



# Outreach Services (OS)

## 2026 Updates for Private, Public, and Canadian Organizations

### Purpose

Outreach Services ~~identify and engage youth, adults, and families~~ help individuals experiencing homelessness ~~as a first step to accepting care for immediate health and safety~~ reduce the risks they face on the street, meet their immediate and basic needs, ~~gaining~~ access to community services and ~~temporary shelter resources, taking steps toward community integration,~~ and ~~connecting~~ 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 ~~are offered to youth, adults, and families~~ experiencing unsheltered homelessness, help them meet immediate needs, and facilitate access to housing and other resources ~~including those who are not served or are underserved by existing community service delivery systems.~~

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 case management will also complete COA's Case Management standards (CM).~~ 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.

**Note:** ~~For information about changes made in the 2020 Edition, please see the OS Crosswalk.~~

## OS 1: Person-Centered Logic Model

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.

Self-Study Evidence	On-Site Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• See program description completed during intake</li> <li>• Program logic model that includes a list of outcomes being measured</li> </ul>		<ul style="list-style-type: none"> <li>• Interviews may include:               <ol style="list-style-type: none"> <li>1. Program director</li> <li>2. Relevant personnel</li> </ol> </li> </ul>

### 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 Tool Kit* 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-systems;
- c. health, welfare, and safety;
- d. quality of life;
- d.e. achievement of individual service goals;
- e.f. community awareness of services provided or topics relevant to the service population; and
- f.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 COA Accreditation recognizes that it may be difficult 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 given the nature and duration of OS services. If individual outcomes are not being tracked, the organization must be prepared to demonstrate how program-level outputs are used to build capacity, improve programs, and positively impact persons served. Additionally, the An organization may also speak to how it uses community-wide outcomes data collected by outside entities to make data-informed decisions about within 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.

## OS 2: Personnel

Program personnel have the competency and support needed to provide services and meet the needs of individuals youth, adults, and families 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.

Self-Study Evidence	On-Site Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>List of program personnel that includes:               <ol style="list-style-type: none"> <li>Title</li> <li>Name</li> <li>Employee, volunteer, or independent contractor</li> <li>Degree or other qualifications</li> <li>Time in current position</li> </ol> </li> <li>See organizational chart submitted during application</li> <li>Table of contents of training curricula</li> <li><u>Procedures or other documentation specific to peer support workers, if applicable</u></li> </ul>	<ul style="list-style-type: none"> <li>Sample job descriptions from across relevant job categories</li> <li>Documentation tracking staff completion of required trainings and/or competencies</li> <li>Training curricula</li> <li><u>Contract or agreement with agency employing peer support workers, if applicable</u></li> </ul>	<ul style="list-style-type: none"> <li>Interviews may include:               <ol style="list-style-type: none"> <li>Program director</li> <li>Relevant personnel</li> </ol> </li> <li>Review personnel files</li> </ul>

- ~~Safety procedures for street outreach personnel~~

## OS 2.01

Supervisors are qualified by:

- 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
- 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 ~~have~~ frequently work contact with individuals living with mental health and/or substance use conditions:

- have clinical skills; and/or
- ~~a.b.~~ are supervised by or have access to consultation with individuals personnel with such who have clinical skills.

## OS 2.03

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

- understanding homelessness, including the causes and effects of homelessness, overrepresented and vulnerable populations, ~~impact of homelessness on child development~~, barriers to exiting homelessness, and service needs;
- understanding the local homelessness response system;
- understanding all available types of housing, including options both within and outside of the homelessness service system;
- engaging and motivating individuals who may be disengaged or difficult to reach;
- the ability to handling rejection;
- establishing appropriate boundaries;
- 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.
- ~~i.~~ making linkages and referrals to community and housing services; and
- ~~j.~~ implementing the organization's plans for managing medical or psychiatric emergencies.

**Interpretation:** *Peer outreach 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**

All direct service personnel are trained on, or demonstrate competency in, understanding the special service needs of service recipients, including, as appropriate:

- a. individuals coping with substance use and/or mental health issues, including dual diagnosis;
- b. individuals coping with trauma, including how to recognize trauma and appropriate interventions for 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.

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

## **~~OS 2.05~~**

~~The organization ensures the safety of street outreach personnel by:~~

- ~~a. developing procedures and trainings that address how to recognize and respond to street safety risks; and~~
- ~~b. a. deploying at least a two-person team when necessary due to safety concerns.~~

~~NA The organization does not provide street outreach.~~

## **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 2.052.06**

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.

