

Durham, NC-502, Continuum of Care Project Standards-Street Outreach

OVERVIEW: The Durham Continuum of Care has developed these project standards to provide specific guidelines for how projects are expected to operate to achieve our community's shared commitment to prevent and end homelessness. These guidelines create consistency across Durham, ensure client-centered and client-directed care, and provide a baseline for holding all CoC projects to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care (CoC) to evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individual and families for housing and services.

In addition, in consultation with recipients of ESG program funds within the geographic area, CoCs must establish and consistently follow written standards for providing housing and homelessness assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in street outreach, emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing projects (24 CFR 578.7(a)(9)).
- Project standards that meet HUD's requirements for emergency street outreach to define policies and procedures for engagement, project enrollment, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.
- Policies and procedures for coordination among street outreach projects, emergency shelters, transitional housing projects, essential service providers, homelessness prevention projects, rapid rehousing projects, and permanent supportive housing projects.
- Definitions for participation in the CoC's Homelessness Management Information System (HMIS) (or comparable database for domestic violence or victims' service projects).

The Durham Continuum of Care has developed the following street outreach project standards to ensure:

- Project accountability to individuals and families experiencing unsheltered homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Project compliance with the U.S. Department of Housing and Urban Development
- Service consistency within projects, and
- Adequate project staff competence and training, specific to the target population served

EXPECTATIONS: All project grantees using HUD Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the Durham Continuum of Care to ensure

compliance. The Durham CoC recommends that street outreach projects funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the Durham CoC.

STREET OUTREACH:

Street outreach projects are designed to engage unsheltered people in non-traditional settings such as campsites, public parks, libraries, bus and/or train stations, exit or entrance ramps to roads and highways, abandoned building, and/or under bridges. Outreach workers may also engage people at organizations serving people's basic needs such as feeding sites, "soup kitchens," clothing centers, or day shelters. Street outreach projects serve as the front door for unsheltered people to homeless and permanent housing services. Effective street outreach projects connect underserved people with emergency services, longer-term mental and physical health care services, and permanent housing opportunities. Street outreach also helps to re-integrate unsheltered individuals and families into the broader community.

Outreach projects should meet people where they are, both geographically and emotionally. This means meeting unsheltered people in locations that are most convenient for them as well as developing trusting relationships with unsheltered people through active listening, persistence, consistency, and without judgment.

Because outreach happens in non-traditional settings with people who often have complex needs, outreach workers face challenges that require special skills to do their job well. Engaging unsheltered people where they are means workers must be able to maintain their own and their client's safety and have strong ethics, personal boundaries, and good coping skills for working in very difficult and stressful circumstances. Outreach workers must make frequent judgment calls about balancing safety and ethics with clients' needs.

Since street outreach projects work with vulnerable people who often have little or no access to services, a main component of street outreach work is to ensure the survival of people living on the streets. Street outreach projects provide necessary supplies for living unsheltered and assist people to access emergency shelters, especially during very cold or very hot weather.

Street outreach projects should employ a variety of strategies to regularly engage with unsheltered people. Creating and maintaining known-location lists that projects can visit and add to over time, regularly engaging community service providers, including law enforcement and other city and county departments coming into contact with unsheltered people, and including homeless and formerly homeless households to assist in engagement of unsheltered people are a few strategies effective street outreach projects use to serve unsheltered people.

Street outreach projects should operate with a Housing First approach. Housing First projects believe that everyone can and should be housed, that any barriers to permanent housing should be minimized, and that, with appropriate and voluntary support services, everyone can maintain permanent housing.

Interim Street Outreach Program Standards

Housing First allows street outreach projects to quickly move unsheltered households from places not meant for human habitation into permanent housing.

