on identified needs and/or particular subpopulation for follow-up. Provide opportunity for “warm transfer” to the most appropriate outreach provider.

**Continued engagement**

* Outreach teams will coordinate via phone, email, and the outreach map so that all persons are connected with agencies that best suit their needs
* Focus on the documentation of homelessness history, documentation of disability when applicable, development of a housing plan, assist with attainment of vital documents, and continued engagement to provide urgent, non-facility-based care and connections to emergency shelter, housing and/or other critical services
* Utilize Housing First approaches that do not impose preconditions to make referrals to permanent housing, shelter, or other temporary housing

**Roles and Responsibilities**

* **CE:**
  + Staff ensure household(s) are added to the by-name list.
  + Identifies if other documentation or assessment is needed and communicates with outreach contact regarding needs.
* **Primary Outreach Provider**
  + Communicates with HARA contact to ensure household is added to by-name list
  + Completes assessment, if needed (see above)
  + Acts as liaison between household(s), HARA, and housing referral resource
  + Coordinates with staff providing in-reach at local shelters and day centers to ensure all unsheltered households are connected to an outreach team
  + Addresses urgent physical needs, such as providing meals, blankets, clothes, or toiletries
  + Connects to emergency shelter, housing, and/or critical services

**Coordination and Coverage Strategy**

* Monthly coordination meetings to:
  + Coordinate outreach efforts and other supplemental services to active encampments and encampments scheduled for cleanups by local municipalities

Collaboration and shared process: the community is explaining how the outreach team collaborates with the community to develop a shared approach.

* + Discuss assigning outreach teams or links to coordinated entry staff to new encampments based upon needs and demographic changes
  + Document new persons and encampment locations; document inactive locations on the map (90 days of inactivity)
* Review policy in the Outreach Committee throughout the PIT planning process and finalize any changes each January. Include evaluation of coverage and coordination.
* Case conferencing in FUSE, Built for Zero, inter-agency collaboration

**Teams and Working Hours**

A Coverage Calendar will be maintained in Google sheet. CoC staff will ensure the calendar is accessible to all teams and outreach teams will be responsible for updating information and sharing changes with the Outreach Workgroup.

**Principles of Street Outreach (adopted from USICH)**

Guiding principles and values: the community is explaining the guiding principles for outreach teams when engaging with unsheltered neighbors.

* Systematic, Coordinated, Comprehensive
  + Conducted on behalf of the community rather than one agency, requiring collaboration among multiple stakeholders
  + Coordinated among various providers engaged in ending homelessness and across different entities such as Federal, State, local government, and non-profit
  + Coordinated with the broader network of programs, services, or staff who are likely to encounter individuals experiencing unsheltered homelessness, but whose regular focus is broader than homelessness
  + Connected to coordinated entry process. Street outreach contacts and housing placements are documented in HMIS or another local data system, such as an active or by-name
  + Incorporates feedback from those with lived experience
* Housing Focused
  + Connections to stable housing with tailored services and supports
  + Facilitate connections to emergency shelter or temporary housing to provide safe options while individuals and families are on a pathway toward stability
  + Utilizes Housing First approaches that do not impose preconditions to make referrals to permanent housing, shelter, or other temporary housing
* Person-Centered, Trauma-Informed, and Culturally Responsive
  + Utilizes a person-centered approach
  + Provides people experiencing homelessness multiple opportunities to say “no” and makes repeated offers of assistance through engagement
  + Staff receive regular training in evidence-based practices
  + Employ outreach staff with lived experience
  + Provide warm handoffs to coordinated entry or shelter, housing, and service providers
  + Respectful and responsive to the beliefs and practices, sexual orientations, disability statuses, age, gender identities, cultural preferences, and verbal needs of all individuals
  + Aspire to analyze local data regarding racial inequities and disparities among people experiencing homelessness and customize efforts to ensure equity in outreach
  + Utilize problem-solving to identify strengths and existing supports
* Emphasize Safety and Reduce Harm
  + Providers have protocols to ensure the safety of all individuals seeking assistance
  + Utilize harm reduction principles
  + Accept that some may not accept initial offers of emergency shelter or housing assistance while maintaining a focus on creating connections to permanent housing

**Definitions**

* **Built for Zero**: a movement of more than 80 cities and counties working to solve homelessness, one population at a time using data-driven thinking and a system-wide approach.
* **By-Name List (BNL)**: A list used to identify persons experiencing homelessness in real time.
* **Continuum of Care (CoC)**: Group responsible for the implementation of the requirements of HUD’s CoC Program interim rule and the requirements set forth in this Policy. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
* **Coordinated Entry**: a process by which homeless assistance is allocated as effectively as possible and is easily accessible to all homeless persons. Coordinated Entry is a requirement of the U.S. Department of Housing and Urban Development (HUD) for all Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Program recipient agencies.
* **FUSE (Frequent Users Systems Engagement)**: Developed by CSH, FUSE is a proven model identifying frequent users of jails, shelters, hospitals and/or other crisis public services and then improving their lives through supportive housing. Supportive housing is an evidence-based solution that leads to better health and other good outcomes for people homeless and disabled. Tenants are provided affordable housing with wraparound support services, which stabilizes their lives and significantly reduces returns to jail and homelessness, reliance on emergency health services, and improves overall quality of life.
* **Homeless Management Information System (HMIS)**: Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.
* **In-reach**: initial contacts that take place with people who spent the previous night in emergency shelter, motel, doubled up, etc. locations
* **Outreach**: is a professional intervention that is structured, documented and strategic, to meet people where they are at - literally and circumstantially. It is respectfully persistent in helping people achieve housing and exit homelessness through

**Outreach Map**

Kent County has a ‘living map’ that is separate from this policy and is used in outreach meetings to determine the location of hotspots and to assign teams to each location.