

OUTREACH & ENROLLMENT QUICK GUIDE:

Promising Strategies for Engaging the Homeless Population



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Why this guide?

The purpose of this quick guide is to assist Health Care for the Homeless (HCH) grantees and other organizations with their efforts to engage the homeless population in services. For all states—regardless of their Medicaid expansion decisions—effective outreach and enrollment strategies are essential for engaging hard-to-reach clients in services and connecting them with a breadth of public benefits. This quick guide features the experiences of frontline staff—including outreach, case management, and benefits workers—to illustrate the importance of outreach and enrollment and highlight promising strategies being employed to overcome individual and systemic challenges.

Who is this guide for?

This quick guide is useful for anyone working in an organization that serves people experiencing homelessness. Although it is targeted toward staff in the HCH field and features the perspectives of frontline workers, the strategies provided are practical tips for any professional discipline working to engage the homeless population in services.

What does this guide include?

Drawn from key expert interviews with frontline staff, this quick guide covers: the definitions, principles, and roles of outreach; building networks and awareness through community outreach; the who, what, and where of client outreach; challenges and strategies of client outreach; the impact of Medicaid expansion on the homeless population; the who, what, and where of benefits enrollment; enrollment challenges and strategies; and professional development pertaining to outreach and enrollment work.

What can you expect to gain from this guide?

- You will be able to describe the roles and functions of outreach in the HCH field.
- You will be able to identify strategies to build engagement with the homeless population.
- You will be able to discuss strategies for successfully enrolling clients in public benefits.

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Introduction

Health Center Program grantees, including those with Health Care for the Homeless (HCH) funding, provide a breadth of services to medically underserved and vulnerable populations. With a history of disengagement in services and complex health issues, the homeless population is at once high in need and hard to engage. Therefore, outreach is the essential link between vulnerable populations and health care. Culturally competent and patient-centered outreach strategies are vital for connecting people experiencing homelessness to care. Once engaged, additional strategies must be used to successfully enroll clients in public benefits, especially in states that have opted to expand Medicaid coverage to 138% of the federal poverty level (FPL), regardless of disability status.

A host of challenges make outreach and enrollment difficult tasks, but through trial and experience, frontline workers have developed promising strategies for overcoming these barriers. This quick guide presents the views and experiences of outreach, case management, and benefits assistance workers from across the country. By exploring the approaches used in this challenging work, this quick guide provides translatable strategies to other homeless service providers looking to improve their engagement of the homeless population.

Methods

To gain a better understanding of outreach and enrollment activities among homeless service providers, 10 key expert interviews were conducted with frontline workers across the country. Six of these key experts worked in Medicaid expansion states (Maryland, Illinois, New Mexico, Kentucky, and Oregon), while four worked in non-expansion states (Texas, Georgia, Wisconsin, and North Carolina). Key experts were selected from the National HCH Council's database of homeless service providers based upon their roles in outreach and enrollment activities. Their job titles included community health workers, outreach team leads, community outreach workers, case managers, hospital liaisons, camp outreach coordinators, PATH outreach workers, and disability assistance outreach specialists. Interviews were conducted by telephone and followed a semi-structured interview guide. Conversations were recorded and transcribed for analysis. To ensure rigorous and reliable analyses and reduce bias, two National HCH Council research staff independently reviewed transcripts and performed topic coding and thematic analysis, the results of which were synthesized for this quick guide.

Outreach: Definitions, Principles, & Roles

Outreach is the fundamental bridge between unstably housed individuals and available services and resources. Key expert interviews revealed that outreach came in a variety of forms, was approached through several key principles, and required staff to play numerous roles for their clients and agencies.

Defining Outreach

Frontline staff expressed that outreach was performed on two levels: community and client. Although outreach is often conceptualized on the client level, some staff shared that community outreach required even more effort and planning to create a network of contacts and resources. Building these community partnerships was essential to providing clients with a comprehensive offering of services beyond one's immediate agency.

On the client level, outreach was described as the "front door" to an agency. Staff defined outreach with a few key phrases: client engagement outside the traditional office 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.

Principles of Outreach

Staff based their outreach work on a number of principles. Many of these principles related to the importance of human connection and how to create it, including building trust, developing a sense of community, dignity and respect, and honesty. Other principles involved relationship dynamics such as giving individuals the choice of whether or not to engage, the need for a give-and-take relationship between the outreach worker 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 principles described how outreach workers should function, including serving as a patient advocate and reducing barriers to services. Finally, many outreach workers described the importance of following evidence-based models of care, including motivational interviewing, harm reduction, and trauma-informed care.

