Miami-Dade County Homeless Continuum of Care
Street Outreach Standards of Care

A. PURPOSE OF STANDARDS OF CARE

The purpose of these Street Outreach (SO) Standards of Care is to ensure uniform policies for the provision of housing-focused general and specialized street outreach, engagement and referral to shelters or permanent housing.

To implement these Standards of Care after adoption by the Miami-Dade County Homeless Trust (Homeless Trust) Board, the Homeless Trust Executive Director or their designee will issue a SO Field Manual, which may be amended from time to time.

All SO providers funded by the Homeless Trust and/or by local Entitlement Jurisdictions must comply with these SO Standards of Care and the SO Field Manual. The Miami-Dade County Homeless Continuum of Care (CoC) encourages other funders of SO to also adopt these Standards of Care and SO Field Manual to ensure that all homeless persons receive the same level of SO services regardless of provider or source of financial support.

B. STREET OUTREACH IN GENERAL

1. Street Outreach Goal

The goal of SO is to support people experiencing unsheltered homelessness in achieving permanent, sustainable housing.

SO staff must focus on **all** unsheltered persons, not just those willing to go to shelter or permanent housing.

Housing unsheltered persons is the objective. Teams may use techniques and resources to build trusted relationships and relieve discomfort and risks of living unsheltered, but these efforts must be made with permanent housing as the end goal, rather than simply seeking to alleviate the burdens of living on the streets.

2. Unsheltered Persons

Unsheltered homeless individuals and families mean those 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.

3. Coordinated Entry System (CES)

CES is a CoC-wide process for facilitating access for all resources designated for homeless individuals and families. This system ensures that every homeless individual or family is known by name, provides assistance based on the individual or family's unique needs, and matches them to the most appropriate service strategy or housing intervention. CES is driven by homeless verification and assessment (see Universal Assessment below). Housing placement is governed by the CoC's Order of Priorities found in the CES

Standards of Care. CES ensures the Miami-Dade CoC's limited resources are allocated to achieve the most effective results.

The Coordinated Entry process is linked to SO efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.

SO serves as the CES primary access point and operates throughout the full geographic boundaries. HUD requires third-party verification of homelessness. SO is the primary party that provides homeless verification based on observation. SO is also responsible for conducting assessments (see Universal Assessment below). SO assists unsheltered persons in securing documents needed for housing assistance such as birth certificates, government-issued identification and benefit letters, assist unsheltered persons identify their housing goals, makes shelter and housing program placements and provides transportation following placement.

4. Universal Assessment

All individuals and families served through SO programs must be assessed using a comprehensive, universal assessment tool, currently the Universal Data Elements collected in the entry assessment and Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), in order to make an informed and objective decision regarding the level of need, recommended housing intervention of each family, and streamline eligibility determinations.

5. Homeless Management Information System (HMIS)

HMIS use is critical to documenting episodes of homelessness, Universal Elements and the VI-SPDAT, which are necessary to access CoC shelter, housing and related services. Failure to capture this data results in leaving persons on the street.

In addition to capturing the above, SO staff are required to use the HMIS to record each contact, date, location and outcome of the contact and other relevant information that will assist SO staff to successfully engage and house the unsheltered individual or family.

The Homeless Trust will monitor SO Providers' use of HMIS and accuracy of data entered into HMIS to determine compliance with CoC Standards, Polices and Procedures applicable to HMIS use and the SO Field Manual.

C. STREET OUTREACH ORIENTATION

1. Housing-Focused: The goal of SO is to support people experiencing unsheltered homelessness in achieving permanent, sustainable housing:

    a. Shelter placement does not end a person's homelessness.

    b. Absent active, documented SO housing-focused assessment and planning with each unsheltered person, the CoC's objective for SO and for which SO is held accountable will not be met even if the person is placed in shelter as permanent housing is the end goal.

    c. All SO conversations with unsheltered persons must have a permanent housing focus and not be driven by a motivation to simply place an unsheltered person into a shelter

and off the streets.

