*Service Standards*

# Outreach Services

**Purpose**

Outreach Services help individuals experiencing homelessness reduce the risks they face on the street, meet their immediate and basic needs, gain access to community services and temporary shelter, and connect to safe and stable housing.

## Definition

Outreach Services are low-barrier programs that strive to reach and engage individuals experiencing homelessness. Services are often targeted towards individuals who are reluctant or unable to access traditional shelter services.

Street Outreach programs go out into the community to identify individuals experiencing unsheltered homelessness, help them meet immediate needs, and facilitate access to housing and other resources.

Drop-In Centers are fixed-site programs that meet basic needs and connect individuals to community services in an environment that is safe, secure, comfortable, and non-stigmatizing. Different centers may offer different on-site services and provide different levels of support.

**Note:** *Programs that provide mental health or substance use services will also complete COA Accreditation's standards for Mental Health and/or Substance Use Services (MHSU).*

**Note:** *Please see OS Reference List for the research that informed the development of these standards.*

## Table of Evidence

### Self Study Evidence

*No Self Study Evidence*

Outreach Services

# OS 1: Person-Centered Logic Model

**Purpose**

Outreach Services help individuals experiencing homelessness reduce the risks they face on the street, meet their immediate and basic needs, gain access to community services and temporary shelter, and connect to safe and stable housing.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

**Note:** *Please see the Logic Model Template for additional guidance on this standard.*

**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.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

**2**

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

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

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

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

**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.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

## Table of Evidence

### Self Study Evidence

| | |
|---|---|
| • Program logic model that includes a list of outcomes being measured | |
| • See program description completed during intake | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel

## OS 1.01

The program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e., inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e., the size and scope of services delivered);
e. desired outcomes (i.e., the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

**Examples:** *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

**Examples:** *Information that may be used to inform the development of the program logic model includes, but is not limited to:(a) characteristics of the service population; (b) needs assessments and periodic reassessments;(c) risks assessments conducted for specific interventions;and (d) the best available evidence of service effectiveness.*

## OS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in functional status;
b. connection to formal service systems and informal supports;
c. health, welfare, and safety;
d. quality of life;
e. achievement of individual service goals;
f. community awareness of services provided or topics relevant to the service population; and
g. other outcomes as appropriate to the program or service population.

**Interpretation:** *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

**Interpretation:** *While it may not be possible to track individual outcomes if a person is seen only once or twice, or if a person never engages with personnel, it should be more feasible to track outcomes when personnel work with an individual on an ongoing basis. An organization can also use community-wide outcomes data collected by outside entities to make data-informed decisions about its program when appropriate.*

**Examples:** *Organizations may identify and track a range of outcomes related to general well-being and safety. However, given that the ultimate goal of service is to end an individual's homelessness, it can be especially important to track outcomes that address progress toward connecting individuals to housing.*

Outreach Services

# OS 2: Personnel

**Purpose**

Outreach Services help individuals experiencing homelessness reduce the risks they face on the street, meet their immediate and basic needs, gain access to community services and temporary shelter, and connect to safe and stable housing.

Program personnel have the competency and support needed to provide services and meet the needs of individuals experiencing homelessness.

**Interpretation:** *Competency can be demonstrated through education, training, or experience, including lived experience when applicable. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

**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, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

**3**

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

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, and, as a result, the integrity of the service may be compromised; or
- 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; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- 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; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; 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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Table of contents of training curricula | |
| * | • List of program personnel that includes:<br><br>1. Title<br>2. Name<br>3. Employee, volunteer, or independent contractor<br>4. Degree or other qualifications<br>5. Time in current position<br><br>• See organizational chart submitted during application | |
| * | • Procedures or other documentation specific to peer support workers, if applicable | |

### Site Visit Evidence

| | |
|---|---|
| * | • Sample job descriptions from across relevant job categories<br>• Documentation tracking staff completion of required trainings and/or competencies<br>• Training curricula<br>• Contract or agreement with agency employing peer support workers, if applicable |

### On-Site Activities

| | |
|---|---|
| * | • Interviews may include:<br><br>1. Program director<br>2. Relevant personnel<br><br>• Review personnel files |

## OS 2.01

Supervisors are qualified by:

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

**Interpretation:** *Specialized training and appropriate experience, including lived experience, can compensate for a lack of a degree.*

## OS 2.02

Personnel who frequently work with individuals living with mental health and/or substance use conditions:

a. have clinical skills; and/or
b. are supervised by, or have access to consultation with, individuals who have clinical skills.

