

San Diego Homeless Outreach Worker (HOW) Best Practices

Introduction

Homeless outreach is an essential step towards meeting people experiencing long-term or multiple episode homelessness and developing the critical relationships necessary for supporting transition to affordable housing and/or needed treatment. At a discussion among outreach workers in Washington, DC, one participant described the reasons for providing outreach to people experiencing homelessness: “Waiting for people to come to us didn’t work...so what we’re doing is going to where people are comfortable, to where they are right now, because that’s probably most effective.” This description highlights three essential aspects of outreach. First, outreach and engagement means “going to where people are,” rather than waiting for them to seek services at a specific place. Second, traditional approaches to site-based social services may not be accessible for people who are marginalized, such as homeless individuals and families. Finally, workers (HOWs) provide outreach because it is “probably most effective.” (Olivet et al., 2010)

Homeless service providers, advocates, and consumers have viewed the process of outreach and engagement as critical components of homeless service delivery. Although there is no single definition of outreach, experts agree that outreach is a process designed to contact individuals in non-traditional settings who might otherwise be ignored or underserved. Its purpose is to improve physical and mental health and social functioning, increase use of human services, and re-integrate people into the community. For homeless outreach to occur, HOWs frequently must attempt to establish a relationship with people who are often mistrustful of service providers and who are often reluctant to engage. To meet the difficult challenge of engaging homeless clients, effective HOWs must be flexible, empathetic, respectful, non-judgmental, committed, and persistent and should have specialized knowledge of the issues facing the people they serve, be aware of the availability of services and systems of care such as housing, medical, behavioral health, and substance use disorder treatment. (Olivet et al., 2010)

Outreach: Definitions, Principles, & Roles

Outreach is the fundamental bridge between unstably housed individuals and available services and resources. Most Outreach experts agree that Homeless Outreach comes in a variety of forms, is approached through several key principles and practices and requires HOWs to play numerous roles for their clients and agencies. (NHCHC, 2014)

Defining Homeless Outreach

Homeless outreach is face-to-face interaction with people experiencing homelessness. Homeless outreach takes place on the streets, in camps, under bridges, in temporary motels, shelters, meal sites, libraries, public facilities, and wherever else people might be located. In active outreach, HOWs seek out and connect with individuals and families who are homeless.

On a client level, outreach has been described as the “front door” to an agency. Past and current outreach workers have defined outreach with a few key phrases: client engagement outside the traditional office

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setting; networking to identify clients and get in touch with them; meeting clients where they are and on their terms; and finding people, assessing their needs and connecting them with services. (NHCHC, 2014)

Principles of Outreach

Experienced frontline staffs, including HOWs, base their outreach work on a number of principles. Many of these principles relate to the importance of the human connection and how to create it, including building trust, developing a sense of community, dignity and respect, and honesty. Other principles involve relationship dynamics such as giving individuals the choice of whether or not to engage, the need for a give-and-take relationship between the HOW and client, letting the client lead, appearing visible and approachable, taking small steps toward progress, not making promises, ensuring consistent follow-up, and not pushing an agenda. Some other principles of importance include serving as a patient advocate, reducing barriers to services, follow evidence based-models of care, motivational interviewing, harm reduction, and trauma-informed care. However, core outreach principles should always include the following: (NHCHC, 2014)

- Meet people where they are-geographically, emotionally, and physically.
- Meet basic needs.
- Be respectful and treat everyone with dignity.
- Recognize that the relationship is central to outreach and engagement
- Create a safe, open, friendly space, regardless of the setting. (Olivet et al., 2010)

Roles of Outreach

The roles of outreach include parts of many positions. Aside from the typical outreach positions such as HOWs, homeless outreach can also be done by community health workers, case managers, hospital liaisons, and disability assistance staff. As frontline staff, HOWs often serve as agency ambassadors in their communities, establishing first impressions of their agencies to both prospective clients and community partners and stakeholders. Second, HOWs serve as a bridge to agency services, establishing contact in the field and facilitating referrals. Third, once HOWs engage clients, they can serve as navigators, helping clients overcome system complexities and access appropriate services in the community. Finally, HOWs can provide support to other teams, namely clinical and behavioral health staff, often through multidisciplinary outreach teams. (NHCHC, 2014)

