



Outreach Services

DEFINITION

Street Outreach Services/Mobile Outreach Services are offered to youth, adults, and families experiencing homelessness, including those who are not served or are underserved by existing community service delivery systems.

Drop-In Centers are fixed-site daytime programs that meet basic needs and connect individuals to community services in an environment that is safe, secure, comfortable, and non-stigmatizing.

Research Note: *Outreach services often progress in phases, with individuals moving from accepting food, to establishing trust, to discussing a goal, to accepting services.*

Note: *Outreach programs that provide case management will also complete COA's Case Management standards (CM). Programs that provide mental health or substance use services will also complete COA's standards for Services for Mental Health and/or Substance Use Disorders (MHSU).*

Note: *Please see [OS Reference List](#) and the [Human Trafficking Reference List - Private](#) for a list of resources that informed the development of these standards.*

Note: *The Outreach Services (OS) standards were revised in July 2017 to reflect current best practice. For more information, please see the [OS Standards Updates Summary - Private, Public, Canadian](#).*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.

Purpose

Outreach Services identify and engage youth, adults, and families experiencing homelessness as a first step to accepting care for immediate health and safety needs, gaining access to community services and resources, taking steps toward community integration, and connecting to safe and stable housing.



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- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

Purpose

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OS 1: Service Philosophy

The program is guided by a service philosophy that:

- a. sets forth a logical approach for how services, supports, activities, and interventions will meet the needs of service recipients;
- b. ensures that services are strengths-based, person- or family-centered, culturally and linguistically competent, and trauma-informed; and
- c. guides the development and implementation of program activities and services based on the best available evidence of service effectiveness.

Interpretation: *A functional service philosophy, logic model, or similar framework guides program development and implementation by linking the organization's mission or purpose with strategies, practices, or tools needed to integrate these into daily work. A well-defined and visible practice model will help staff and stakeholders think systematically about how the program can make a measurable difference by drawing clear connections between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Interpretation: *Organizational self-assessments can evaluate the extent to which organizations' policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery and provision. For example, organizations can evaluate staff training and professional development opportunities and review supervision ratios to assess whether personnel are trained and supported on trauma-informed care practices. Organizations can also conduct an internal review of their assessment and service planning processes to ensure that services are being delivered in a trauma-informed manner.*

Research Note: *A trauma-informed approach is one that involves recognizing the signs and symptoms of trauma, and responding by emphasizing/considering the following during service delivery:*

- safety;
- trustworthiness and transparency;
- peer support;
- collaboration and mutuality;
- empowerment, voice, and choice; and
- cultural, historical, and gender issues.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in

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practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g., A

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly

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inadequate or not being used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service philosophy

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

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OS 2: Access to Service

Outreach programs facilitate access to community services and housing opportunities through active collaboration with other homeless services providers and community resources.

Interpretation: *Organizations may collaborate through their community's coordinated entry processes, if available. Coordinated entry provides equal, nondiscriminatory access to appropriate services, regardless of where service recipients present for assistance, and connect service recipients to all available community programs and services, as appropriate.*

Coordinated entry processes provide access to providers delivering a wide range of services, including both homeless-specific programs and services for the general population. Examples include shelters for domestic violence survivors, runaway and homeless youth programs, street outreach services, homelessness prevention programs, emergency shelters, transitional housing, permanent supportive housing, rapid re-housing, programs for veterans, LGBTQ-affirming services and supports, providers of mainstream benefits and services, health and mental health clinics, employment services, and child development programs.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
 - Procedures need strengthening; or
 - With few exceptions procedures are understood by staff and are being used; or
 - For the most part, established timeframes are met; or
 - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
 - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

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- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Description of community collaboration efforts

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

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OS 3: Assessment and Engagement

Outreach workers build trust with individuals experiencing homelessness and assess their immediate health and safety needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests, or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Description of the techniques and strategies used to engage and assess individuals and families experiencing homelessness
- Assessment tools

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review logs, progress notes, or case records for documentation of services applied, as applicable

(FP) OS 3.01

Engagement and assessments are:

- a. sensitive to the willingness of the individual or family to be engaged;
- b. non-threatening;
- c. respectful of the person's autonomy and confidentiality;
- d. culturally responsive;
- e. trauma-informed;
- f. flexible; and
- g. persistent.