## OS 2.03

All direct service personnel are trained on, or demonstrate competency in:

a. understanding homelessness, including the causes and effects of homelessness, overrepresented and vulnerable populations, barriers to exiting homelessness, and service needs;
b. understanding the local homelessness response system;
c. understanding all available types of housing, including options both within and outside of the homelessness service system;
d. engaging and motivating individuals who may be disengaged or difficult to reach;
e. handling rejection;
f. establishing appropriate boundaries;
g. recognizing and responding to risks, needs, and emergencies related to health and mental health, including signs of suicide risk; and
h. implementing harm reduction strategies.

**Interpretation:** *Peer support workers should be trained on or demonstrate competency in these areas as needed based on their job responsibilities.*

**Examples:** *Overrepresented and vulnerable populations can include, for example: (a) individuals coping with substance use and/or mental health issues, including dual diagnosis; (b) individuals coping with trauma; (c) individuals with HIV/AIDS; (d) individuals who identify as lesbian, gay, bisexual, transgender, or gender non-conforming; (e) individuals who have been victims of violence, abuse, or neglect; (f) individuals who may be the victims of human trafficking or sexual exploitation; (g) pregnant and parenting individuals; (h) runaway and homeless children and youth; (i) individuals with current or past criminal justice system involvement; (j) individuals with current or past child welfare system involvement; (k) individuals with disabilities; (l) individuals with developmental disabilities; (m) individuals of racial or ethnic backgrounds overrepresented among those experiencing homelessness; (n) veterans; and (o) older adults.*

## OS 2.04

Personnel leading education and/or support groups are trained on, or demonstrate competency in:

a. establishing a supportive, nonjudgmental environment that promotes respectful interactions;
b. engaging and motivating group members;
c. helping participants develop skills and/or understanding relevant to the group's area of focus;
d. understanding group dynamics;
e. leading discussions; and
f. facilitating group activities.

**NA:** The organization does not offer education and/or support groups.

## OS 2.05

When individuals with lived experience are enlisted to provide peer support to persons served, the organization:

a. clearly defines their roles and responsibilities;
b. establishes guidelines for recruitment and selection;
c. ensures peer support workers are trained to perform their roles and responsibilities;
d. provides ongoing support and supervision to address any issues that may arise on the job, including helping peer support workers navigate complex situations and manage personal triggers and challenges; and
e. facilitates opportunities for peer support workers to connect and consult with others performing similar roles.

**NA:** The organization does not utilize peer support workers.

**Interpretation:** *When peer support workers are employed by another agency, and that agency is responsible for implementing elements (b), (c), (d), and/or (e), the organization should provide evidence documenting that arrangement (e.g., a contract).*

**Examples:** *Pre- and in-service training can prepare peer support workers to fulfill their roles and responsibilities by addressing: (a) their job duties; (b) skills, concepts, and philosophies related to peer support; (c) healthy and appropriate boundaries; (d) expectations for maintaining confidentiality and documenting contacts; and (e) how to handle ethical dilemmas.*

## OS 2.06

Employee workloads support the achievement of positive outcomes and are regularly reviewed.

**Examples:** *Factors that may be considered when determining employee workloads include, but are not limited to: (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 persons served.*

## OS 2.07

The organization prevents and counters the development of burnout and secondary traumatic stress by:

a. helping personnel understand how they can be impacted by stress and distress, including by working with individuals who have experienced trauma;
b. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;
c. encouraging respectful collaboration and support among co-workers;
d. examining how the organization's culture and policies contribute to or prevent burnout and secondary traumatic stress; and
e. informing personnel about treatment services and other available supports, as needed.