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

- ~~a. the role of a peer outreach worker, including skills, concepts, and philosophies related to peer support; and~~
- ~~b. established ethical guidelines, including setting appropriate boundaries and maintaining confidentiality.~~

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

~~**Interpretation:** *Peer outreach workers establish relationships with service recipients that are based on mutual respect and trust and support bidirectional learning and reciprocity.*~~

### **OS 2.062.07**

Employee workloads support the achievement of positive~~client~~ 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.

## **OS 3: Engagement and Assessment**

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

Self-Study Evidence	On-Site Evidence	On-Site Activities
<ul style="list-style-type: none"> <li><u>Engagement and Assessment</u> procedures</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of collaboration with other</li> </ul>	<ul style="list-style-type: none"> <li>Interviews may include:               <ol style="list-style-type: none"> <li>Program director</li> </ol> </li> </ul>

<ul style="list-style-type: none"> <li>• Copy of assessment tool(s)</li> </ul>	<p>community providers and resources, <u>if applicable</u></p> <ul style="list-style-type: none"> <li>• <u>Canvassing plan and/or schedule, if applicable</u></li> </ul>	<p>2. Relevant personnel</p> <ul style="list-style-type: none"> <li>• Review logs, progress notes, or case records, as applicable</li> </ul>
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### **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 3.023-01**

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

**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~~ the individual ~~or family~~ 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~~ respecting ~~of the person~~ individual's' autonomy, ~~and~~ confidentiality, boundaries, and choices; (i) implementing harm reduction strategies; ~~and~~ ~~focused on information pertinent for meeting service requests and objectives;~~ ~~trauma-informed;~~ ~~flexible;~~ ~~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.

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

### **FP OS 3.033.02**

Workers engage individuals in an ~~Personnel-use standardized, evidence-based instruments to 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~~
- a-e. ~~is updated as needed based on the needs of persons served.~~
- ~~b. immediate needs;~~
- ~~c. level of functioning;~~
- ~~d. overall mental and physical health; and~~
- ~~e. strengths and capacities, including the capacity for making decisions.~~

**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.~~

**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. Assessments should be updated as needed based on the needs of persons served.~~

**Examples:** ~~Organizations can 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.~~

### **OS 3.03**

Programs ~~facilitate access to the continuum of services through active collaboration with other homelessness service providers and community resources.~~

**Examples:** ~~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 connects 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.~~

## OS 4: Street Outreach: Services and Supports

### Provision

~~Street Outreach services help link individuals experiencing unsheltered homelessness and families with access housing and other needed services and supports housing.~~

~~NA The organization does not provide street outreach.~~

Self-Study Evidence	On-Site Evidence	On-Site Activities
<ul style="list-style-type: none"> <li>• Procedures for <del>connecting</del>referring individuals to <del>resources and</del> services</li> <li>• <del>Street outreach safety procedures</del></li> <li>• Written procedures and documentation of authority regarding transport to emergency facilities, <del>if applicable</del></li> </ul>	<ul style="list-style-type: none"> <li>• Community resource and referral list</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include:               <ol style="list-style-type: none"> <li>1. Program director</li> <li>2. Relevant personnel</li> </ol> </li> <li>• Review logs, progress notes, or case records, as applicable</li> </ul>

### ~~OS 4.01~~

~~The organization works in active partnership with persons served to:~~

- ~~a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has~~
- ~~b. a. assumed that responsibility;~~
- ~~c. a. ensure that they receive appropriate advocacy support;~~
- ~~d. a. assist with access to the full array of services to which they are eligible; and~~
- ~~e. a. mediate barriers to services within the service delivery system.~~

~~Example: Personnel can facilitate and improve access to services by personally introducing service recipients to health, mental health, social service, and mainstream benefit providers.~~

### OS 4.014.02

Street Outreach services are flexible and designed to respond to the unique and evolving needs, preferences, and priorities of youth, adults, and families~~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.*

## **FP OS 4.02**

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 4.044.03**

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.

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 services may include to be connected to: (a) drop-in services; (b) transportation; (1) services to meet basic needs, including food, clothing, shelter, hygiene, and laundry; (2) crisis intervention; (c3) financial assistance, including help with benefit enrollment and renewal applications; (d) employment opportunities and services; (e) medical/ and dental services evaluation and care; (f) mental behavioral health services care; (5) housing assistance; (g6) substance use services education and treatment; (h) education services; (i7) legal assistance; (8) help obtaining documentation, for example birth certificate, photo identification, and/or social security card; (9) help with mainstream benefit enrollment and renewal applications; (10) case management; (j11) peer social support services; (k12) medical respite care services; (l) domestic violence services; (m) services for victims of human trafficking; and (n13) health information, including information about harm reduction, STDs, HIV/AIDS, and pregnancy prevention.

### **OS 4.054.01**

Personnel. The organization works in active collaboration partnership 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 they receive appropriate advocacy support; and assist with access to the full array of services to which they are eligible; 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 service recipients to health, mental health, social service, and mainstream benefit 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.