Community Homeless Outreach: Building Networks & Raising Awareness

Beyond engaging with potential clients, homeless outreach to other community agencies is essential for building a referral network to complement the services available within one's agency. Most homeless experts agree that outreach and collaboration with community agencies is an important part of a HOWs work. Agency partners can span many sectors, including faith-based organizations and churches, hospitals, jails, mental health providers, free clinics, police and sheriff departments, meal sites, homeless shelters, libraries, and community and day centers. (NHCHC, 2014)

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There can be several strategies to promote coordination among outreach agencies. Online central referral systems (i.e. Homeless Management Information System (HMIS), Coordinated Entry System ([CES](#)) and Services Point) often created to facilitate countywide placements in permanent supportive housing based on a vulnerability index (i.e. [vispdat.pdf](#)), have become strong tools for agency collaboration. Most current and past HOWs have expressed that a central referral system was the central point of contact that helped put outreach workers at various agencies on the same page regarding the status of mutual clients. Another collaborative approach can be to perform outreach in zones or coverage areas so that agencies are not duplicating efforts by performing homeless outreach in the same areas. This type of coordinated outreach can be organized through regularly scheduled meetings involving staff from different homeless service agencies. (NHCHC, 2014)

Another component of community outreach is raising awareness of homelessness among community organizations and residents. Presentations to churches, schools, and other community groups should and can be an important part of a HOW's job. (NHCHC, 2014)

Homeless Client Outreach: Who & Where

With the assumption that community partnerships locally are in place for collaboration and referrals, HOWs can focus much of their efforts on engaging clients in the community.

Who: Homeless Outreach Staffing

HOWs in larger cities most often perform street outreach in teams of a least two staff, while those in smaller cities and areas tended to do individual outreach. In some cities and areas, a combination of individual and team outreach was performed depending upon the situation. However, homeless and medical outreach is frequently combined and a multidisciplinary team is often used in these situations. These teams are often composed of outreach workers (HOWs), social workers, case managers, medical assistants, physicians and/or nurses. Rounding out the multidisciplinary team, consumers and peers can play significant outreach roles in both formal and informal capacities. Some agencies have positions staffed by a peer or a former consumer as part of their outreach teams, which many outreach experts believe strengthens engagement with clients. Consumers frequently can provide HOWs with referrals to other consumers who are in need of services. (NHCHC, 2014)

The team approach generally is said to be safer, particularly when working outside fixed homeless outreach sites such as shelters and day centers or entering unknown areas. A team approach also provides the support necessary to navigate an

Tips For Staying Safe

- Always let your supervisor(s) know your location.
- Go in pairs whenever possible.
- Don't approach people who are "giving signs" that they don't want to be approached.
- Don't interrupt sales of drugs or sex-trust your gut

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often challenging job. Even in areas where homeless outreach was done individually, staff often will have team meetings to share their experiences and gain insight from each other. In other situations, complex case management committees work together to formulate plans for mutual clients, creating additional ways for interdisciplinary support and collaboration. (NHCHC, 2014)

Where: Homeless Outreach Locations

The guiding principle determining location is to go where clients naturally congregate. Clinic lobbies are natural starting points for homeless outreach and HOWs can often connect with new clients in waiting areas to assess their needs and facilitate referrals and benefits enrollment. Experienced HOWs frequently have regular schedules for fixed sites, which include churches, shelters, drop-in and day centers, free

clinics, hospitals and emergency departments, jails, libraries, community centers, and meal sites. Due to the regular necessity of meals, sites offering meal programs often anchor the fixed outreach schedules of HOWs or other outreach staff, determining appropriate times to visit meal sites (during meal times) and other fixed and mobile sites (during off times). Beyond lobbies and fixed sites, mobile and street outreach is important for reaching disengaged populations. HOWs can frequent public transportation stops (bus and trolley stations), areas under bridges and overpasses, homeless encampments, wooded and covered areas, river beds, and other street locations known as meeting spots. In many areas and cities HOWs are often notified by police or local government agencies regarding individuals who should be targeted for outreach. (NHCHC, 2014)