**Examples:** *Regarding element (b), organizations can help personnel develop the skills and behaviors that will enable them to: (a) engage in positive thinking;(b) increase their self-awareness;(c) know their limits and needs;(d) practice self-compassion;(e) establish healthy boundaries with co-workers and persons served;(f) effectively communicate about unrealistic and unspoken expectations;(g) monitor and regulate their emotions and behaviors;(h) identify and manage emotional triggers;(i) have difficult conversations with co-workers and supervisors;(j) practice brain-aware activities to stay regulated;and (k) take time for self-care.*

*Regarding element (d), areas to consider include, but are not limited to: (a) supervision;(b) workload;(c) scheduling, including options for flexibility; (d) paid time off; (e) trainings;(f) safety protocols; (g) emergency/crisis response;(h) psychological safety; (i) healthy and realistic staff expectations and boundaries; and (j) the program's physical environment, including whether there are places for staff to take breaks and store belongings.*

Outreach Services

# OS 3: Engagement and Assessment

**Purpose**

Outreach Services help individuals experiencing homelessness reduce the risks they face on the street, meet their immediate and basic needs, gain access to community services and temporary shelter, and connect to safe and stable housing.

The organization's engagement and assessment practices enable workers to reach and build trust with individuals experiencing homelessness, and facilitate access to appropriate services.

**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
- In a few rare instances, urgent needs were not prioritized; 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 and training; or
- Active participation of persons served 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
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized; or
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

**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.

## Table of Evidence

### Self Study Evidence

| | |
|---|---|
| * • Engagement and assessment procedures | |
| * • Copy of assessment tool(s) | |

### Site Visit Evidence

| |
|---|
| * • Documentation of collaboration with other community providers and resources, if applicable<br>• Canvassing plan and/or schedule, if applicable |

### On-Site Activities

| |
|---|
| * • Interviews may include:<br><br>1. Program director<br>2. Relevant personnel<br><br>• Review logs, progress notes, or case records, as applicable |

## OS 3.01

The organization reaches individuals potentially in need of its services by:

a. conducting outreach in the community; and/or
b. collaborating with other organizations and agencies likely to encounter individuals experiencing homelessness.

**Examples:** *Street outreach programs may find individuals in need of service by: (a) canvassing; and/or (b) going out into the community to respond to referrals from other organizations, agencies, and community members. Organizations can collaborate with other street outreach providers to coordinate their approaches, minimize duplication of efforts, and expand geographic reach.*

*Drop-in centers may only reach individuals in need of service if those individuals actually come to the center, but can collaborate with others in the community to promote awareness of their services.*

## OS 3.02

Workers approach and interact with individuals experiencing homelessness in ways that build trust and promote the development of positive relationships.

**Interpretation:** *To ensure that transgender and gender non-conforming individuals 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.*

**Examples:** *Personnel can build trust and promote the development of positive relationships by, for example: (a) adopting a trauma-informed approach to engagement; (b) engaging with individuals in a respectful, non-threatening, non-stigmatizing, and non-judgmental manner; (c) demonstrating sensitivity to the willingness of an individual to be engaged; (d) interacting with individuals in a culturally and linguistically responsive manner; (e) being honest and transparent, including regarding the worker's role and any limitations on what the worker can offer or do; (f) listening to what individuals say, and responding to their goals and concerns; (g) being consistent and reliable; (h) respecting individuals' autonomy, confidentiality, boundaries, and choices; (i) implementing harm reduction strategies; and (j) remaining persistent over time. Helping people meet their immediate needs, as addressed in OS 4.01 and OS 5.03, will also build trust and support the development of positive relationships.*

## OS 3.03 (FP)

Workers engage individuals in an assessment process that:

a. focuses on information pertinent for meeting service objectives and requests;
b. includes attention to immediate needs and safety, including potentially life-threatening situations and risk for trafficking and/or suicide in order to determine if a more intensive service is necessary;
c. addresses both strengths and potential barriers to progress;
d. is conducted over time, as trust is established; and
e. is updated as needed based on the needs of persons served.

