

The State of Missouri Program Standards for ESG-Funded Street Outreach Programs

The State of Missouri developed the following ESG-funded Street Outreach Program standards to ensure:

- Program accountability to individuals and families experiencing homelessness
- Program compliance with HUD and State of Missouri rules
- Program uniformity
- Adequate program staff competence and training, specific to the target population being served

DEFINITIONS:

Street Outreach – A program designed to provide essential services necessary to reach out to unsheltered individuals experiencing homelessness by meeting individuals where they are at both physically and psychologically. Program design includes engaging and developing relationships with unsheltered persons in unconventional settings such as, campsites, public parks, bus/train stations, exit or entrance ramps, abandoned buildings, under bridges, or other places not meant for human habitation. [CFR 576.101, NC - SO Standards](#)

Unsheltered Homeless – For the purposes of Street Outreach; 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. [CFR 576.101, CFR 576.2\(1\)\(i\)](#)

Family - includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family. [24 CFR 5.403](#)

Continuum of Care (CoC) – The Continuum of Care program is designed to: Promote community wide commitment to the goal of ending homelessness; Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; Promote access to and effective utilization of mainstream programs by homeless individuals and families; and Optimize self-sufficiency among individuals and families experiencing homelessness. [24 CFR 578.1](#)

Housing First - an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as, sobriety, treatment, or service participation requirements. Supportive services are offered as part of the crisis response system to connect individuals to permanent housing as quickly as possible. [USICH, Deploying Housing First Systemwide](#)

Homeless Management Information System (HMIS) - the information system designated by the
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Continuum of Care to comply with HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness. [24 CFR 576.2](#)

Coordinated Entry - a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. [HUD - Coordinated Entry Policy Brief](#)

Engagement – for the purposes of Street Outreach; activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. [CFR 576.101\(a\)\(1\)](#)

Mental Health Services - the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or more stabilized circumstances. [CFR 576.101\(4\)\(iii\)](#)

Chronically Homeless – a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. [Fed Reg Vol. 80, No. 233 \(December 4, 2015\)](#)

PERSONNEL

STANDARD: The program shall be adequately staffed by qualified personnel to ensure quality service delivery, effective program management, and the safety of program participants.

CRITERIA:

1. The program provides training to all paid and volunteer staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program.
2. All paid and volunteer service staff participate in ongoing and/or external training and development to further enhance their knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that prevent individuals or families from becoming housed or reaching housing stability.
3. All paid and volunteer staff should be trained in cultural competency and skilled at working with diverse populations.
4. For programs that use HMIS or a Comparable Database, all users must abide by the standard operating procedures found in the HMIS/Comparable Database Policies and Procedures manual provided by the HMIS/Comparable Database vendor. Additionally, users must adhere to the privacy and confidentiality terms set forth in the User Agreement.
5. All staff have a written job description that, at a minimum, addresses the major tasks to

be performed and the qualifications required for the position.

6. Staff should be knowledgeable about mainstream programs and services in the community.
7. The program operates under an affirmative action/civil rights compliance plan or letters of assurance.
8. Agency staff review current cases and individual service plans on a regular and consistent basis to ensure quality/coordinated services.
9. To mitigate risk of infectious diseases, all outreach staff should maintain up to date vaccinations (e.g. influenza, measles, tetanus, etc.) to ensure safety of workers and program participants in outreach interactions. Specifically, testing for tuberculosis transmission (TB) on a regular [annual] basis is encouraged.

CLIENT INTAKE PROCESS

STANDARD: The program will be an active member in the Coordinated Entry system. The program will have minimal entry requirements to ensure the most vulnerable of the population are being served. The program will assist participants in connecting with emergency shelter, housing, or critical services that meets participants' needs in accordance with client intake practices and within ESG guidelines for Street Outreach Programs.

CRITERIA:

1. All Program participants must meet the following program eligibility requirements ([24 CFR 576.2](#), [24 CFR 576.101](#)):
The household must be considered an [unsheltered homeless](#) individual or family, and meet either;
 - a. Category 1 of the homeless definition, Or
 - b. Category 4 of the homeless definition
2. Programs should conduct an initial assessment of needs for each individual, including determination of housing status. Programs should recognize the fluidity of homelessness while evaluating the current, specific situation and needs of an individual and must strive to include all housing barriers in the needs assessment. If program determines that the individual does not meet the unsheltered homeless definition, the individual should not be enrolled within the ESG street outreach program, but be connected to the local Coordinated Entry System to gain access to services. [NC - SO Standards](#)
3. Programs cannot disqualify an individual or family because of criminal history, credit history, sexual orientation/gender, or on the basis of domestic violence history.
4. Where applicable the program will maintain a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants will be offered copies of all Releases of Information that they have signed, and have the right to revoke any Release of Information without penalty.
5. For each individual and family determined ineligible to receive Emergency Solutions Grant (ESG) assistance, the record must include documentation of the reason for that determination. [24 CFR 576.500](#)

PROGRAM OPERATIONS

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STANDARD: The program will engage with unsheltered people experiencing homelessness, build relationships, identify needs, and assist participants in connecting with emergency shelter, housing, or critical services that meets participants' needs.