Every street outreach project is expected to participate in Durham's Coordinated Entry System and to use Durham's Homeless Management Information System (HMIS), and any publicly-funded street outreach project is required to do so. Durham's Coordinated Entry System screens people to help divert people from homelessness when possible and to assess people's needs for emergency services, including emergency shelter. Projects use the Individual, Family, and Transition Age Youth VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool) to assess client service needs and to prioritize households for limited permanent housing options dedicated for occupancy by formerly homeless households. Street outreach projects should administer the VI-SPDAT as soon as appropriate to quickly get clients onto Durham's prioritized waiting list for permanent housing dedicated for formerly homeless households.

DEFINITIONS:

Acuity: When using the VI-SPDAT screens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the screening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using any Case Management Tool, acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

Case Management Tool: A standardized tool for case management to track outcomes in the coordinated assessment process. Housing projects may administer this tool at project entry, housing entry, and every six months thereafter until project discharge. Upon discharge from the project, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, “a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data.” The recipient or sub-recipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. (24 CFR 578.57)

Coordinated Entry & Assessment: “A centralized or coordinated process designed to coordinate project participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool” (24 CFR 578.3). CoCs have ultimate responsibility to implement coordinated assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of “developmental disability” in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual’s ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for households seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and projects help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless: Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government projects for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Projects offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.¹

Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives projects a chance to divert households by assisting

¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>

them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Rehousing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Temporary housing for participants who have signed a lease or occupancy agreement. The purpose of the temporary housing is to transition households experiencing homelessness into permanent housing within 24 months.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used within the Durham CoC to determine initial acuity and set prioritization and intervention for permanent housing placement.

PERFORMANCE STANDARDS

PERSONNEL

STANDARD: The project shall adequately staff services with qualified personnel to ensure quality of service delivery, effective project administration, and the safety of project participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with unsheltered individuals and families.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on project requirements, compliance and best practices.
- The organization trains all employees and/or volunteers on project policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the project.
- For projects using the Homeless Management Information System (HMIS), all end users must abide by the applicable HMIS User agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with unsheltered households.
- Staff supervising overall project operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All project staff has written job descriptions that address tasks staff must perform and the minimum qualifications for the position.

Interim Street Outreach Program Standards

- The organization will train project staff on general topics such as self-care, teamwork, boundaries, ethics, and personal safety. The organization also will train staff on specific skills necessary to effectively provide services to unsheltered households, including, but not limited to, relationship-building, motivational interviewing, cultural competence, effective referrals and linkages, basic medical and mental health care, and conflict de-escalation.
- Organizations should share and train all project staff on these Durham Street Outreach Project Standards.

OUTREACH AND ENGAGEMENT

STANDARD: Projects will locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them for the purpose of providing immediate support, intervention, and connections to homeless assistance projects, mainstream social services, income opportunities, and permanent housing projects.

Benchmarks

- All participants must meet the following project eligibility requirements for street outreach projects: Unsheltered homeless persons, living in places not ordinarily meant for human habitation such as campsites, abandoned buildings, bus or train stations, in cars, or under bridges (see definitions listed above for Category 1(i)).
- All ESG-funded projects must use the standard order of priority for documenting evidence to confirm homelessness. Grantees must document in the client file that the project attempted to obtain documentation in the preferred order. The preferred order is:
 - Third-party documentation (including HMIS)
 - Street outreach worker observations through outreach and visual assessment
 - Self-certification of the person receiving assistance
- Projects should engage households, make an initial assessment of needs and confirm homelessness and unsheltered status. During outreach, if projects determine that an individual does not meet or no longer meets the definition of unsheltered homelessness, the projects should still connect any literally homeless person needing assistance to Durham's Coordinated Entry System to access needed services, but not enroll them for expanded services in the street outreach project.
- Projects may only turn away unsheltered households from project entry for the following reasons:
 - The individual does not meet the unsheltered homeless definition
 - The safety of staff is an imminent risk
- Street outreach projects must work to link clients to permanent housing projects dedicated for occupancy by formerly homeless persons, such as rapid rehousing and permanent supportive housing.