**Examples:** *The organization's assessment process can be connected to the community's overall coordinated entry process, when possible and available. This integration will allow the individuals served to be assessed and prioritized for housing assistance in the same manner as any other person seeking services from the homelessness system.*

**Note:** *See OS 4.02, OS 4.04, and OS 5.04 for more information regarding how to proceed when the assessment process reveals potentially life-threatening situations, including risk for trafficking and/or suicide.*

Outreach Services

# OS 4: Street Outreach: Services and Supports

**Purpose**

Outreach Services help individuals experiencing homelessness reduce the risks they face on the street, meet their immediate and basic needs, gain access to community services and temporary shelter, and connect to safe and stable housing.

Street outreach services help individuals experiencing unsheltered homelessness access housing and other needed services and supports.

**NA:** The organization does not provide street outreach.

**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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Procedures for connecting individuals to resources and services | |
| | | |

| | | |
|---|---|---|
| * | • Street outreach safety procedures | |
| * | • Written procedures and documentation of authority regarding transport to emergency facilities, if applicable | |

**Site Visit Evidence**

| | |
|---|---|
| * | • Community resource and referral list |

**On-Site Activities**

| | |
|---|---|
| * | • Interviews may include:<br><br>1. Program director<br>2. Relevant personnel<br><br>• Review logs, progress notes, or case records, as applicable |

## OS 4.01

Street outreach services are flexible and designed to respond to the unique and evolving needs, preferences, and priorities of individuals experiencing homelessness.

**Interpretation:** *If individuals decline services, either entirely or in part (e.g., help securing housing), personnel should respect their choice while continuing to offer support over time, to the extent possible and appropriate.*

## OS 4.02 (FP)

Individuals are helped to obtain any resources required to meet their most basic and immediate needs, including, as appropriate:

a. food;
b. water;
c. clothing;
d. blankets;
e. hygiene and first aid supplies; and
f. urgent medical or mental health care.

**Interpretation:** *Urgent medical care should include access to opioid reversal medication.*

**Examples:** *Organizations can respond to identified suicide risk by: (a) connecting individuals to more intensive services; (b) facilitating the development of a safety and/or crisis plan; or (c) contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.*

## OS 4.03

Street outreach workers promote access to safe and stable housing by helping individuals:

a. understand the different types of housing programs that may be available to them, including eligibility requirements, application process, wait times, support provided, and duration;
b. explore possible housing options outside the homelessness service system (e.g., living with family, shared housing);
c. obtain documents that may be needed to secure housing (e.g., birth certificate, photo identification, and/or social security card);
d. make informed decisions about which type of housing to pursue;
e. initiate the steps needed to access housing (e.g., completing required assessments or applications);

f. develop knowledge and skills that can help them obtain and maintain housing (e.g., tenancy readiness); and
g. access temporary shelter while waiting for longer-term housing to be secured, when possible and desired.

**Interpretation:** *Individuals can be connected to temporary shelter while they wait for longer-term housing to become available, but should not be required to enter shelter before they can access other housing programs. If temporary shelter is unavailable in the area, the organization might try to connect individuals to alternative short-term living arrangements (e.g., living with friends or family) while they wait for longer-term housing.*

## OS 4.04

Individuals are connected to additional services and supports that promote stability and well-being, as appropriate to their needs, preferences, and priorities.

**Interpretation:** *While many street outreach programs are "housing focused" and prioritize helping individuals obtain housing as per OS 4.03, workers can also help individuals access other services and opportunities while they are living on the streets. However, individuals should not be required to utilize those services and supports as a prerequisite for obtaining housing.*

**Examples:** *Individuals may need or wish to be connected to: (a) drop-in services; (b) transportation; (c) financial assistance, including help with benefit enrollment and renewal applications; (d) employment opportunities and services; (e) medical and dental services; (f) mental health services; (g) substance use services; (h) education services; (i) legal assistance; (j) peer support services; (k) medical respite care services; (l) domestic violence services; (m) services for victims of human trafficking; and (n) health information, including information about harm reduction, STDs, HIV/AIDS, and pregnancy prevention.*

## OS 4.05

Personnel work in active collaboration with persons served, the homelessness service system, and other community providers to:

a. help individuals access needed services;
b. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
c. ensure that persons served receive appropriate advocacy support; and
d. mediate barriers to services within the service delivery system.