Tips for Approaching Potential Clients and the “Dos” of effective Homeless Outreach

- Never sneak up or corner someone
- Respect the Individual’s “three homes”
- Clearly identify yourself and your agency
- Be yourself
- Listen
- Use Motivational Interviewing
- Respond, don’t react
- Dress for the street
- Be Culturally competent
- Trauma-informed
- Describe available resources and allow individual to decide how to proceed
- Repeat visits are often necessary to build trust

(SAMHSA, National Health Care for the Homeless Council)

Homeless Client Outreach: Challenges, Strategies & HOW Best Practices

Homeless outreach is demanding work that requires unique problem-solving strategies to mitigate a host of barriers. The following provides an overview of the common challenges faced by HOWs and the strategies and best practices they can employ to build client engagement to overcome these issues.

Outreach Challenges

Most homeless experts would agree there are many challenges that impede outreach staff’s (HOWs) ability to connect homeless clients with available resources. On a

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client level, the biggest challenge usually identified is unmanaged mental illness, which makes client engagement very difficult, particularly when individuals have a lack of insight to their symptoms or cannot provide informed consent. Other major challenges relate to a lack of client readiness, including fear of committing to a program or service requirements and lack of trust. On the systems level, most challenges revolve around limited resources, including difficulty contacting patients without phones or fixed addresses, distance and lack of transportation options, lack of language and interpretation services, and most importantly lack of readily available housing resources to offer clients (e.g. temporary or permanent housing). From the staff perspective, other challenges include burnout and safety. (NHCHC, 2014)

Strategies: Initial Approach

To mitigate some of these challenges, HOWs should emphasize the importance of first impressions and how they should approach potential clients. Underscoring the significance, a HOW's initial approach and treatment of individuals is a major factor in the individual accepting or refusing services. Although styles vary, all share several key principles. In terms of demeanor, HOWs should never sneak up or corner someone; instead, they should be undemanding, ask open-ended, and get to know the individual without pushing your agenda. One homeless expert operates by the "three homes" theory, which emphasized that one must respect the three homes of a person experiencing homelessness: the individual's personal space, the physical space where they live, and the community in which they live. When HOWs or any outreach staff first approach someone, they should identify themselves and their organization. Next, they should try to get to know the individual and identify any needs that could be met. This should be followed by describing the resources and service possibilities available and potentially facilitating referrals. For many individuals, repeat engagements are necessary to build relationships and trust before referrals are possible. HOWs and outreach workers can emphasize the role a strong agency reputation can play in successfully engaging individuals. Another strategy may include having agency vehicles emblazoned with logos which can work well to attract individuals and build trust. HOWs can also carry hygiene packets and other supplies to distribute, particularly to individuals who are more hesitant to engage. (NHCHC, 2014)

Strategies: Building Engagement

Once HOWs or other outreach workers have made initial contact with potential clients, they must build engagement so these individuals are comfortable and well-equipped to access services and resources. Homeless experts define client engagement by a few key concepts: a client's willingness to speak with the HOW on an ongoing basis, the client successfully showing up to appointments, and establishing a collaborative relationship in which the HOW and client both contribute to mutual goals. Experts also recommend several strategies to build client engagement. Relationship-building is said to be key, particularly through building trust, getting to know the personal narrative of individuals, demonstrating empathy and understanding, and establishing an equal, collaborative relationship between clients and HOWs. Experts further recommend building these relationships by creating a consistent presence at various sites on a regular schedule and always following up and following through with promises. Having a common background, such as a history of addiction or homelessness, is also beneficial to forging these relationships. In terms of an action plan, it's expected to let the client lead. Encouraging the client to set