Interpretation: *When engaging with minors, the minor must be informed of the outreach worker's obligations as a mandatory reporter.*

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Interpretation: *Culturally responsive engagement and assessment practices can include attention to geographic location, language of choice, the person's religious, racial, ethnic, and cultural background, age, sexual orientation, gender identity, gender expression, and developmental level.*

Interpretation: *To ensure that transgender and gender non-conforming service recipients are treated with respect and feel safe, service recipient choice regarding their first names and pronouns should be respected and forms and procedures should allow individuals to self-identify their gender and receive access to services accordingly, in accordance with applicable federal and state laws.*

Research Note: *Establishing a trusting relationship between the outreach worker and the person experiencing homelessness is essential for successful outreach. Engagement is often an ongoing, long-term process, during which the outreach worker builds trust with the goal of linking the person to needed health, mental health, substance use, social, and housing services. Engagement and assessment occur simultaneously and are essentially the same process.*

(FP) OS 3.02

Outreach workers assess the individual's:

- a. safety, including potentially life-threatening situations and risk for suicide;
- b. immediate needs;
- c. level of functioning;
- d. overall mental and physical health; and
- e. strengths and capacities, including the capacity for making decisions.

Interpretation: *Depending on the qualifications of staff doing street outreach, the assessment process may be a two-phased process with elements (a) and (b) addressed by outreach workers in the locales where connections are made with service recipients, and elements (c), (d), and (e) addressed by a case manager or other qualified staff once the service recipient has agreed to accept services at a shelter or drop-in center.*

Interpretation: *Organizations should use standardized assessment instruments to ensure that service recipients are connected to the most appropriate services available within the community. The instruments should be evidence-based, person-centered and strengths-based, trauma-informed, facilitate referrals to the full range of services needed to end homelessness (i.e., homelessness programs, affordable housing,*

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mainstream benefits and services, health and mental health services, employment services, etc.), and appropriate for administration by non-clinical staff.

Interpretation: *The organization may respond to identified suicide risk by connecting individuals to more intensive services; facilitating the development of a safety and/or crisis plan; or contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.*

Research Note: *Some groups of service recipients may be at higher risk for suicide due to past trauma, compounding risk factors, and/or societal stigma, including individuals with public systems involvement (foster care, juvenile justice, criminal justice), military service members, American Indian and Alaska Natives, and individuals who identify as lesbian, gay, bisexual, and transgender (LGBT). Service recipients with alcohol use and/or mental health disorders are also at elevated risk for suicide.*

Studies have also shown that individuals experiencing a financial crisis, including foreclosure and eviction, are more likely to experience high levels of stress, poor physical health, depression, anxiety, and be at risk for suicide.

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OS 4: Service Provision

Outreach services link individuals and families with needed services and housing.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Table of Evidence

Self-Study Evidence

- A description of services
- A description of team composition and roles for outreach teams
- Safety guidelines for street outreach personnel
- Written protocols and documentation of authority (OS 4.05)

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

OS 4.01

Outreach services are flexible and respond to the unique needs of youth, adults, and families experiencing homelessness.

(FP) OS 4.02

Outreach services provide, either directly or through referral, an array of services that meet basic needs and help integrate the person or family into the community.

Interpretation: *Services may include:*

- a. *basic needs, including food, clothing, shelter, hygiene, and laundry;*
- b. *crisis intervention;*
- c. *medical/dental evaluation and care;*
- d. *behavioral health care;*
- e. *housing assistance;*
- f. *substance abuse education and treatment;*
- g. *legal assistance;*
- h. *help obtaining documentation, for example birth certificate, photo identification, and/or social security card;*
- i. *help with mainstream benefit enrollment and renewal applications;*
- j. *case management;*
- k. *social support services; and*
- l. *health information, including information about harm reduction, STDs,*

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HIV/AIDS, pregnancy prevention.

Interpretation: *To improve access to services, whenever possible, outreach staff should personally introduce service recipients to health, mental health, social service, and mainstream benefit providers to establish relationships.*

Interpretation: *Individuals recovering from an illness or injury should be connected with medical respite care services, if available. Such programs provide a safe environment for individuals experiencing homelessness whose medical conditions do not warrant continued hospitalization, but where staying on the street or in a shelter would make recovery more difficult or impossible.*

OS 4.03

A team of professionals or paraprofessionals provides outreach services.

