Outreach & Engagement | ICMS

HOUSING FOR HEALTH

Rooted in HFH Core Principles

Participant-Centered
Meeting people where they're at
Prioritizing their experiences, needs, and preferences

Trauma-Informed
Respectful, empathetic, individualized, non-judgmental, non-coercive
Instilling humanity in people who may have lost faith in themselves

Harm Reduction
Focusing on increasing safety and comfort without requiring abstinence

Housing First
Connecting participants to permanent housing as quickly as possible, without barriers or preconditions

Equity, Diversity, Inclusion, Anti-Racism (EDIA)
Promoting fair treatment and full representation, especially for historically marginalized groups

Whatever it Takes for as Long as it Takes
Ongoing, collaborative efforts to support case complexities

ICMS and outreach begin the moment a participant enters a CHAMP slot.

Safety Tips
• Be sensible • Buddy system in encampments • Try meeting in public spaces if concerned about safety
• Don't keep your back to a wall • Always make sure you have a route out • If you don't feel safe, walk away

Outreach Action Steps

Use CHAMP and HMIS to find POCs, phone numbers, past notes, geographic locations, friend/family/emergency contacts.

Outreach is an effort to bring services or information to people where they live or spend time.

Coordinating with Care Team
Interim Housing, ECM, HSSP/FSP, PCP, Caregiver, BC Housing Coordinator

Cold Calling
3 Cs – Clarity, Consistency, Conviction
Who am I? How am I going to help you?

Physical Searching
If not yet permanently housed: interim housing site, shelter, congregate setting, encampment, location temporarily staying with family or friends.
If permanently housed: door knocking at home, dated notes no door using agency letterhead, ask neighbors.
Find out where the participant hangs out or frequents, and at what times.

Dig Further Into Databases
CHIP / LASD / Medical Examiner / ORCHID
Hospitalization Log in ICMS Snapshot

Explore new times you try to find/ reach the participant

Write quick bullets in your notebook summarizing encounters, then use them to inform the full case notes you write later.

Outreach in Project-Based Housing
- Flyers
- Offer group sessions
- Hold social events (e.g., birthdays)
- Office/Garden/Kitchen Hours
- Be visible in lobby or common spaces and you might run into participants.

Each time your efforts are unsuccessful, record the Unsuccessful Outreach Attempt (or Initial Outreach – Unsuccessful) Service in a Case Note.

Ideas After Successful Outreach
- Basic Needs Assistance
- Intake
- Assessment
- Care Planning
- Ongoing Engagement

If participant is not yet permanently housed, and you're unable to reach them after 30+ days of exhausting all outreach options, submit an ICMS Exit Request.

If participant is permanently housed, and you're unable to reach them after exhausting all outreach options, review the Engagement guidance in this sheet.

Ongoing Trainings and Clinical Supervision are Vital

- Access HFH's Capacity Building Trainings and Process Groups
- Maintaining healthy boundaries to prevent trauma and burnout
- Recognizing and managing transference, grief, and personal triggers
- Effective diffusion and redirection techniques
- Navigating rejection, disengagement, and disrespect
- Practicing cultural humility and responsiveness

Learn more about building rapport through effective outreach & engagement

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Engagement Tools & Strategies

Have a coffee together or meet at a fast food spot.

It Takes a Village
Collaborate w/ Care Team: HSSP/FSP, ECM, Caregiver, BC, PCP, IH.
Involve friends and family wherever possible to build community.
By engaging more in their community, others engage more with you.

All Action Steps Should be Participant-Centered
You don't know where someone's at until you actively listen to them.
Speak to someone eye-level; don't stand over them.
Believe participants and try to validate what they are saying.
No shame and no blame.
Focus on participant self-care.
Ask how you can help rather than assuming what the participant needs.
Put yourself in their shoes—What would I need in this situation?
Regularly check your own motives.

Be Transparent, Genuine, and Clear
Make it clear what you can and can't do in your role.
Operate with emotional intelligence and care.
Be concise and avoid using words people may not understand.
Emphasize the importance of mutual respect and set boundaries.
Create an agreement each of you sign and can refer back to.
Post agency mission and code of conduct in common spaces.

Don't Overpromise and be Consistent with Meetup Schedule
Establish a meeting schedule early in the relationship that works for the participant and then stick to it.
Always follow through—Consistency builds trust over time.
We're tasked with making up for broken promises from the past—Keep asks and offers limited.
Always confirm the date and time of the next scheduled meetup.
Important to date notes and to monitor if they are piling up on the door.
I can't guarantee the future, but I'm here for you today.
If you're planning to be out from work, try to let participants know.
Participant circumstances can change quickly—keep regular contact.

Engagement is building rapport and a sense of connection with someone, fostering a dynamic and meaningful interpersonal exchange rather than just a one-way transmission of information.

Stay Present as Much as Possible
Don't open what you can't close—avoid triggers and past trauma.
Try not to trauma-bond.

Start Simple and Layer Things on Over Time
Prioritize safety and comfort, then work on more later.
Surface level interactions, with consistency, can lead to deeper conversations.

Collaborative Care Planning
Support participants with taking an active role in their well-being and empowering themselves to make informed decisions.
The participant is the best at driving their care plan, and you're just along for the ride—respect individual choices.
A good mix of care plan goals might include a housing goal, an income goal, a health care goal, and a fun goal.
Offer a range of options whenever possible.
Foster a sense of hope—celebrate accomplishments and progress.

Offering Items and Basic Needs Resources
Use Participant Support Funds when available.
Offer comfort supplies: hygiene kit, bottle of water, hand warmers, blanket, bag of chips, socks, goody bag, clothes, laundry money, food from food bank, notebook, clock/watch, pens, etc.
Offer harm reduction supplies: naloxone, pipe tips, needle exchange.

Offer to Gather Resources for Children or Pets
Children: school, services, clothes, supplies, health care, toys
Pets: food, vaccinations, spay/neuter, adoption, collar/leash

Problem Solving
Many cases are complex and no one approach fits all.

Be Open to Learning from Participants
Participants have lived expertise.
Ask participants for feedback about your service.

Navigating Engagement Challenges

For many housing vouchers in our program, participating in ICMS is a requirement. If engagement challenges arise, ICMS Exit may not be an option.

Rejection / Disengagement
Participant refuses help or withdraws
Explore Why:
Trauma, mistrust, health issues
Fear (DV, trafficking, past harm)
Misunderstanding your role

Respond With:
Lower your tone | Clarify your intent
Look for openings (e.g., SMART goals, safety check-ins)

Rude / Hostile Behavior
Participant is being aggressive or confrontational
Use Empathy:
Likely driven by trauma or injury
Stay calm, don't personalize
Ask how they think you can help them

De-Escalate:
Acknowledge frustration | Lower your tone
Share grievance policy | Redirect conversation
Reinforce mutual respect | Step away if needed

If Conflict Escalates

Get Support:
Ask your clinical supervisor for guidance and submit a PH² referral

We value the incredible work you do. It's always okay to ask for help.

Sometimes a cigarette is a great conversation starter.

Comments, Questions, or Feedback about this guide? Let us know

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