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Characteristics of Effective HOWs

- Flexible
- Non-judgmental
- Relaxed
- Resourceful
- Patient
- Calm and clear
- Assertive
- Independent
- Team player
- Tactful
- Cautious and alert
- Assertive (takes initiative)
- Centered
- Focused

(SAMHSA)

goals, both short- and long-term, is an effective means of increasing engagement. Setting small steps and achieving them build a sense of accomplishment and further inspires client involvement. Experts emphasize that engagement should be built at the pace and desires of the client, pursuing his or her goals, as opposed to those of the HOW or outreach staff. (NHCHC, 2014)

HOW Best Practices

Based on literature review and the general consensus of homeless outreach experts the following are critical HOW best practices in providing effective homeless outreach and engagement:

Person-Centered Practice promotes a person’s right to have choice and control over the process of exiting homelessness and is an effective strategy to empowering people. Involving the person in all decision-making process supports a person’s right to autonomy, develops their living skills and capacity to live independently. (Homelessness NSW, 2016)

Harm Reduction is a critically important principle of effective homeless outreach. It is a means through which HOWs can establish trusting relationships with homeless individuals promote safety and continuously monitor safety issues while intervening as needed. A harm reduction approach aims to

provide a quality service by reducing the adverse effects of homelessness. The primary goal of outreach when with people who are “sleeping rough” is to assist people to improve their health and housing outcomes. (Homelessness NSW, 2016)

Consistent and Trusting Relationships – Assertive homeless outreach is often described as a process. In recognition of the outreach process, effective practice should be centered on the development and maintenance of a trusting relationship between a HOW and the person. The building of such relationships can begin to rectify mistrust of services and the trauma of demeaning behaviors and attitudes. (Homelessness NSW, 2016)

Honest Communication – The process of effective engagement involves the development of a common language between HOWs and clients to enable the full consideration and exploration of possibilities for health changes from a common frame of reference. When HOWs pay attention to subtle meanings in a person’s language they can learn to use this understanding to form meaningful connections with the person. As part of this process, workers attempt to genuinely comprehend and respond to the words and gestures communicated. (Homelessness NSW, 2016)

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Persistent Approach to Homeless Outreach – A persistent approach to requires repeated contact with individuals unwilling to engage. To provide a persistent approach the following support systems should be required.

- An awareness by management of the issues involved in supporting persistence, such as caseload size and capacity issues to prevent HOW burnout.
- Ensuring assertive homeless outreach attracts employees (HOWs) with the necessary skills and personal attributes to successfully engage with people.
- Providing appropriate training to HOWs throughout the process of recruitment
- Frequent contact between HOWs and individuals is a central component of homeless outreach and can increase the likelihood of successful engagement. (Homelessness NSW, 2016)

Trauma Informed Care and Practice – HOWs need to understand a person’s previous exposure to trauma and how these experiences have shaped their life trajectory. To reduce the likelihood of re-traumatization all interactions and engagement with a person should be based on trauma informed care principles. (Homelessness NSW, 2016)

Culturally Sensitive Practice – The above principle of trauma informed care facilitates the provision of various outreach services to people whose unique needs may differ widely. It is particularly important to be mindful of trauma informed care when providing homeless outreach services to culturally diverse people as a slightly different approach may be more culturally relevant and appropriate. It is imperative that all HOWs receive training in culturally sensitive practice. A lack of awareness about the needs and issues affecting culturally diverse people can result in re-traumatization and perpetuate damaging stereotypes. (Homelessness NSW, 2016)

Strategies: Referral Management

After achieving client engagement, HOWs often facilitate referrals within their agencies and with other community organizations. This step is pivotal to helping clients successfully access homeless services and resources, but it requires thoughtful strategies to ease potential missteps. Experts recommend approaching referral management in a number of ways, often dictated by the size of their agencies and the needs of clients. If possible, HOWs should make a “warm hand-off,” in which they personally introduce clients to their new providers, benefits staff, or outside community agencies/providers. In many cases, it is also recommended to communicate with fellow staff about referrals in person, on the phone, or through electronic medical records (EMRs). For more complex

Homeless Outreach Worker “Don’ts”

- Don’t “space invade”.
- Don’t promise what can’t be delivered.
- Don’t “case manage.”
- Don’t go alone.
- Don’t preach, pry, and prod.
- Don’t go at 4 a.m.