2. **Housing First:** The CoC has adopted Housing First principles and practices based on a philosophy that homelessness can be most efficiently ended by providing someone with access to safe, decent and affordable housing without requiring mental health or substance abuse treatment as a prerequisite to accessing housing or a condition of maintaining it as long as basic tenant obligations are met.

   Housing First practice focuses on simplifying the process of accessing housing through streamlining the application process and removing unnecessary documentation or site visits. It also ensures that supportive housing tenants are not subject to conditions of tenancy that exceed the normal conditions under which any leaseholder would be subject, including participation in treatment or other services.

3. **Non-Judgmental Engagement:** Empathy and compassion are necessary for effective engagement. SO workers must be non-judgmental in each encounter with an unsheltered person experiencing homelessness.

4. **Trust:** Trust and rapport are necessary for effective engagement, and often are built over time. Rapport in SO is understood to be creating meaningful relationships between SO staff and unsheltered people. SO staff should build connection based on respect, trust and understanding the point of view, values and priorities of the unsheltered person being engaged. In developing trust and rapport, SO staff must be sensitive to professional boundaries.

5. **Power Imbalance:** SO staff must make efforts to reduce an imbalance of power by presenting as an equal or 'peer-to-peer'. From the point of view of the unsheltered, SO staff have control over resources which are available to the unsheltered and this control can result in a certain degree of power over them. SO staff must be sensitive to this power imbalance in every exchange with an unsheltered person and work to ensure the potential power imbalance does not prevent or stall the effectiveness of the engagement and subsequent services with the unsheltered person.

6. **Choice**: Choice is necessary for effective engagement, planning and action. SO staff must provide meaningful information to unsheltered persons to allow them to identify a course of action that makes the most sense to them, up to and including the type of housing they seek in order to exit homelessness.

7. **Person-Centered and Strength Based Approach**: SO staff must use a person-centered and strength- based approach to engagement and offers of assistance. SO workers must work with the unsheltered person to create a plan to resolve their homelessness based upon the specific needs, concerns, goals and strengths of the unsheltered individual.

   Strength-based person-centered engagement, case management and housing stability support includes strategies to identify and build on an individual's strengths and goals rather than focusing primarily on their problem areas. Staff, in partnership with the unsheltered person, tap into the unsheltered person's motivation and identify their skills and capacities, existing resources, challenges, and the supports they need to meet their short- and long-term goals. This approach also recognizes the importance of drawing from the strengths of an individual's family and community when developing a plan.

   When employed together, participant-centered case management and strength-based approaches aim to reduce stigmatization and marginalization experienced by unsheltered

persons by promoting their self-worth and value, and targeting the spectrum of challenges causing conflict in their lives rather than focusing exclusively on individual problems.

8. **Trauma-Informed:** Trauma and its impacts are widespread within the unsheltered homeless population. SO staff must employ a trauma-informed approach to all encounters and their efforts to support the unsheltered person in developing a plan to resolve their homelessness.

   Trauma-Informed service provision takes into account knowledge about trauma — its impact, interpersonal dynamic, and paths to recovery — and incorporates this knowledge into all aspects of service delivery:

   • Integrates an understanding of trauma, substance abuse and mental illness throughout the program.
   • Reviews service policies and procedures to ensure prevention of retraumatization.
   • Involves consumers in designing/evaluating services.
   • Sees trauma as a defining and organizing experience that can shape survivors' sense of self and others.
   • Creates a collaborative relationship between providers and consumers, and place priority on consumer safety, choice and control.
   • Focuses on empowerment and emphasize strengths.