Roles of Outreach

The interviews revealed that staffing varied across agencies, but interestingly, the role of outreach was part of many positions. Aside from traditional outreach positions, this work was also done by community health workers, case managers, hospital liaisons, and disability assistance staff. The interviews underscored the versatility required in outreach as key experts identified a number of roles they fulfilled. As frontline staff, outreach workers often served as agency ambassadors in their communities, establishing first impressions of their agencies to both prospective clients and community collaborators. Second, outreach staff served as a bridge to agency services, establishing contact in the field and facilitating referrals. Third, once they engaged clients, they served as navigators, helping clients overcome system complexities and access appropriate services in the community. Finally, they provided support to other teams, namely clinical and behavioral health staff, often through multidisciplinary outreach teams.

Community Outreach: Building Networks & Raising Awareness

Beyond engaging with potential clients, outreach to community agencies is essential for building a referral network to complement the services available within one's agency. Key experts expressed that outreach and collaboration with community agencies was an important part of their work. Agency partners spanned

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Strategies to Promote Agency Collaboration:

- Central referral system
- Outreach zones and/or coverage areas
- Regular inter-agency meetings regarding outreach work
- Compiling referral database of community organizations and contacts

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many sectors, including faith-based organizations and churches, hospitals, jails, mental health providers, free clinics, police departments, meal sites, shelters, libraries, community centers, and day centers.

Key experts shared several strategies to promote coordination among outreach agencies. Online central referral systems, often created to facilitate citywide placements in permanent supportive housing based on the vulnerability index, have become strong tools for agency collaboration. Some staff 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 was to perform outreach in zones or coverage areas so that agencies were not duplicating efforts by performing outreach in the same areas. This type of coordinated outreach was organized through weekly or monthly meetings involving staff from different homeless service agencies. Taking a very systematic approach, one agency did outreach to all relevant community organizations, meeting face-to-face with staff and compiling all contact information and services in a database to ease client referrals.

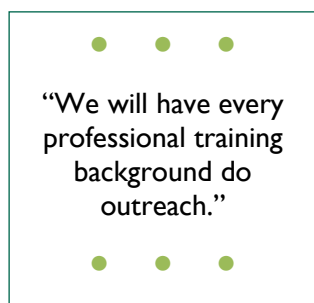
Another component of community outreach was raising awareness of homelessness among community organizations and residents. Some key experts reported that presentations to churches, schools, and other community groups were an important part of their jobs.

Client Outreach: Who, What, & Where

With community partnerships in place for collaboration and referrals, outreach workers focus much of their efforts on engaging clients in the community. To describe how client outreach was organized and performed in their communities, key experts shared information on staffing dedicated to outreach, outreach funding streams, where outreach was done, and the services provided during outreach.

WHO: Outreach Staffing

The staffing described by the key experts revealed the team-based, interdisciplinary nature of client outreach. As one outreach worker stated, “We will have every professional training background do outreach.” Outreach workers in larger cities most often performed outreach in teams of at least two staff, while those in smaller cities tended to do individual outreach. In some cities, a combination of individual and team outreach was performed depending upon the situation. For medical outreach in particular, a



multidisciplinary team was often used, including some combination of outreach workers, social workers, case managers, medical assistants, physicians, and/or nurses. Rounding out the multidisciplinary team, consumers and peers played significant outreach roles in both formal and informal capacities. Some agencies had peer or former consumer positions as part of their outreach teams, which key experts said strengthened their engagement with clients. Consumers also provided outreach workers with referrals to other consumers and assisted with consumer surveys and vulnerability index surveys for the 100,000 Homes Campaign.¹

The team outreach approach was said to be safer, particularly when working outside fixed outreach sites (such as shelters/day centers) or entering unknown areas. In one location, outreach workers were part of a union, so their contracts stipulated that all outreach work required a partner for safety. A team approach also provided the support necessary to navigate an often challenging profession. Even in locations where outreach was done individually, staff often had team meetings to share their experiences and gain insight from each other. In other instances, complex case management committees worked together to formulate plans for mutual patients, creating an additional mechanism for interdisciplinary support and collaboration.