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situations, case conferences with multidisciplinary teams to coordinate referrals are also recommended. For example, an agency can provide an outreach leads dedicated to operating an outreach call center (e.g. 211 San Diego), which potential clients can contact for assistance. Referrals are either made on the phone or clients can visit the office for an in-person meeting. However, homeless experts also emphasize that although HOWs or outreach staff help facilitate referrals, clients have to exercise personal initiative as well, upholding the equal, collaborative relationship between HOWs and clients. (NHCHC, 2014)

Conclusion: Why do Homeless Outreach? Findings & Outcomes

As discussed throughout this paper, homeless people have multiple service needs. The provision of available services is complicated by the state of being homeless. Although there are occasional reports of homeless people refusing services, data from multiple homeless studies indicate that, when properly approached, the homeless welcome services. The fact remains, demand for homeless and supportive services both locally and nationwide exceed current availability. However, successful homeless outreach conducted by HOWs do make a difference. For example, placing the homeless in stable housing plus accompanying supportive services makes a difference. Consistent findings include:

- Over 80 percent of supportive housing tenants are able to maintain housing for at least 12 months.
- Most supportive housing tenants engage in services, even when participation is not a condition of tenancy.
- The use of costly (and restrictive) services declines in homeless, health care, and criminal justice systems.
- Nearly any combination of housing and services is more effective than services alone.
- “Housing First” models with adequate support services can be effective for people who don’t meet conventional criteria for “housing readiness.” (CSH, www.csh.org)

Aggressive homeless outreach efforts led by HOWs and coordinated case management are crucial to successful service provision to homeless people, HOWs serve as a conduit to supplying these efforts to homeless populations in need. Intensive efforts to identify homeless people who are in need of stable housing, health care, substance use disorder and other services, to determine eligibility for benefits, to encourage acceptance of appropriate treatment, and to facilitate receipt of services are always in demand.

Resources, Links:

Homeless Resources on the Web

Government

- [United States Interagency Council on Homelessness](#) (USICH)—Members of the Interagency Council on Homelessness develop innovative \$35 million-funding opportunities to improve the delivery of federal resources to help end chronic homelessness.
- [Bureau of Primary Health Care](#) (BPHC)—An agency of the Health Resources and Services Administration (HRSA), Department of Health and Human Services, whose mission is to increase

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access to comprehensive primary and preventive health care and to improve the health status of underserved and vulnerable populations. The bureau administers Health Care for the Homeless (HCH), authorized in Section 330(h) of the Public Health Service Act, which makes grants to community-based organizations to assist them in planning and delivering high-quality, accessible health care to people experiencing homelessness.

- [Centers for Disease Control & Prevention](#) (CDC)—An agency of the Department of Health and Human Services located in Atlanta. This site includes health data standards, scientific and surveillance data, health statistics, laboratory information, and information about grant and cooperative agreement funding opportunities.
- [Substance Abuse and Mental Health Services Administration](#) (SAMHSA)—A HRSA agency that administers two targeted homeless grant programs: [Projects for Assistance in Transition from Homelessness](#) (PATH), a formula grant program created under the McKinney Act that provides funding to support service delivery to individuals with serious mental illnesses and/or substance use disorders, including those who are homeless or at risk of homelessness; and the [Center for Substance Abuse Treatment](#), which enables communities to expand and strengthen their treatment services for homeless individuals with substance abuse disorders, mental illness, or co-occurring substance abuse disorders and mental illness.
- [U.S. Department of Housing and Urban Development](#) (HUD)—Provides information about HUD programs, community and marketplace issues, housing options, and research on housing and community-related materials.
- [U.S. Department of Veterans Affairs](#) (VA)—Provides information about veterans' benefits and services including an online directory of veterans service organizations.