9. **Traumatic Brain Injury:** Traumatic brain injury is frequently found within the homeless population. SO staff must communicate with individuals in ways that use plain language, are clear and concise, and which appropriately articulate housing options and steps that could be taken to resolve their homelessness. SO staff may need to change their approach to engagement and planning when working with unsheltered persons exhibiting behaviors associated with traumatic brain injury. See *Traumatic Brain Injury in Homeless and Marginally Housed Individuals: A Systematic Review and Meta-analysis*, *Stubbs et al*, The Lancet, Public Health Journal, published online December 2, 2019 https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30188-4/fulltext

10. **Cognitive Abilities and Communication Strategies**: Individuals served through SO will have a broad range of cognitive abilities for a variety of reasons, from. SO staff must employ diverse engagement and communication strategies to be responsive to the broad range of cognitive abilities found within among unsheltered persons, including those who have experienced developmental delays, traumatic brain injury or trauma.

11. **Mental Health Recovery:** A mental health recovery mindset must be practiced by SO staff. In particular, SO staff must act to reduce stigma associated with mental illness and strive to connect individuals to appropriate mental health and community supports.

12. **Harm Reduction:** Harm reduction practices must be supported by SO staff to help address risks and potential harms related to use of alcohol and other drugs and/or participation in sex work by unsheltered persons. When an outreach staff is prevented from distributing harm reduction supplies (e.g., condoms, clean needles, etc.) by their employer, they must be knowledgeable of where and how to access harm reduction supplies, and must share this information with unsheltered persons as appropriate. All SO staff must be able to educate unsheltered person(s) on practices and strategies to reduce harm that do not require access to harm reduction supplies.

13. **Progressive Engagement and Empowerment:** Progressive engagement customizes

the level of support for an unsheltered individual based upon their assets and strengths. The unsheltered person must be provided ample opportunity to demonstrate what they are capable of doing on their own and empowered to do so.

D. STREET OUTREACH SERVICE DELIVERY

1. Population Focus

a. General Street Outreach

General SO providers must focus on <u>all</u> unsheltered persons in their designated coverage area. General SO may refer a homeless person with support service needs to a specialized outreach team for engagement and assistance.

b. Discharge MOA Outreach and Placement

The Homeless Trust has entered into a Discharge Memorandum of Agreement with discharging institutions such as jails, hospitals, detox centers and mental health crisis centers to prevent discharges into homelessness. Discharge MOA Outreach is dedicated to providing assessment and placement services to persons identified by MOA partners as at risk of homelessness upon discharge.

c. Specialized Street Outreach

Specialized SO provides SO services with case management specifically focused on an unsheltered sub-population, as follows:

- Persons with a mental health condition in which engagement and treatment may be provided prior to shelter or housing placement.
- Persons engaging in substance abuse, particularly persons with Opioid Use Disorder (OUD).
- Persons without lawful status or citizenship.

2. Coverage

a. SO must cover the entirety of Miami-Dade County. Local jurisdictions and/or non-profit organizations may be contracted by the Homeless Trust to cover a designated geographic area or to provide specialized street outreach to unsheltered subpopulations. Coverage assignments will be set forth in the SO Field Manual.

b. Specialized SO are expected to strategically focus their efforts where the greatest need for their specialized services is found at a given time as well as taking referrals from general outreach teams.

c. General and specialized SO Programs may offer services through a walk-in center or office.

d. General and specialized SO should always try to connect eligible populations to existing support systems that target their special needs (i.e. Domestic Violence, Veteran or Youth-Focused CE Access Points).

3. **Hours of Services**

   SO services, including specialized outreach, are to be generally provided from early morning to evening hours Monday through Friday with staff on-call during afterhours and weekends. Outreach programs charged with meeting the unique needs of clients are encouraged to utilize flexible scheduling to allow for improved and intensified engagement in an effort to move clients toward permanent housing. Targeted outreach events with local law enforcement and other partners may also require flexible scheduling.

4. **Families with Children Placement Policy**

   In the event that emergency shelter is not available, a family with children will be placed in a CoC-funded motel or hotel to prevent the family from remaining on the street or in a place not meant for human habitation. SO providers are required to refer families with children to the CoC-funded motel/hotel provider if emergency shelter is not available.