CRITERIA:

1. Street Outreach programs will strategically engage with unsheltered individuals where they are, meeting them at entrance and exit ramps to roads and highways, in campsites, under bridges, in public parks, living at bus, train stations or in their vehicles, or any other place not meant for human habitation.
2. The program offers essential services to unsheltered homeless people, including but not limited to engagement, case management, emergency health and mental health services, and transportation, in accordance with the ESG [CFR 576.101](#).
3. The program considers the needs of the individual or family experiencing homelessness.
4. The program operates with a Housing First approach.
5. The program has policies and procedures in place for assessing the physical and mental safety of individuals experiencing homelessness during outreach interactions. Staff members should be competent in identifying and responding to risky situations and behaviors appropriately, in example; dangerous weather for unsheltered living, suicidal ideations, substance use/abuse, etc.
6. The program performs activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with housing assistance or social services programs. These engagement activities can include:
 - a. Initial assessment of needs and eligibility
 - b. Providing crisis counseling
 - c. Addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries
 - d. Actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs (i.e. Social Security Disability, Medicaid/Medicare, Food Stamps, TANF)
[CFR 576.101](#)
7. The program provides case management associated with assessing housing and services needs and arranging, coordinating, and monitoring the delivery of those individualized services. Eligible services are as follows:
 - a. Conducting the initial evaluation, including verifying and documenting eligibility
[CFR 576.401\(a\)](#)
 - b. Counseling
 - c. Developing, securing, and coordinating services
 - d. Obtaining Federal, State, and local benefits
 - e. Monitoring and Evaluating program participant progress
 - f. Providing information and referrals to other providers
 - g. Developing an individualized housing and service plan, including a plan for permanent housing stability.

8. The program may provide direct outpatient treatment for emergency health and mental health conditions, by licensed medical professionals, in community-based settings including streets, parks, or other places where unsheltered homeless people are living.
 - a. Eligible treatment, to the extent that other appropriate health services are inaccessible or unavailable within the area, consists of:
 - i. Assessing a program participant's health problems and developing a treatment plan
 - i. Assisting program participants to understand their health needs
 - ii. Providing directly or assisting program participants to obtain appropriate emergency medical treatment
 - iii. Providing medication and follow-up services.
 - iv. Crisis interventions
 - v. Prescription of psychotropic medications,
 - vi. Explanation about the use and management of medications,
 - vii. Combinations of therapeutic approaches to address multiple problems
9. The program may assist participants in obtaining transportation to emergency shelters or other service facilities (public transportation or transportation costs for staff providing participants transportation to service providers).

SERVICE COORDINATION

STANDARD: The program will assist program participants, pursuant to [24 CFR §576.400](#), in attempting to obtain appropriate supportive services and other Federal, State, local, and private assistance available for such individuals as needed and requested by the household. Staff should be knowledgeable about mainstream programs and services in the community.

CRITERIA:

1. Arrangements shall be made as appropriate and available with community agencies and individuals for the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; chemical dependency assessments and treatment; legal services; budgeting and credit repair; and other assistance requested by the participant, which are not provided directly by the program.
2. Other mainstream resources for which, if eligible, a client may be assisted in obtaining, include: Emergency Financial Assistance; domestic violence shelters; local Housing Authorities, public housing, rent subsidies and subsidized housing; temporary labor agencies; childcare resources and public programs that subsidize childcare; consumer credit counseling service agencies; youth development and child welfare; Community Support Programs; WIC; SNAP; Unemployment Insurance; Social Security benefits; Medicaid/Medicare.

TERMINATION

STANDARD: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

CRITERIA:

1. The program should establish a formal process for terminating assistance that recognizes the rights of the individual or participant and allows an opportunity for the program participant to present written or oral objections to the termination decision. This process should include the program's responsibility of providing documentation that all extenuating circumstances were considered and significant efforts were made for continuation of the client in the program. [NC - SO Standards](#)
2. The program should establish a standard process for ensuring that the client has been provided with referrals and connections to other resources for assistance, in the case of termination.
3. Termination under this section does not bar the program from providing further assistance at a later date to the same individual or family.

FOLLOW-UP SERVICES

STANDARD: The program shall attempt to provide a continuity of services as necessary to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals.

CRITERIA:

1. The program should establish a procedure, with set time frames, to follow up with the participant to facilitate continued housing stability and connection with community resources, as desired.
2. It is recommended that a program attempt to follow up with phone or written contact at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources in order to prevent future episodes of housing instability.

CLIENT FILES

STANDARD: The documentation necessary for the effective delivery and tracking of service will be kept up to date and the confidentiality of program participants will be maintained.

CRITERIA:

1. The file maintained on each participant must, at a minimum, include information required by HUD and the funder, eligibility documentation, housing stabilization plans, and case notes.
2. Eligibility Documentation must be in accordance with HUD's prioritization standards for documenting homelessness status. [24 CFR 576.500\(b\)](#)
 - a. Evidence of homelessness (in order of priority):
 - i. Third party documentation, OR
 - ii. Case Worker written observation, OR
 - iii. Certification form signed by the person seeking assistance
3. Client information must be entered into HMIS or a Comparable Database in accordance with the data quality, timeliness and additional requirements found in the HMIS/Comparable Database Policies and Procedures manual provided by the vendor.

4. The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law.
5. All records pertaining to ESG funds must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by digital scanning, photocopying, or similar methods may be substituted for the original records. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING:

STANDARD: Ongoing program planning and evaluation will be conducted.

CRITERIA:

1. The program has written goals and objectives for its services to meet the outcomes required by HUD, the local Continuum of Care, and the funder.
2. The program reviews the case management, housing, and follow-up needs of program participants and the existing services that are available to meet these needs. As appropriate, revisions to goals, objectives and activities are made based on program evaluation and HMIS data.
3. The program exhibits due regard for participant privacy in conducting and reporting its evaluation.

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