Housing

- [100,000 Homes Campaign](#)—The 100,000 Homes Campaign, parented by [Community Solutions](#), brings together change agents from across the country to find homes for 100,000 of the most vulnerable and long-term homeless individuals and families by July 2013.
- [OneCPD Resource Exchange](#)—Provides information for the HUD office of Community Planning & Development, including consolidated work plan summaries and funding information.
- [National Housing Institute](#)—Covers housing and community development issues, includes articles from Shelterforce, and provides links to other housing development sites.
- [National Housing Law Project](#)—Works to advance housing justice for the poor by increasing and preserving the supply of decent affordable housing. This site contains helpful information on public housing, Section 8, and other housing resources.
- [National Housing Trust Fund Campaign](#)—A growing national campaign for a trust fund to support the construction or rehabilitation of 1.5 million units of affordable housing over the next 10 years. This site directs you to legislative advocacy opportunities to support the fund and to increase the availability of housing that is affordable for low-income people.
- [National Low Income Housing Coalition](#)—A national advocacy organization for affordable housing. This site contains background information on housing issues, policy updates, and NLHC activities.

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Homelessness

- [European Federation of National Organisations Working with the Homeless](#)—FEANTSA, the European Federation of National Organisations Working with the Homeless, was established in 1989 as a European non-governmental organization (in French, FEANTSA stands for la Fédération Européenne d'Associations Nationales Travaillant avec les Sans-Abri). The some 100 member organizations come from 30 European countries. Members are non-governmental organizations that provide a wide range of services to homeless people including accommodation and social support. Most FEANTSA members are national or regional umbrella organizations of service providers. They often work in close co-operation with public authorities, social housing providers, and other relevant actors. FEANTSA, the only major European network that focuses exclusively on homelessness at the European level, receives financial support from the European Commission for the implementation of its activities. FEANTSA works closely with EU institutions and has consultative status at the Council of Europe and at the United Nations.
- [The Weingart Center](#)—A non-partisan research organization focusing on homelessness and poverty, especially in Southern California. The Institute serves as a resource for the media, academics, policy makers and social service organizations. Resources include their free, weekly listserv alerting subscribers to the latest cutting-edge academic and policy research reports regarding homelessness and poverty.
- [Homelessness Marathon](#)—A radio broadcast that enables homeless people speak to the nation from an overnight program that has originated from a different city each year. Host “Nobody” broadcasts from outdoors to dramatize the plight of people with nowhere to go to get out of the cold. For 14 hours, he interviews experts on various aspects of poverty in America (e.g., health care, hunger, public housing, etc.) and takes calls from around the country while talking with homeless people.
- [Institute for Children and Poverty](#)—An independent research and policy think tank based in New York City that conducts national research on the causes of family homelessness, the demographics of this growing population, and the programs most effective in assisting homeless families to transition to stability and self-sufficiency. This site contains information for policymakers, the non-profit community, education institutions, and the private sector.
- [National Center for Homeless Education](#)—Provides numerous resources on homelessness and education for homeless children and youth, the Stewart B. McKinney legislation, fact sheets on homelessness, resources for advocates, links to other organizations that work with homelessness issues, a monthly feature of a model program, listings of upcoming events, and a variety of other information and resources on homeless children and youth.
- [National Center on Family Homelessness](#)—A non-profit organization working towards long-term solutions that help homeless families become self-supporting and active participants in community life. Its mission is to translate research findings and field experience into innovative programs benefiting homeless families across the country.

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- [National Student Campaign against Hunger & Homelessness](#)—A coalition of students and community members across the country to end hunger and homelessness through service projects and action. NSCAHH trains students on strategies to improve or create service projects that meet their community’s needs.
- [North American Street Newspaper Association](#)—Supports a street newspaper movement that creates and upholds journalistic and ethical standards while promoting self-help and empowerment among people living in poverty.