5. **Unsheltered Persons in Crisis**

   a. In the event that the unsheltered person is in crisis and in need of intervention services such as mobile crisis, domestic violence assistance or Department of Children and Families, SO staff must directly contact such intervention service for assistance.

   b. SO staff must follow policies and procedures regarding use of the Baker or the Marchman Act set forth in the SO Field Manual.

6. **Homeless Verification**

   SO serves as the primary CES access point and the primary party that provides homeless verification based on observation. SO staff must comply with policies and procedures governing documentation of homeless verification found in the Trust's Orders of Priorities Policies for Referrals to Permanent Housing.

   Through SO, an unsheltered client who refuses shelter may still obtain written homeless verification and referral for services, including rental assistance, focused on shortening a homeless episode.

7. **Engagement**

   a. SO Providers must develop an Outreach Plan, including use of the most recent PIT Count geo-data to organize their SO efforts.

   b. SO staff must preferably work in groups of two, but should avoid having four or more outreach staff approach an unsheltered person at the same time.

   c. SO staff are expected to use mobile devices in the field to utilize HMIS to enter Universal Data Elements, utilize the VI-SPDAT assessment tool, make referrals, record contacts and the date of engagement, and enter client notes into the HMIS.

   d. SO staff must exit their vehicles to engage with unsheltered persons except in limited circumstances.

   e. SO contacts predominantly occur in the unsheltered persons environment or places

not meant for human habitation. Some exceptions apply such as referrals from institutions for persons being discharged without safe housing.

f. SO staff must verbally identify themselves, the organization they work for, and the intention of their engagement in every encounter with an unsheltered person they have not previously engaged with during SO.

g. During a SO encounter, SO staff must respect an unsheltered person's wish to not engage with the SO staff. The SO provider must not use any punitive measures to individuals who either refuse offers of services, or decide at a later date that they would like to receive services.

h. SO must stay connected to existing unsheltered persons as follows:

i. SO workers should re-contact unsheltered persons who previously declined engagement within 7 days unless the person cannot be located. Whenever possible, follow up outreach attempts should be made by the same staff involved in the last encounter with the unsheltered person if at all possible.

ii. Each week, 75% or more of field SO workers time should be spent contacting, engaging and serving unsheltered individuals/families with at least 50% or more of that time allotted to re-engaging previously encountered persons, preferably already enrolled in HMIS.

iii. Re-engagement activities must be designed and implemented to assist the unsheltered person take steps from being unhoused to housed.

iv. As part of the outreach contact activities with unsheltered persons, SO staff must take any and all actions to ensure that the person is "document ready" to move into housing.

i. Whenever the SO staff are transferring contact with an unsheltered person to another SO staff within the same or different SO provider, all reasonable efforts shall be made to ensure that there is a warm hand-off, which occurs best when all relevant parties, including the unsheltered person, are in the same location and are sharing information transparently.

8. Pre-CTI Assistance Prior to Housing Placement

SO staff must assist unsheltered clients who are waiting for a shelter bed or placement in a permanent housing program with the following:

a. Identify need for and refer the unsheltered person to specialized outreach for case management services, who will assume responsibility for the activities (d) through (i) below.

b. Refer unsheltered persons who are veterans directly to Veteran Affairs for case management and housing assistance.

c. Identify desire for and assist the unsheltered person with relocation/reunification, including referral to relocation financial assistance.

d. Work with unsheltered persons to develop an initial housing plan that sets out their personal housing goal and steps toward achieving that goal.

(Adopted by the Miami-Dade County Homeless Trust Board on 10/13/2023)

e. Assist the unsheltered person to become "document ready" by providing assistance with securing the documents below. To facilitate permanent housing referrals, SO staff must upload the documents into HMIS.
   o Birth certificate
   o Government-issued photo identification
   o Social Security card
   o Disability Verification
   o Proof of benefits or income
   o Proof of custody of minor children in the household
   o Proof of legal status in the U.S. as may be required by certain programs
   o Third party verification or self-certification of homelessness

f. Gather information regarding the status of their benefits, make referral to SOAR for assistance with disability benefits or identify steps to secure other benefits to which they are entitled.

