

Common Themes in Outreach and Engagement with Homeless People¹

- 1. Outreach is an interactive process** between outreach workers and clients that involves repeated contact over a period of time, for as long as services are needed. Follow-up is essential to successful outreach and engagement. The process involves time and patience.
- 2. Outreach is many things: a location, a service, and a step along the way.** Outreach can be understood as many different things. Essentially, it “seeks to establish a personal connection that provides the spark for the journey back to a vital and dignified life”.
- 3. It is the job of the outreach workers to meet people where they are (literally, judgmentally, metaphorically).** Outreach workers should try to see from the client’s point of view. Literally, they should meet people in their neighborhoods and bring services to them, rather than expect them to visit a service agency for help.
- 4. Outreach and engagement is designed to treat the whole person.** Assessment and supports for medical and mental health issues are just as important as teaching life skills to emphasize that people can do better for themselves.
- 5. Respect for the client is critical.** Outreach services should be person-centered and should help clients to feel encouraged and hopeful about their futures.
- 6. Relationship-building is of utmost importance.** Relationships should be therapeutic. It is important to give it time and get to know people. Outreach allows the time to build trusting communication in order to create these relationships.
- 7. Meeting basic needs is an important component of outreach.** Helping people to secure food, clothing, shelter and housing builds a strong foundation for the relationship.
- 8. Teams and networks are critical to successful outreach.** Teams with knowledge of mental health and substance use are needed during days and evenings. These teams should be connected with other programs, and help to bridge the gaps between service systems.
- 9. Flexibility and creativity are essential for effective outreach.** Clinicians that are members of outreach teams may use creative, non-traditional

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approaches to treatment. This might include getting to know clients' daily activities and using this information to engage them in ongoing, meaningful ways.

10. Coordination of services is a key function of outreach. Outreach and engagement services should be connected to other community services. Linking clients to a network of services helps clients to develop a sense of personal control.

11. Community education is one responsibility of outreach workers. The efforts of outreach workers can only go so far if the community does not have adequate resources or attitudes to support clients. Outreach teams can help by providing consultation, education, training, and referrals.

12. It is important to involve consumers in outreach. Outreach programs are successful when they use consumers as outreach workers. They bring knowledge and lived experience that are extremely valuable to people who may be unsure about accepting treatment and building relationships with service agencies.

13. Safety, boundaries, and ethics are primary concerns for outreach teams. Workers must constantly be concerned with safety and judge each situation. It is important to maintain boundaries with clients – do not socialize outside or work hours, and do not give or accept gifts.

14. Outreach programs should be designed to serve people who have difficulty accessing services. People who are homeless and experiencing mental illness easily fall through the cracks because they may be harder to engage in services. The goal of outreach is to reach people who would otherwise not be reached.

15. The end goal is to integrate people into the community. Outreach can invite people into an empowering community. Many outreach efforts teach life skills, job training, and help those they serve learn to function independently.

Resources

Bassuk, E.L. (1994). *Community care for homeless clients with mental illness, substance abuse, or dual diagnosis*. Newton, MA: The Better Homes Fund.

Burt, M.R., Hedderson, J., Zweig, J., Ortiz, M.J., Aron-Turnham, L., & Johnson, S.M. (2004). *Strategies for Reducing Chronic Street Homelessness*. Washington, DC: U.S. Department of Housing and Urban Development, and The Office of Policy Development and Research.

Erickson, S., & Page, J. (1999). To dance with grace: Outreach and engagement to persons on the street. In L.B. Fosburg, & D.L. Dennis (Eds.), *Practical Lessons: The 1998 National Symposium on Homelessness Research*.

Washington, DC: U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services.

Fisk, D., Rakfeldt, J., Heffernan, K., & Rowe, M. (1999). Outreach workers' experiences in a homeless outreach project: Issues of boundaries, ethics, and staff safety. *Psychiatric Quarterly, 70*(3), 231-246.

HCH Clinician's Network. (2000). Mental illness, chronic homelessness: An American disgrace. *Healing Hands, 4*(5).

HomeBase, the Center for Common Concerns. (2003). *Outreach procedures and protocols manual for working with homeless adults*. San Francisco, CA: Author.

Kraybill, K. (2002). *Outreach to People Experiencing Homelessness: A Curriculum for Training Health Care for the Homeless Outreach Workers*. Nashville, TN: National Health Care for the Homeless Council.

Morse, G.A., Calsyn, R.J., Miller, J., Rosenberg, P., West, L., & Gilliland, J. (1996). Outreach to homeless mentally ill people: Conceptual and clinical considerations. *Community Mental Health Journal, 32*(3), 261-274.

Ng, A., & McQuiston, H. (2004). Outreach to the homeless: Craft, science, and future implications. *Journal of Psychiatric Practice, 10*(2), 95-105.

Rowe, M., Fisk, D., Frey, J., & Davidson, L. (2002). Engaging persons with substance use disorders: Lessons from homeless outreach. *Administration and Policy in Mental Health, 29*(3), 263-273.

Rowe, M., Hoge, M.A., & Fisk, D. (1998). Services for mentally ill homeless persons: Street-level integration. *American Journal of Orthopsychiatry, 68*(3), 490-496.

Tsemberis, S., & Elfenbein, C. (1999). A perspective on voluntary and involuntary outreach services for the homeless mentally ill. *New Directions for Mental Health Service, 82*, 9-19.

Wasmer, D. (1998). *Engagement of Persons Who Are Homeless and Have Serious Mental Illness: An Overview of the Literature and Review of Practices by Eight Successful Programs*. Chicago, IL: De Paul University.