Health

- [Association of Clinicians for the Underserved](#)—Provides information relevant to clinical practice, research, and training for clinicians and organizations serving uninsured or medically underserved populations.
- [Balancing Act: Clinical Practices that Respond to the Needs of Homeless People](#)—A paper by Marsha McMurray-Avila, Lillian Gelberg, and William R. Breakey, describing special adaptations to clinical practice that are necessary to address the most common health problems experienced by homeless people.
- [The Children’s Health Fund](#) (CHF) works nationally to develop health care programs for the nation’s most medically underserved population—homeless and disadvantaged children. CHF brings medical care and essential services directly to underserved children in rural and urban communities via Mobile Medical clinics (doctor’s offices on wheels) and fixed site clinics. Moreover, CHF has become a major national advocacy voice on behalf of all children and has inspired special federal legislation designed to help create innovative children’s health projects throughout the United States.
- [Fact Sheets on Health Care & Homelessness](#)—Compiled by the National Coalition for the Homeless, these documents examine the relationship between poor health and homelessness and specify chronic and acute health problems frequently experienced by homeless people.
- [Homeless Veterans: A Resource Guide for Providers](#)—Compiles current information about health care issues and resources for veterans, explicates the complex array of services provided by the Veterans’ Administration, explores barriers that exist, and describes helpful collaboration between the VA and homeless service providers in some communities.
- [Identifying and Responding to Domestic Violence among Poor and Homeless Women](#)—Guidance for health care providers in identifying, assessing, documenting, and treating the medical and psychological effects of domestic violence; published by the Better Homes Fund in collaboration with the HCH Clinicians’ Network.
- [Migrant Clinicians’ Network](#)—Information and resources for clinicians serving migrant farm workers.

Policy & Advocacy

- [National Alliance to End Homelessness](#) (NAEH) – a nonprofit membership organization dedicated to solving the problems of homelessness and to preventing its continued growth. The Alliance web page contains information on programs, practices, legislation, and NAEH activities.

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- [National Coalition for the Homeless](#) (NCH) – a national advocacy network of homeless persons, activities, service providers and others committed to ending homelessness through public education, policy advocacy, grassroots organizing, and technical assistance. The site includes a searchable bibliographic database with reference to research on homelessness, housing, and poverty; calendar of events; legislative alerts, and links to local state and national homeless/housing organizations.
- [National Coalition for Homeless Veterans](#) (NCHV) – provides legislative advocacy, public education and technical assistance for service providers of homeless veterans.
- [National Law Center on Homelessness & Poverty](#) – advocates to protect the rights of homeless people and to implement solutions to end homelessness in America. To achieve this mission, the Law Center pursues three main strategies: impact litigation, policy advocacy, and public education. This site provides information on homelessness and describes current projects, publications, and activities.

Links

<http://www.nationalhomeless.org/>

https://www.hud.gov/program_offices/comm_planning/homeless

<https://www.samhsa.gov/homelessness-programs-resources>

<http://www.epath.org/site/main.html>

<https://www.nhchc.org/resources/general-information/web-resources/>

<https://www.va.gov/homeless/resources.asp>

<https://www.alphaproject.org/>

<https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/children-and-families/>

<https://www.sandiego.gov/homeless-services>

<https://www.voa.org/homeless-people>

<https://www.salvationarmycarolinas.org/programs/programs-that-help/shelter>

<https://www.shelterlistings.org/>

<http://211sandiego.org/resources/basic-needs/shelter-homeless-services/>

<https://my.neighbor.org/housing/>

https://en.wikipedia.org/wiki/Homeless_Management_Information_Systems

<http://www.rtfhsd.org/hmis-portal/>

<https://www.nhchc.org/wp-content/uploads/2012/02/OutreachCurriculum2005.pdf>

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