**FPOS 4.062.05**

Street outreach safety procedures specify:~~The organization ensures the safety of street outreach personnel by:~~

- a. that personnel should work in pairs whenever possible, and that a two-person team should always 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.
- ~~developing procedures and trainings that address how to recognize and respond to street safety risks; and~~
- ~~deploying at least a two-person team when necessary due to safety concerns.~~

~~NA The organization does not provide street outreach.~~

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

**FPOS 4.074.04**

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

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

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

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

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

Self-Study Evidence	On-Site Evidence	On-Site Activities

<ul style="list-style-type: none"> <li>• Procedures for referring individuals to services</li> <li>• <u>Involuntary discharge</u><del>Expulsion</del> policy</li> <li>• <u>Involuntary discharge</u><del>Expulsion</del> procedures</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Guidelines and expectations for using the drop-in center, if applicable</u></li> <li>• Community resource and referral list</li> <li>• Informational materials provided to <u>persons served</u><del>service recipients</del></li> <li>• <u>Group schedule for the previous 12 months, if applicable</u></li> <li>• <u>Educational curricula, if applicable</u></li> </ul>	<ul style="list-style-type: none"> <li>• Interviews may include: <ol style="list-style-type: none"> <li>1. Program director</li> <li>2. Relevant personnel</li> <li>3. Persons served</li> </ol> </li> <li>• Observe facility</li> <li>• Review logs, progress notes, or case records, as applicable</li> </ul>
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### 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;
- a-b. places to rest, including comfortable seating;
- b-c. food and water or snacks;
- d. bathroom facilities;
- e-e. a telephone;
- d-f. a mailing address;
- e-g. outlets for charging electronic devices;
- f-h. a safe, lockable place to keep personal belongings and valuables;
- i. personal hygiene supplies;
- g-j. clothing;
- h-k. access to a computer with and the internet access;
- i-l. access to laundry facilities or laundromat tokens; and

~~j-m. access to bathroom facilities with shower facilities, including personal hygiene supplies.~~

**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.*

### **FP OS 5.045.02**

Drop-in centers facilitate access to a range of services and supports, including provide, directly or by referral:

- 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;
- ~~— crisis intervention;~~
- ~~— information and referrals;~~
- a-d. \_\_\_\_\_ medical and dental services;
- e. ~~mental behavioral~~ health services;
- f. substance use services;
- g. peer support services;
- b-h. \_\_\_\_\_ legal services;
- ~~— housing services;~~
- i. education and employment services; ~~and~~
- 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, ~~programming,~~ 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.) ~~when serving youth.~~

**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.*

Examples: Support, programming, and education for youth may include workshops on topics, such as independent living skills, education, employment, health, and relationships, as well as opportunities for socialization and recreation.

### **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 5.075.03**

In order to ensure the needs of service recipients are met:

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

operating hours are clearly posted on or near the front door, and include information on alternative service locations that are accessible when the drop-in center is closed.

### **OS 5.084.01**

PersonnelThe organization works in active collaborationpartnership with persons served, the homelessness service system, and other community providers to:

- a. help individuals access needed services;
- a.b. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
- b.c. ensure that persons servedthey receive appropriate advocacy support; and
- c. assist with access to the full array of services to which they are eligible; 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 service recipients to health, mental health, social service, and mainstream benefit 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.*

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

## **FP OS 5.095.04**

Policies and procedures regarding involuntary discharge~~Written expulsion policies and procedures:~~

- a. are posted at the center and explained to ~~or otherwise provided to the~~ individuals using the service~~who attend~~;
- b. define specific behaviors, conditions, or circumstances that may result in involuntary discharge~~expulsion~~, and limit involuntary discharge~~expulsion~~ to extreme situations;
- c. are clear and simple, avoiding ~~overly rigid and~~ bureaucratic language ~~and rules~~;
- d. include timely due process provisions;
- e. describe the conditions or process for re-admission to the center~~facility~~, 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.

**Examples:** *Examples of reasons for expulsion include when a service recipient exhibits severely disruptive behavior or is violent toward self or others.*

## **OS 6: Transition and Follow-Up**

Personnel work with individuals to:

- a. help them transition to new services and supports; and
- b. follow-up, to the greatest extent possible, with each person or family, regarding their short- and long-term progress and stability, to the extent possible and appropriate.

**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.*

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

Self-Study Evidence	On-Site Evidence	On-Site Activities
		<ul style="list-style-type: none"> <li>• Interviews may include:</li> </ul>

- Transition and Follow-up procedures

1. Program director
  2. Relevant personnel
- Review logs, progress notes, or case records, as applicable