WHAT: Outreach Funding & Services

Outreach services were funded through a variety of revenue streams. Beyond HCH funding, the most common sources were Projects for Assistance in Transition from Homelessness (PATH) through the Substance Abuse and Mental Health Services Administration (SAMHSA), Emergency Solutions Grants (ESG) through the U.S. Department of Housing and Urban Development (HUD), Housing Opportunities for Persons with AIDS (HOPWA) Program through HUD, Ryan White HIV/AIDS Program through the Health Resources and Services Administration (HRSA), and a variety of local foundations. Most funding streams contained eligibility requirements, that focus and target services delivered. But most key experts said that they generally were not inhibited by these requirements. Many eligibility requirements offered

¹ The 100,000 Homes Campaign is a national movement of communities working together to find permanent homes for 100,000 of the country’s most vulnerable homeless individuals and families by July of 2014. More information is available at: <http://100khomes.org/>

flexibility regarding who could be served. Though, notably, having diversified funding for outreach allowed frontline workers to reach the largest array and variety of clients.

Key experts described a breadth of services their agencies provided during client outreach and engagement. These included providing information about available resources, referrals, clinical and behavioral health screenings, benefits assistance, health and systems education, hosting resource fairs, distributing hygiene supplies and bus tokens, accompanying clients to appointments, and completing the Vulnerability Index to connect clients with permanent supportive housing.

WHERE: Outreach Locations

Outreach was performed in numerous locations, including within HCH clinics, at fixed sites, and in mobile locations. The guiding principle determining location was to go where clients naturally congregated. Clinic lobbies were natural starting points for outreach, and staff often connected with new clients in waiting areas to assess their needs and facilitate referrals and benefits enrollment. Staff had regular schedules for visiting fixed sites, which included 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 anchored the fixed site outreach schedules of 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 outreach was important for reaching disengaged populations. Outreach staff frequented public transportation stops, areas beneath bridges and overpasses, encampments, wooded areas, and other street locations known as meetings spots. In some cities, outreach workers were notified by police or local government regarding individuals who should be targeted for outreach.

Client Outreach: Challenges & Strategies

Outreach is demanding work that requires unique problem-solving strategies to mitigate a host of barriers. This section provides an overview of the common challenges faced by outreach workers and the strategies they employed to build client engagement and overcome these issues.

Outreach Challenges

Key experts described many challenges that impeded their abilities to connect clients with resources. On the client level, the biggest challenge identified was unmanaged mental illness, which made client engagement very difficult, particularly when individuals had a lack of insight to their symptoms or could not provide informed consent. Other major challenges related 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 revolved 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 lack of resources to offer clients (e.g., housing). From the staff perspective, other challenges included burnout and safety.

Strategies: Initial Approach

To mitigate some of these barriers, key experts emphasized the importance of first impressions and how staff should approach potential clients. Underscoring the significance,

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Principles for Approaching Potential Clients:

- Never sneak up or corner someone
- Respect the individual's "three homes"
- Clearly identify yourself and your agency
- Get to know the individual without pushing an agenda
- Carry hygiene packs to distribute
- Describe available resources and allow individual to decide how to proceed
- Repeat visits are often necessary to build trust

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one key expert said an outreach worker’s initial approach and treatment of individuals was a major factor in the individual accepting or refusing services. Although their styles varied, they shared several key principles. In terms of demeanor, outreach workers should never sneak up or corner someone; instead, they should be laid back, open-ended, and get to know the individual without pushing an agenda. One key expert operated 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 lived, and the community in which they lived. When outreach workers first approached someone, they typically identified themselves and their organization. Next, they tried to get to know the individual and identify any needs that could be met. This was often followed by describing the resource and service possibilities available and potentially facilitating referrals. For many individuals, repeat engagements were necessary to build relationships and trust before referrals were possible. Some outreach workers emphasized the role a strong agency reputation played in successfully engaging individuals. One key expert said agency vans emblazoned with logos worked well to attract individuals and build trust. Many outreach workers carried hygiene packets and other supplies to distribute, particularly to individuals who were more hesitant to engage.