**Examples:** *Personnel can facilitate and improve access to services by, for example: (a) accompanying individuals to appointments; (b) personally introducing individuals to other service providers; (c) helping individuals keep track of appointments; and (d) following up regarding progress.*

**Note:** *When an organization provides both street outreach and drop-in services and serves some of the same individuals in both programs, the implementation and rating of this standard may overlap with the implementation and rating of OS 5.08.*

## OS 4.06 (FP)

Street outreach safety procedures specify:

a. that personnel should work in pairs whenever possible, and that a two-person team should aways be deployed in situations the organization deems to be high-risk;
b. expectations for communicating schedules and whereabouts to others at the program;
c. how to prepare, including what to wear, what to bring, what not to bring, and what information to review;
d. how to conduct a visual assessment of surroundings upon arrival;
e. how to approach, including when working in a new location or attempting contact with a new person;
f. how to recognize and respond to potentially risky situations; and
g. what to do, and how to get help, if an incident occurs.

**Note:** *Approaching and interacting with individuals in ways that build trust, as addressed in OS 3.02, will also help to promote workers' safety.*

## OS 4.07 (FP)

When the organization has the authority to transport a person involuntarily to an emergency facility, street outreach teams follow written procedures designed to protect the safety, dignity, and legal rights of the person being moved.

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

Outreach Services

# OS 5: Drop-In Centers: Services and Supports

**Purpose**

Outreach Services help individuals experiencing homelessness reduce the risks they face on the street, meet their immediate and basic needs, gain access to community services and temporary shelter, and connect to safe and stable housing.

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

**NA:** The organization does not operate a drop-in center.

**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 and training; or
- Active participation of persons served 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
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Procedures for referring individuals to services | |
| | | |

| | | |
|---|---|---|
| * | • Involuntary discharge policy | |
| * | • Involuntary discharge procedures | |

**Site Visit Evidence**

| | |
|---|---|
| * | • Guidelines and expectations for using the drop-in center, if applicable<br>• Community resource and referral list<br>• Informational materials provided to persons served<br>• Group schedule for the previous 12 months, if applicable<br>• Educational curricula, if applicable |

**On-Site Activities**

| | |
|---|---|
| * | • Interviews may include:<br><br>1. Program director<br>2. Relevant personnel<br>3. Persons served<br><br>• Observe facility<br>• Review logs, progress notes, or case records, as applicable |

## OS 5.01

In an effort to ensure services are accessible to those who need them, drop-in centers:

a. are located in areas where they can be easily accessed by individuals experiencing homelessness; and
b. post operating hours on or near the front door, and include information on alternative service locations that are available when the drop-in center is closed.

## OS 5.02

The drop-in center provides a welcoming, flexible environment that avoids overly restrictive rules and requirements.

**Examples:** *Organizations can avoid overly restrictive rules and requirements by making an effort to ensure the requirements they do have are designed to promote a safe, calm environment without infringing upon the autonomy of individuals, to the extent possible and appropriate. Periodically reviewing rules to determine whether they are functioning as intended can help organizations achieve this goal.*

## OS 5.03

Drop-in centers meet basic needs by providing:

a. protection from the streets and the elements;
b. places to rest, including comfortable seating;
c. food and water;
d. bathroom facilities;
e. a telephone;
f. a mailing address;
g. outlets for charging electronic devices;
h. a safe, lockable place to keep personal belongings;
i. personal hygiene supplies;
j. clothing;
k. access to a computer and the internet;
l. access to laundry facilities; and
m. access to shower facilities.