Research Note: *Outreach teams that include peer specialists can be helpful in locating, engaging, and assessing individuals experiencing homelessness.*

(FP) OS 4.04

The organization develops safety guidelines for street outreach personnel and, when necessary due to safety concerns, deploys at least a two-person team.

NA *The organization does not provide street outreach.*

(FP) OS 4.05

When the outreach team has the authority to transport a person involuntarily to an emergency facility, the organization follows a written protocol that protects the safety, dignity, and legal rights of the service recipient.

NA *The organization does not have the required authority.*

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OS 5: Drop-In Centers for Individuals Experiencing Homelessness

Drop-in centers for individuals experiencing homelessness provide basic services in a safe, supportive, minimally-intrusive environment.

Interpretation: *Drop-in centers are fixed-site programs, located in areas where they can be easily accessed by individuals experiencing homeless.*

NA *The organization does not provide a drop-in center for individuals experiencing homelessness.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

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- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of services
- Expulsion procedures

On-Site Evidence

- Documentation of training

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Individuals or families served
- Observe facility

OS 5.01

The social environment of a drop-in center is non-threatening, welcoming, and inclusive, fosters trust, and promotes engagement.

Interpretation: *Programs need to provide an affirming, safe and welcoming environment for all individuals. Youth who identify as lesbian, gay, bisexual, and transgender (LGBT) are greatly overrepresented among youth experiencing homelessness. Programs can help to signal that they provide an environment that is safe and welcoming, for example, by posting "visual cues" in the reception or common area such as, a nondiscrimination policy or LGBTQ symbols (i.e., posters, stickers, and flags).*

OS 5.02

Drop-in centers provide:

- a. comfortable seating;

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- b. food or snacks;
- c. a telephone;
- d. a mailing address;
- e. a computer with internet access;
- f. a safe, lockable place to keep personal belongings and valuables;
- g. clothing;
- h. laundry facilities or laundromat tokens; and
- i. bathroom facilities with showers, including personal hygiene supplies.

(FP) OS 5.03

Drop-in centers provide, directly or by referral:

- a. crisis intervention;
- b. information and referrals;
- c. medical and dental services;
- d. behavioral health services;
- e. legal services;
- f. housing services; and
- g. employment services.

Interpretation: *Drop-in centers serving youth should make available workshops on a range of topics, for example: independent living skills, education, employment, health, and relationships, as well as programming focused on providing recreational and socialization opportunities.*

OS 5.04

Personnel are available during operating hours to provide ongoing services and overall supervision.

Interpretation: *Operating hours should be clearly posted on or near the front door and include information on alternate service locations that are accessible when the drop-in center is closed.*

OS 5.05

Written expulsion policies and procedures:

- a. are clear and simple, avoiding overly rigid and bureaucratic rules;
- b. require that all reasonable efforts are made to provide an appropriate referral;

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- c. are posted or otherwise provided to individuals using the service;
- d. describe reasons or conditions for being expelled;
- e. describe items that are discouraged or prohibited (i.e., contraband);
- f. describe due process provisions; and
- g. describe the conditions or process for re-admission to the facility.

Interpretation: *Regarding element (d), expulsion should be limited to extreme situations, such as when a service recipient exhibits severely disruptive behavior or is violent toward self or others.*

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OS 6: Follow-Up

Outreach workers follow-up, to the greatest extent possible, with each person or family regarding their short-and long-term progress and stability.

Research Note: *Literature indicates that follow-up should include monitoring the wellbeing of the service recipient, providing additional supports as needed, and tracking the outcomes of interagency referrals to ensure continuity of care.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

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- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Follow-up procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review logs, progress notes, or case records for documentation of services applied, as applicable

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OS 7: Personnel

Outreach personnel are trained and qualified to meet the needs of youth, adults, and families experiencing homelessness.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.

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3) Practice requires significant improvement, as noted in the ratings for the Practice standards. A Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.A
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

?For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

Purpose

Outreach Services identify and engage youth, adults, and families experiencing homelessness as a first step to accepting care for immediate health and safety needs, gaining access to community services and resources, taking steps toward community integration, and connecting to safe and stable housing.



