

Collaborative(s): By-Name List

Driver: Outreach + Access

Strategy: Comprehensive Outreach Coverage

Community Name: Washington, DC

Contact(s): [please insert contact details]

Description of the Bright Spot for this Change Idea (Bottom Line Up Front): Clearly documented and coordinated process for determining which outreach providers cover which parts of a community and how often, with the goal of ensuring 100% geographic coverage. This helps ensure a community does not miss anyone experiencing or falling into homelessness.

Implementation Process:

Essential to the process was coming to an agreement on the purpose and scope of the project and ensuring that the solution was co-created.

The process was jumpstarted when the Department of Behavioral Health (DBH) considering applying for a new grant that would be subcontracted out. Four service providers responded that they would like to be involved and worked together on the application. The providers got together to establish a community vision and determine how they would enhance efforts currently underway. They decided that they wanted to tie outreach fully into coordinated entry (the local coordinated access system).

When the grant was awarded, the group created two new roles, one for Outreach Provider and another for Housing Provider. They mapped the responsibilities to make clear how the positions would overlap, which helped the four providers align their visions.

They then used a map to chart out the territory that each of the four providers were responsible for covering; they also determined who should cover various parts of the city based on the capacity of each provider. Finally, they created a communications plan that anticipated the likelihood that some contacts would reach out in response to their sections of the map now being covered by new providers..

Resources Needed for Implementation:

- Willingness to work toward a shared goal, alongside distinct organizational goals
- Small team responsible for pulling together an initial draft of the job descriptions
- Grant funding kickstarted the process

- Monetary resources for staffing multiple outreach teams

“Failing Forward” Moments:

Carving up the coverage area and agreeing on who would take which pieces was not particularly difficult. Providers had to redo the process, though, as funding necessitated changes to the number of staff members at each of the participating organizations.

Measures, Outcomes and Evidence of Effectiveness:

- The DC Metro area has now 99% of their geographic area covered, skipping only small parts where the DC Police Department does not allow people to stay.
- The length of time from beginning of homelessness (within the DC Metro area) to identification by providers has shrunk dramatically.
- Every person found during outreach is added to the community’s by-name list and case conferenced according to DC’s shared resource prioritization standards. Providers also use an annual homeless census to assess the progress of their efforts.

Adapting to Other Contexts:

Regardless of context, coming to an agreement on the purpose and scope of the project and ensuring that the solution is co-created are both essential elements for the process to work..

This methodology is particularly useful for larger urban areas. Rural or suburban areas may need a different approach, as their territory and resources differ.

Bringing the Leadership Along:

The Department of Behavioral Health proposed the request for additional funding, but the providers took the initiative to come together and determine what was needed and how it should be accomplished. Leadership was supportive of a process that worked for all involved.

Pro Tips:

This idea worked because the team had a long history of collaboration. A great starting point is to establish good working relationships with peers in other organizations.