**Interpretation:** *Different organizations may facilitate access to computers, laundry, and showers in different ways. While some centers may offer these services on-site, other centers may connect individuals to services and supports offered elsewhere.*

## OS 5.04 (FP)

Drop-in centers facilitate access to a range of services and supports, including:

a. financial assistance, including help with benefit enrollment and renewal applications;
b. transportation assistance;
c. housing assistance, including for temporary shelter and longer-term safe and stable housing;
d. medical and dental services;
e. mental health services;
f. substance use services;
g. peer support services;
h. legal services;
i. education and employment services;
j. domestic violence services;
k. services for victims of human trafficking;
l. case management;
m. crisis intervention;
n. social and recreational activities and supports; and
o. support and education on a range of topics, as appropriate to the needs and goals of persons served (e.g., health and wellness, life skills, work readiness, tenancy readiness, etc.).

**Interpretation:** *Medical services should include urgent medical care, including access to opioid reversal medication.*

**Interpretation:** *Organizations may demonstrate implementation of this standard in different ways, depending on the level of service the drop-in center provides. While some centers may only refer individuals to services offered by other providers, others may offer some services on-site, whether by the organization itself or through partnerships with collaborating providers who come to the center to offer specific services.*

**Examples:** *Organizations can respond to identified suicide risk by: (a) connecting individuals to more intensive services; (b) facilitating the development of a safety and/or crisis plan; or (c) contacting emergency responders, 24-hour mobile crisis teams, emergency crisis intervention services, crisis stabilization, or 24-hour crisis hotlines, as appropriate.*

## OS 5.05

Individuals attending the drop-in center have opportunities to participate in social and recreational activities.

**NA:** The drop-in center provides basic services only.

## OS 5.06

When the drop-in center offers education and/or support groups, services:

a. address topics relevant to the needs and/or interests of individuals who use the center;
b. are provided in a safe, supportive environment;
c. are designed to respond flexibly to the changing needs of participants;
d. provide opportunities for participants to ask questions, share their thoughts and experiences, and learn from the thoughts and experiences of others;
e. enable participants to develop satisfying relationships with others in the group; and
f. are scheduled with participants' time commitments in mind, to the extent possible and appropriate.

**NA:** The organization does not offer education and/or support groups.

## OS 5.07

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

## OS 5.08

Personnel work in active collaboration with persons served, the homelessness service system, and other community providers to:

a. help individuals access needed services;
b. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
c. ensure that persons served receive appropriate advocacy support; and
d. mediate barriers to services within the service delivery system.

**NA:** The drop-in center provides basic services only.

**Examples:** *Personnel can facilitate and improve access to services by, for example: (a) accompanying individuals to appointments; (b) personally introducing individuals to other service providers; (c) helping individuals keep track of appointments; and (d) following up regarding progress.*

**Note:** *When an organization provides both street outreach and drop-in services and serves some of the same individuals in both programs, the implementation and rating of this standard may overlap with the implementation and rating of OS 4.05.*

## OS 5.09 (FP)

Policies and procedures regarding involuntary discharge:

a. are posted at the center and explained to the individuals who attend;
b. define specific behaviors, conditions, or circumstances that may result in involuntary discharge, and limit involuntary discharge to extreme situations;
c. are clear and simple, avoiding bureaucratic language;
d. include timely due process provisions;
e. describe the conditions or process for re-admission to the center, and avoid overly restrictive requirements regarding how much time must pass before an individual can return; and
f. require that all reasonable efforts be made to provide an appropriate referral.

Outreach Services

# OS 6: Transition and Follow-Up

**Purpose**

Outreach Services help individuals experiencing homelessness reduce the risks they face on the street, meet their immediate and basic needs, gain access to community services and temporary shelter, and connect to safe and stable housing.

Personnel work with individuals to:

a. help them transition to new services and supports; and
b. follow-up regarding their progress and stability, to the extent possible and appropriate.

**NA:** The drop-in center provides basic services only.

**Interpretation:** *The transition assistance addressed in this standard may overlap with the service coordination and support addressed in OS 4.05 and OS 5.08.*

**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
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served 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
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | |
|---|---|
| * • Transition and follow-up procedures | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

*

- Interviews may include:

1. Program director
2. Relevant personnel

- Review logs, progress notes, or case records, as applicable