g. Proactively assist the unsheltered person in accessing community-based services or resources.

h. Refer the unsheltered person to job or job readiness programs if able to work.

i. Conduct a warm hand-off with housing program staff following placement.

   i. Warm hand-off is a transfer of care between the SO staff and the CoC shelter or housing provider that occurs with and involving the unsheltered person. A warm-off is best conducted in person but may occur by phone provided the participant is present and able to participate. This transparent handoff of services allows the participant to hear what is said and engages them in communication, giving them the opportunity to clarify or correct information or ask questions about their service options.

   ii. Warm-off must include sharing the unsheltered person's housing plan, status of document collection and any information that would promote their housing success.

9. Transportation

All SO providers, must provide transportation to shelters or housing programs. SO providers must ensure availability of handicap accessible vehicles. Specialized SO teams must transport to appointments needed to facilitate permanent housing, this may include but not limited to appointment needed to obtain or maintain entitlements or identification assistance, and meetings with landlords or property owners/managers.

10. By-Name Case Conferencing

SO staff must participate in BNL Case Conferencing and Housing Matching meetings as necessary to ensure all eligible persons have an opportunity for referrals to housing.

11. Provision of Information and Goods

a. SO teams must provide information regarding shelter and housing options available as well as social and health-related services, shower, mail, storage, and food

assistance available in the community.

b. SO teams may provide hygiene kits, food, clothing, blankets, sleeping bags or other resources as may become available.

12. Responding to Encampments and Building Condemnations

a. When there is planned closure of an encampment within their coverage area, SO providers must provide advanced intensive outreach and referral efforts upon notice of the planned closure as well as during closure. In the event of law enforcement involvement, SO staff are present to assist the homeless individual(s) only and cannot engage in any enforcement activities themselves.

b. At the request of the Homeless Trust, SO Providers must mobilize teams to assist persons in need of temporary housing due to a building condemnation by a local building department.

13. Interface with Law Enforcement

a. Whenever possible, SO providers must assist unsheltered homeless individuals in the event law enforcement engages in activities that force individual(s) to move from where they are staying, whether there is advance notice of the enforcement activity or such activity is witnessed while conducting regularly planned SO activities. Effort must be made by SO staff to make referrals and help the individuals connect to resources in the event of such enforcement activities.

b. SO staff are only present to assist the homeless individual(s) and cannot engage in any enforcement activities themselves.

c. In event that local law enforcement agencies have established their own homeless outreach teams (e.g. City of Miami and City of Miami Beach), the law enforcement agency may request that the SO Providers operating within the agency's jurisdiction participate in the law enforcement agency's outreach and engagement activities. SO staff will participate when operationally available, and/or their participation will not jeopardize the relationship between the SO staff and the unsheltered person.

d. In some circumstances, SO staff may witness behavior or actions on the part of an unsheltered person that triggers a legal mandate to report the incident or information to law enforcement (e.g., human trafficking). SO staff must do so promptly and thoroughly in these instances, in accordance with training on Mandated Reporting.

14. Cold or Inclement Weather

a. Pursuant to the Homeless Trust Cold Weather and Disaster Plan protocol, the Homeless Trust's Emergency Coordinator and the Miami-Dade County Office of Emergency Management will alert the Homeless Trust to impending inclement weather or other emergencies and the Homeless Trust will direct SO providers to suspend their structured engagement activities to focus on notifying unsheltered individuals of the impending weather event or other emergency.

b. In the event of an impending inclement weather situation or other emergency, SO staff must work with unsheltered persons to help them prepare for the event and/or access available emergency resources.

c. SO providers must have emergency/disaster preparedness and response procedures in place order to implement the Trust's Plan.

15. Staff and Client Safety

SO providers must incorporate staff and client safety practices, including de-escalation into their policies and procedures.

