

Written Standards for Street Outreach

The Orange County Continuum of Care and the Coordinated Entry System understands the importance of Street Outreach efforts in our community to identify and assist the most vulnerable homeless and chronically homeless individuals and families. The Orange County Continuum of Care defines Street Outreach as follows:

Street Outreach (SO) provides “essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility (**24 CFR 576.101**).”

The Orange County Continuum of Care recognizes that there is a spectrum of Street Outreach efforts varying in intensity and resources, for the purpose of the Written Standards we have made a distinction between Community Street Outreach and Coordinated Entry Street Outreach. Both Community Street Outreach and Coordinated Entry Street Outreach have the responsibility to provide the services as outlined in the Written Standards if they are within their scope of work and have the responsibility to provide referrals to the services outlined in the Written Standards if they are outside of their scope of work.

Community Street Outreach – Programs ran by non-profit agencies, faith-based organizations, and volunteer-based organizations that provide essential services necessary to reach out to unsheltered homeless people and connect them with emergency shelter, housing or critical services; and provide resources to address their immediate needs such as, but not limited to food, clean clothing, hygiene kits, blankets, and resource lists.

Community Street Outreach Team are encouraged to refer chronically homeless and homeless individuals and families to Coordinated Entry Street Outreach as deemed necessary, and at minimum shall abide by Written Standard #1 and 10 as defined below.

Coordinated Entry Street Outreach – Programs that are staffed by outreach workers who spend time with people and with special and high acuity populations without housing, build relationships with them, identify and address their needs, and assist with linkage to direct services. Coordinated Entry Street Outreach Teams also address the individuals and families housing needs by completing Coordinated Entry assessments and ongoing engagement occurs with individuals and families not accessing services and housing on their own and also provides client follow-up while the client waits for a housing opportunity and as they transition to being housed.

The Coordinated Entry Street Outreach Teams at minimum shall abide by Written Standard #1, 2, 7, 8, and 10 as defined below.

Written Standard #1: Engage unsheltered homeless persons

Unsheltered persons are engaged for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

Engagement includes locating, identifying, and building “relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs (24 CFR 576.101).

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Written Standard #2: Provide case management

Case management includes assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant. Eligible services and activities are as follows: using the centralized or coordinated assessment system as required under §576.400(d); conducting the initial evaluation required under § 576.401(a), including verifying and documenting eligibility; counseling; developing, securing and coordinating services; obtaining Federal, State, and local benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning a path to permanent housing stability (24 CFR 576.101).

Written Standard #3: Provide emergency health services

Emergency health services include direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area

Eligible treatment consists of assessing a program participant's health problems and developing a treatment plan; assisting program participants to understand their health needs; providing directly or assisting program participants to obtain appropriate emergency medical treatment; and providing medication and follow-up services **(24 CFR 576.101)**.

Written Standard #4: Provide emergency mental health services

Emergency mental health services are direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living. ESG funds may be used only for these services to the extent that other appropriate mental health services are inaccessible or unavailable within the community.

Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances. Eligible treatment consists of crisis interventions, the prescription of psychotropic medications, explanation about the use and management of medications, and combinations of therapeutic approaches to address multiple problems **(24 CFR 576.101)**.

Written Standard #5: Provide transportation

Transportation includes transporting unsheltered people to emergency shelters or other service facilities are also eligible. These costs include the following:

- i. The cost of a program participant's travel on public transportation;
- ii. If service workers use their own vehicles, mileage allowance for service workers to visit program participants;
- iii. The cost of purchasing or leasing a vehicle for the recipient or sub-recipient in which staff transports program participants and/or staff serving program participants, and the cost of gas, insurance, taxes and maintenance for the vehicle; and
- iv. The travel costs of recipient or sub-recipient staff to accompany or assist program participants to use public transportation.

Transportation includes travel by outreach workers, social workers, medical professionals, or other service providers are eligible, provided that this travel takes place during the provision of services eligible under this section **(24 CFR 576.101)**.

Written Standard #6: Provide services for special populations

Services for special populations include services for homeless youth, victim services, and services for people living with HIV/AIDS, so long as the costs of providing these services are eligible under paragraphs (a)(1) through (a)(5) of this section. The term *victim services* means services that assist program participants who are victims of domestic violence, dating violence, sexual assault, or stalking, including services offered by rape crisis centers and domestic violence shelters, and other organizations with a documented history of effective work concerning domestic violence, dating violence, sexual assault, or stalking (**24 CFR 576.101**).

Written Standard #7: Street outreach contacts will be entered into a Coordinated Entry System through HMIS.

As indicated in the System Performance Measure #7: Destination Classification (<https://www.hudexchange.info/resource/4966/system-performance-measure-7-destination-classification/>) promotes successful placement from Street Outreach & Successful Placement in Retention of Permanent Housing, and a street outreach entry in HMIS at the first contact.

The entry will begin the process of entering homeless persons engaged by Coordinated Entry Street Outreach workers into the Coordinated Entry System.

Written Standard #8: Measuring street outreach services that help people exit the streets

As noted in System-wide performance measure #7: Successful Placement from Street Outreach & Successful Placement in Retention of Permanent Housing,

“We are measuring how successful street outreach projects are at helping people move off the “street” and towards permanent housing, recognizing this process may be direct or may involve other temporary situations along the way. This is important because we know that people living on the street and other places not meant for human habitation are at an increased risk of death. In this part of the measure a lot of places in addition to permanent housing are considered successful destinations, such as emergency shelter, foster care, temporarily staying with family or friends, safe havens, and transitional housing.

To calculate this metric, we are looking at people experiencing homelessness who were served by any street outreach program in the CoC in the reporting period – this means that they have a street outreach entry in HMIS, which is required at the first contact. Our universe is the people who were served in and who exited from street outreach by the last date of the reporting period. Within the group of those who exited, we consider a positive exit to be a move off the street, with some minor exceptions, like jail or prison, and other places not meant for human habitation. From there we calculate the percentage of positive exits—positive exits divided by total exits.

The measure is looking for an increase in the percentage of people who exit to positive destinations from a street outreach project during the reporting period.”

The Orange County Coordinated Entry System (CES) will function as the process that connect chronically homeless and homeless individuals and families for individuals identified by Coordinated Entry Street Outreach Teams to the Continuum of Care (CoC) and Emergency Grants Solutions (ESG) permanent housing programs – Permanent Supportive Housing and Rapid Rehousing. Through the implementation of other Orange County Continuum of Care policies, CoC and ESG funded permanent housing programs must accept referrals from the CES.

Written Standard #9: Measuring street outreach services that calculates successful housing placement

As noted in System-wide performance measure #7: Successful Placement from Street Outreach & Successful Placement in Retention of Permanent Housing, the measure will include

“measuring the number of people who move from the homeless system to permanent housing, 7b.1 in the guidebook. The universe is all people who exited an emergency shelter, safe haven, transitional housing or rapid rehousing project during the reporting period. Then we look at the LAST exit from one of those project types to see how many of those people exited to a permanent housing destination.”

Written Standard #10: Collaboration amongst all Continuum of Care agencies, Community Street Outreach, and Coordinated Entry Street Outreach for the benefit of serving chronically homeless, and homeless individuals and families in Orange County.