Strategies: Building Engagement

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Strategies for Building Client Engagement:

- Get to know personal narrative
- Consistent presence
- Follow up and follow through
- Goal-setting
- Work toward small steps
- Let client lead
- Equal client-staff relationship
- Move at client’s pace

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Once 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. Key experts defined client engagement by a few key concepts: a client’s willingness to speak with the outreach worker on an ongoing basis, the client successfully showing up to appointments, and establishing a collaborative relationship in which the outreach worker and client both contribute to mutual goals. Key experts offered several strategies to build client engagement. Relationship-building was 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 outreach workers. Key experts built 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, was also beneficial to forging these relationships. In terms of an action plan, key experts said to let the client lead. Encouraging the client to set goals, both short- and long-term, was an effective means of increasing engagement. Setting small steps and

achieving them built a sense of accomplishment and further inspired client involvement. Key experts emphasized that engagement should be built at the pace and desires of the client, pursuing his or her goals, as opposed to those of the outreach worker.

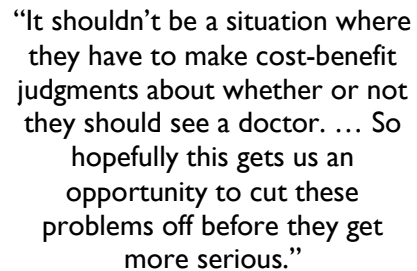
Strategies: Referral Management

After achieving client engagement, outreach workers often facilitate referrals within their agencies and with other community organizations. This step is pivotal to helping clients successfully access services and resources, but it requires thoughtful strategies to ease potential missteps. Key experts approached referral management in a number of ways, often dictated by the size of their agencies and the needs of clients. If possible, outreach workers made a “soft hand-off,” in which they personally introduced clients to their new providers, benefits staff, or outside community agencies. In many cases, they communicated with fellow staff about referrals in person, on the phone, or through electronic medical records (EMRs). For more complex situations, they sometimes held case conferences with multidisciplinary teams to coordinate

referrals. One agency had an outreach lead dedicated to operating an outreach call center, which potential clients contacted for assistance. Referrals were either made on the phone or clients could visit the office for an in-person meeting. Key experts emphasized that although they helped facilitate referrals, clients did have to exercise personal initiative as well, upholding the equal, collaborative relationship between outreach workers and clients.

Enrollment: Impact of Medicaid Expansion

Enrolling clients in public benefits is an important component of outreach work, particularly in states that have opted to expand Medicaid coverage to 138% of the FPL. Key experts in expansion states—including Maryland, Illinois, New Mexico, Kentucky, and Oregon—discussed the numerous ways in which expanded Medicaid coverage might benefit their clients and agencies. First, Medicaid expansion could change how and when people experiencing homelessness access care, shifting from a reactive approach at Emergency Rooms to a proactive approach at primary care medical homes. Consistent care would particularly help clients with chronic diseases common among the homeless population, including diabetes and hypertension. Clients would be less burdened with difficult cost-benefit decisions regarding paying for medical care versus other basic necessities. This shift would require extensive patient education and system navigation, but several key experts noted they already provided these services to clients. Another benefit would be the expanded network of options available to clients, particularly for specialty care, mental health services and substance use treatment. From the agency perspective, Medicaid expansion could decrease uninsured rates and increase the reimbursement agencies receive for services provided.



“It shouldn’t be a situation where they have to make cost-benefit judgments about whether or not they should see a doctor. ... So hopefully this gets us an opportunity to cut these problems off before they get more serious.”

Enrollment: Who, What, & Where

Benefits enrollment plays a significant role in outreach work regardless of Medicaid expansion decisions, as a variety of public programs are available to support impoverished persons, depending upon the jurisdiction. Key experts described the agency staffing dedicated to enrollment, the common benefits they enrolled clients in, and their processes for determining eligibility.

WHO: Enrollment Staffing

Enrollment staffing often depended upon agency size. Larger agencies had benefits assistance staff dedicated to enrolling clients, while smaller agencies relied upon outreach workers, case managers, and other staff to enroll clients. Regardless of agency size, outreach staff was always involved in the enrollment process in some capacity, whether it was through referrals to the benefits department or directly assisting clients. Key experts in Medicaid expansion states noted that staffing dedicated to outreach and enrollment had increased in anticipation of expansion.

WHAT: Screening for Benefits Eligibility

Enrollment in benefits was often started during the assessment phase. The key experts had various ways of screening clients for benefits eligibility. Most commonly, their agencies had an intake form for clients to complete, which helped staff determine eligibility. One key expert’s state had a website that allowed staff to screen for eligibility online and receive instantaneous results for health, nutrition, and child care programs. Staff would then assist clients with their online applications using the same site. Finally, some outreach workers determined benefits eligibility more informally through conversations with clients.