16. Engagement and Employment of Persons with Lived Experience

Individuals with lived experience are experts in homeless services. SO providers must:

a. Promote hiring of persons with lived experience to provide SO services.

b. Create opportunities for people who have lived experience of homelessness to provide expert advice and opinions on policy, procedures, and services delivery and, if resources allow, be compensated for their time.

c. Have participant representation on a governing or decision-making body within the organization.

d. Engage participants in ongoing program evaluation, solicit feedback on program services quality, and make improvements based on input.

17. Training

SO providers are responsible for ensuring that all staff participate in training on topics that will help them improve their SO service provision.

Topics must include:

- CoC Coordinated Entry and Equal Access policies and processes, including assessment, by-name lists and referral process.
- HMIS data entry
- Outreach and engagement best practices.
- Housing First techniques to begin planning for successful, sustainable housing from Day 1 utilizing the Pre-CTI model.
- Housing-focused assessment and service planning strategies.
- Client-centered engagement, assessment and assistance
- Trauma Informed Care evidence-based practices to respond to persons who have experienced trauma, including how trauma impacts the brain and body, how post-trauma response impacts behavior and functioning, impact on staff of serving clients with trauma.
- Motivational interviewing; how to identify ambivalence and collaborate toward greater self-efficacy and goal-directedness.
- Harm reduction techniques as applied to unsheltered homelessness.
- Crisis prevention and intervention protocols, including techniques for de-escalating disruptive or violent situations, when to call 911, identifying signs of overdose, responding to overdose, use of Naloxone, locating detox beds, contacting mobile crisis and suicide prevention, contacting victim services, contacting hospital social workers.

- Assertive engagement techniques for working with persons with severe or persistent mental illness or substance use disorder, including identifying/responding to signs of mental illness and addiction.
- Cultural and developmental competence and specific risk factors for transition aged youth (TAY) and young adults experiencing homelessness.
- Recognizing survivors of domestic violence, sexual assault, or human trafficking and how to ensure safety and access to care through DV provider referrals, crisis hotlines, etc.

18. Record-Keeping

SO providers must maintain an HMIS record of contacts and engagement date, client case notes and housing and services planning and other documents as may be required by the Homeless Trust for no less than seven (7) years. Such records must be maintained electronically in the HMIS system.

E. CLIENT PROTECTIONS

1. HMIS Consent and Confidentiality

SO Programs and their staff are responsible for:

a. Ensuring that HMIS Privacy Notice is provided to the unsheltered person and their HMIS Authorization to Release and Exchange Information is signed and uploaded into HMIS prior to entering an engagement date into HMIS, as per the Miami-Dade CoC HMIS Policies and Procedures and HMIS training.

    i. At least 75% of HMIS Authorization to Release and Exchange Information must be written. Under the certain circumstances, consent can be verbal, but must be documented in HMIS and signed by the witness. SO staff must make every effort to secure a signed HMIS Authorization to Release and Exchange Information after receiving verbal consent. Once successfully placed in shelter or a housing program, a HMIS Authorization to Release and Exchange Information must be secured and uploaded into HMIS if not already secured and uploaded by SO staff.

b. Maintaining records of consent to receive service as well as pertaining to the release and sharing of personal information.

c. Ensure that all participant records containing identifying information are kept secure and all information is handled in a manner that protects participant confidentiality.

2. Grievances

a. All providers delivering SO services must have a grievance policy and accompanying procedures for investigating, and when appropriate, take action on grievances.

b. Persons provided SO services must first file a grievance with the SO provider. If unsatisfied with the SO provider's response to the grievance, they may submit the grievance to the Homeless Trust in accordance with the Miami-Dade CoC Grievance Policies and Procedures.

3. Non-Discrimination and Cultural Sensitivity

a. There shall be no discrimination on the basis of race, color, gender, sexual orientation, disability, religion, or national origin. age, race, color, creed, religion, sex, sexual orientation, gender identity, gender expression, handicap, national origin, ancestry, familial status, marital status, pregnancy, veteran status or source of income in the provision of SO services to participants. No religious practice or affiliation requirement shall be imposed upon participants.

b. SO staff must demonstrate sensitivity to participants' primary language and cultural background.