Outreach Services

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula
- Procedures and criteria used for assigning and evaluating workloads

On-Site Evidence

- Job descriptions
- Documentation of training
- Training curricula

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files

OS 7.01

Personnel providing outreach services are nonjudgmental and patient, and possess:

- a. the ability to establish and maintain trusting relationships and professional boundaries;
- b. the ability to handle rejection;
- c. sensitivity to the needs of individuals and families in crisis;
- d. the capacity to view all persons positively and recognize their strengths;
- e. respect for service recipients;
- f. the ability to assess need for care;
- g. knowledge of community resources and housing;
- h. cultural and linguistic competence; and
- i. perseverance.

OS 7.02

Training is provided to all outreach workers on the following topics:

Purpose

Outreach Services identify and engage youth, adults, and families experiencing homelessness as a first step to accepting care for immediate health and safety needs, gaining access to community services and resources, taking steps toward community integration, and connecting to safe and stable housing.



Outreach Services

- a. the nature of the service population;
- b. methods of engaging and re-engaging youth, adults, and families;
- c. trauma-informed care;
- d. recognizing and responding to signs of suicide risk;
- e. crisis intervention methods;
- f. making linkages and referrals to community and housing services;
- g. identifying medical needs or problems, including the special health needs of the target population; and
- h. the organization's plans for managing medical or psychiatric emergencies.

Interpretation: *The training components in OS 7.02 should be provided to peer outreach workers as it relates to their job responsibilities.*

OS 7.03

Outreach workers receive training and supervision on the special service needs of service recipients, including, as appropriate:

- a. individuals coping with substance abuse and/or mental health issues, including dual diagnosis;
- b. individuals coping with trauma, including how to recognize trauma and appropriate interventions or addressing the acute needs of trauma victims;
- c. individuals with HIV/AIDS;
- d. individuals who identify as lesbian, gay, bisexual, transgender, or gender non-conforming;
- e. individuals and families who have been victims of violence, abuse, or neglect;
- f. individuals who may be the victims of human trafficking or sexual exploitation, including how to identify potential victims;
- g. pregnant and parenting mothers and/or fathers with young children;
- h. runaway and homeless children and youth;
- i. persons with current or past criminal justice system involvement;
- j. persons with current or past child welfare system involvement;
- k. persons with developmental disabilities; and
- l. older adults.

Related: TS 1, TS 2, TS 3

Interpretation: *The training and supervision components in OS 7.03 should be provided to peer outreach workers as it relates to their job responsibilities.*

Purpose

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Outreach Services

OS 7.04

Outreach workers who have frequent contact with individuals living with mental health and/or substance use conditions have clinical skills and/or are supervised by personnel with such skills.

(FP) OS 7.05

Personnel engaged in street outreach receive training in recognizing and responding to street safety risks and the organization's safety guidelines.

NA *The organization does not provide street outreach.*

OS 7.06

Peer outreach workers receive pre- and in-service training and ongoing supervision and support around:

- a. established ethical guidelines, including setting appropriate boundaries; and
- b. skills, concepts, and philosophies related to peer support.

Interpretation: *Peer outreach workers establish relationships with service recipients that are based on mutual respect and trust and support bidirectional learning and reciprocity. One of the greatest perceived challenges of delivering peer support services is peers' ability to handle confidentiality and boundaries. Clearly defining and communicating the role of the peer outreach worker is critical when establishing the peer-to-peer relationship.*

Research Note: *Peer support is built on shared personal experience and empathy, and focuses on an individual's strengths, not weaknesses. Information provided by peers is often seen as more authentic as peers have similar lived experience and can better relate to those they support.*

NA *The organization does not utilize peer outreach workers.*

OS 7.07

Supervisors of outreach workers are qualified by:

- a. an advanced degree in social work or a comparable human service field and at least two years' direct care experience in human services; or

Purpose

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Outreach Services

- b. a bachelor's degree in social work or a comparable human service field and at least four years direct care experience in human services.

OS 7.08

Caseloads are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume, accounting for assessed level of needs of new and current clients and referrals.

Purpose

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