WHERE: Common Public Benefits

The key experts had experience enrolling clients in numerous public benefits. The main programs included Medicaid, food stamps, and Social Security Disability Insurance/Supplemental Security Income (SSI/SSDI). Some key experts also provided Visa reinstatement assistance for immigrant clients. Housing emerged as an area with particular focus, as key experts noted that they always tried to connect clients with housing if possible. This included conducting a vulnerability index to qualify for permanent supportive housing, referrals to housing agencies, entering the client into the central referral system, or assistance completing applications for housing programs.

Enrollment: Challenges & Strategies

Once outreach workers have successfully built client relationships, they often help with benefits enrollment, either through referrals or direct assistance. Much like outreach, enrollment has many potential challenges. Key experts described their strategies for overcoming these challenges and successfully enrolling clients.

Enrollment Challenges

Key experts encountered several enrollment challenges at the client- and systems-levels. The most frequent issue was with identification. Clients often lacked the basic identification needed to enroll in public benefits, such as state IDs, birth certificates, and social security cards. With no safe place to store these documents, they were often misplaced or stolen. Securing new identification was costly and often dependent on possessing other forms of identification, which may also be lost. *(Note that under the Affordable Care Act, these physical identification documents are not required for Medicaid enrollment.)*

Another challenge was the length of the application processes. Key experts had difficulty maintaining contact with clients, particularly when they did not have stable phones or addresses. This lack of consistent contact and follow-up capabilities also posed a challenge for renewal processes, causing clients to lose benefits. Similar to the challenge faced during client engagement, mental illness was another barrier to enrolling clients in benefits. For individuals with untreated mental illness, comprehending and trusting the process and providing informed consent were major challenges for outreach workers to overcome.

Strategies: Achieving Successful Enrollment

Key experts shared numerous strategies they employed to get clients successfully enrolled. Several key experts handled missing identification from the start of client engagement, as it was essential to achieving all benefit enrollment objectives. Many HCH clinics, churches, and other community agencies had identification programs to cover costs for replacing lost documentation. Once documentation was obtained, some agencies scanned identification or kept originals in client files to prevent future loss. In terms of the enrollment process, most key experts provided assistance completing benefit applications and offered electronic and paper options to meet the preferences of clients. Mobile devices were often used to complete benefits enrollment in the field, or paper forms were completed and later entered into electronic systems. One agency, with permission of clients, stored all benefits enrollment login information to facilitate reenrollment processes and ensure

Strategies for Successful Enrollment

Scan identification or store originals to prevent loss

Offer electronic and paper application options

Maintain clients' enrollment login information

Set consistent meet-up schedule with clients

Use SOAR for SSI/SSDI

Health fairs and lobby presentations to spread word

Staff training on benefits and enrollment

clients and staff could access their accounts online. Another strategy to facilitate enrollment and re-enrollment processes was to keep consistent schedules at outreach locations and other meeting places to overcome communication issues arising from lack of phone access. SSI/SSDI Outreach, Access, and Recovery (SOAR) was frequently used to facilitate the SSI/SSDI Application process and reduce or appeal denied claims. Another strategy was to increase awareness of available benefit programs among clients by holding health fairs and making lobby presentations. Finally, most agencies provided staff training on benefit programs and the enrollment process to ensure that all members of staff were familiar and equipped to assist clients.

Professional Development

To prepare for the complexities of outreach and enrollment work, key experts participated in comprehensive professional development. While much of the training was provided by their agencies, key experts also participated in online and in-person trainings offered by federal agencies, their cities, community colleges, and other local agencies. Trainings were not necessarily outreach-specific, but related to client engagement and other facets of outreach work. Common training curricula included motivational interviewing, harm reduction, trauma-informed care, CPR, safety, crisis management, documentation, public benefits and enrollment, and an overview of the Patient Protection and Affordable Care Act (ACA). Staff in expansion states also participated in trainings to use their states' marketplaces for client enrollment. One key expert who worked in a supervisory capacity said that he also took new hires out in the community to model outreach and then accompanied them for observations during the training process. Key experts did express some existing training needs, including how to work with victims of domestic violence, handling acute mental health crises, more in-depth training on mental health conditions, neuropsychology, grant writing, and employment. Some key experts emphasized that trainings were beneficial, but outreach work was a unique set of skills that was best learned through experience.

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Evaluation

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