CASE MANAGEMENT SERVICES

STANDARD: Street outreach projects shall provide access to case management services by trained staff to any unsheltered individual, matching his/her needs, desires, and preferences.

Benchmarks (Standards for available services)

Interim Street Outreach Program Standards

- Street outreach staff provide regular and consistent case management to project participants based on the household's specific needs and the level at which the participant desires. Case management includes:
 - Building trusting, lasting relationships with unsheltered households.
 - Providing access to basic needs, including identification, health care services, public benefit enrollment, food, clothing, and personal hygiene items.
 - Assessing, planning, coordinating, implementing, and evaluating the services delivered to the participant. Project staff should engage participants in an individualized housing and services plan. Participants do not need to access additional services to be referred to permanent housing projects.
 - Helping participants to create strong support networks and participate in the community as they desire.
 - Encouraging unsheltered households to enter emergency shelter and advocating with local shelters to accept and work with the household. The street outreach project can and should continue to work with an unsheltered household who has entered emergency shelter to serve as an advocate and liaison to additional needed services, including permanent housing.
 - Creating a path for participants to permanent housing, including assisting with assembling personal documentation needed to access housing, through providing rapid rehousing or permanent supportive housing or a connection to another community project that provides these services. Project staff should conduct the VI-SPDAT as quickly as possible and ensure participants' information is added to Durham's By-Name List of people experiencing homelessness.
- Street outreach staff, or other projects connected to the outreach project through a formal or informal relationship, will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.
- Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

TERMINATION

STANDARD: Termination should be limited to only the most severe cases. Projects will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant project termination (24 CFR 576.402). The Durham CoC recommends that projects work with other community service providers to develop a board to hear client grievances.

Benchmarks

- Projects should have a formal, established grievance process in its project policies and procedures for participants who feel the street outreach project wrongly terminated assistance. In general, the project may terminate assistance in accordance with a formal process established by the project that recognizes the rights of individuals and families affected. The project is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the project.
- Projects should only terminate assistance when a participant has presented a consistent safety risk to staff or other clients. If a terminated client presents him/herself for assistance at a later date, projects should review the case to determine if the client can be readmitted to the project.

CLIENT AND PROJECT FILES

STANDARD: Street outreach projects will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and project files should, at a minimum, contain all information and forms required by HUD at 24 CFR 576.500 and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the street outreach project and indirectly by other community service providers. ESG requires:
 - Documentation of unsheltered homeless status (see above for the priority of types of documentation)
 - Determination of ineligibility, if applicable, which shows the reason for this determination
 - Annual income evaluation
 - Project participant records
 - Documentation of using the community's coordinated assessment system
 - Compliance with shelter and housing standards
 - Services and assistance provided
 - Expenditures and match
 - Conflict of interest/code of conduct policies
 - Homeless participation requirement
 - Faith-based activity requirement, if applicable
 - Other Federal requirements, if applicable

Interim Street Outreach Program Standards

- Confidentiality procedures
- All client information should be entered into the HMIS@NCCEH in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, projects must record the date the client enters and exits the project, enter HUD required data elements, and update the client's information as changes occur.
- Projects must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to project staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All projects must have a release of information form for clients to use to indicate consent in sharing information with other parties.
- All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the project participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING

STANDARD: Street outreach projects will conduct ongoing planning and evaluation to ensure projects continue to meet community needs for individuals and families experiencing unsheltered homelessness. Projects will participate in system-wide evaluation processes and will be evaluated on accomplishment of the goals set by the CoC using HUD's System Performance Measures.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by ESG.
- Projects review case files of clients to determine if existing services meet their needs. As appropriate, projects revise goals, objectives, and activities based on their evaluation.
- Projects conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the project as needed to meet the needs of the community.
- Projects regularly review project performance data in HMIS to ensure reliability of data. Projects should review this information, at a minimum, quarterly.