



MO-604
Street Outreach



Policies and Procedures
Approved 2/10/2022



Table of Contents

Values	3
Brief Description	4
Coordinated Outreach, Resources, and Engagement (C.O.R.E.)	4
Location of Services	4
Outreach Hours	4
Outreach Meeting Standards and Structure	5
Mandated Reporting	5
Direct Services Provided	6
Basic Needs	7
Housing Assistance	7
Case Management	7
Behavioral Health	7
Physical Health	8
Indirect Services	8
Trainings	8
Safety Guidelines	10
Assessment and Engagement	10
Screening	10
Client Engagement Procedures	10
Protocols for Interaction	11
Informed Consent & Release of Information for Shared Data	12
Intake/Entry	12
Outreach Contacts	12
For HMIS Users:	12
Appendix A: Client Safety Plan	13
Appendix B: Safety Tips for Outreach Team Members	15
Appendix C: Critical Incident Reporting Form	16
Appendix D: Consent to Participate	17

Values

Respect and Dignity

Outreach workers/volunteers that are part of MO-604 are dedicated to serving all individuals with dignity and respect. Outreach workers/volunteers recognize the dignity and worth of the individuals being served and utilize a person-centered framework in all interactions. Individuals are entitled to their right to self-determination and are held to be the expert in their own lives. The role of Outreach workers/volunteers is to assist individuals in identifying their personal needs and to provide the means of reaching their goals. Outreach workers/volunteers use an open-minded approach and are non-judgmental of the individuals they serve.

Consistency

Outreach workers/volunteers understand the importance of human relationships. To build successful helping relationships, outreach must be consistent. Outreach utilizes the following three components to build consistent relationships: commitment, trust, and follow-up.

Integrity

Outreach workers/volunteers practice integrity while working with individuals, other outreach workers/volunteers, and partner agencies. Workers/volunteers are dependable and can be trusted to follow through.

Empathy

Outreach workers/volunteers continually show empathy to individuals being served, other outreach workers/volunteers, and themselves. They use active listening to engage in meaningful ways. Outreach requires patience and understanding.

Competence

Outreach workers/volunteers consistently show competency in their practice. They are confident in their skills to serve individuals to the best of their abilities. Outreach workers/volunteers are skillful and show resourcefulness. They can problem-solve client situations and have an understanding of how to address needs. Outreach workers/volunteers are dedicated to learning and will continue to participate in as-needed training.

Ethics

Outreach workers/volunteers often serve the most vulnerable individuals. Due to the nature of the work, they must use high ethical standards to maintain safety and minimize harm for all. Outreach requires maintaining the **confidentiality** of all individuals served. Outreach workers/volunteers understand the traumatic impact that experiencing homelessness has on individuals. Outreach workers/volunteers will, under no circumstance, use individuals for personal gain. This will include any form of **exploitation**: monetary obtainment, status achievement, asset manipulation, or any other form of possible means of personal enrichment. Additionally, outreach workers/volunteers will maintain professional **boundaries**.

Trauma-Informed

Outreach workers/volunteers engage individuals through a trauma-informed approach. They understand the impact of trauma and how prevalent it is in this community. They show compassion towards individuals and are considerate of their own behaviors while in the field. Additionally, they use active listening when engaging individuals to be trauma-informed.

Brief Description

Goal: Individuals that conduct outreach, work in collaboration with the MO-604 Continuum of Care to find and assist individuals who are unsheltered (have a primary residence that is a public or private place not meant for human habitation). Outreach connects individuals to emergency shelter, housing, and long-term services as well as mainstream resources. Outreach continues until individuals are connected to shelter/housing and no longer living in a place not meant for human habitation.

Effective outreach reaches people who might not otherwise seek assistance or come to the attention of the homelessness service system and ensures that people's basic needs are met while supporting them along pathways toward housing stability.

Objective: Individuals that conduct outreach are dedicated to being inclusive of community agency providers and natural helpers to meet the common goal of ending homelessness. They value input from all parties that play an integral role in the mission of ending homelessness. They recognize the need for housing-focused outreach efforts as well as immediate, harm reduction outreach. Both housing-focused and immediate need approaches to outreach are vital and may be intermeshed together.

Type I: Immediate Needs

- Outreach workers/volunteers assist individuals with accessing food, clothing, and other material resources to reduce the immediate risk of harm and meet basic needs. They can also connect individuals to supportive services and provide additional referrals **and/or:**

Type II: Housing Focused

- Outreach workers/volunteers assist unsheltered individuals in accessing shelter, appropriate housing, and/or supportive services.

Coordinated Outreach, Resources, and Engagement (C.O.R.E.)

Coordinated Outreach, Resources, and Engagement (C.O.R.E.) was established with the goal of coordinating outreach efforts and bridging our most vulnerable households to services, including housing opportunities, medical and behavioral health services, etc. C.O.R.E. is a platform for bringing together Outreach workers/volunteers from various organizations and groups to best serve the street homeless population in a collaborative manner. C.O.R.E. is led by representatives from the Coordinated Entry Governance Committee and acts as the liaison between community outreach workers/volunteers and the larger Continuum of Care.

Location of Services

Outreach provides services throughout the MO-604 Continuum of Care covering Jackson County, Missouri, and Wyandotte County, Kansas. Outreach is conducted at various community locations with the highest level of need being with the unsheltered population, including but not limited to:

-Bridges, riverbeds, encampments, vehicles, truck stops, public library branches, free meal sites, parks/trails, abandoned buildings, and others.

Outreach Hours

Outreach happens at varying times, every day of the week. Coordination of these services are discussed and prioritized at the C.O.R.E. meetings to ensure all geographic areas are being served.

Some Outreach workers/volunteers could be limited in their flexibility to respond to immediate outreach needs due to other responsibilities at their respective agencies. Their ability to assist outside of designated outreach shifts is at the discretion of their management based on their current workload and restricted by business hours.

Outreach Meeting Standards and Structure

All outreach workers/volunteers have an ethical obligation to maintain professional decorum throughout interactions with community partners, natural helpers, and individuals served. The following standards have been established to meet best practices.

Meeting Structure

C.O.R.E. meetings occur bi-weekly, with Project Outreach Connect following on subsequent weeks. Because of the nature of outreach, times and days are subject to change to meet needs of all parties.

Participating in C.O.R.E. means attending meetings, as well as conducting outreach. C.O.R.E. conducts outreach following scheduled meetings, as well as during Project Outreach Connect events. Participation at these events is strongly encouraged, especially for official CoC partner agencies. Times for these events vary to best meet the needs of the individuals being served and the participants involved. Project Outreach Connect is scheduled for eight-hour days, with flexibility for however much time participants have to offer.

Meeting Standards

1. C.O.R.E. participants are expected to be punctual to meetings and respectful of others' time. Attendance is taken at each meeting.
2. C.O.R.E. participants are always encouraged to attend meetings in person, with the idea that outreach will happen post meetings. However, a Zoom link will be provided to those that cannot attend in person. For those individuals that attend via Zoom, please be prepared to have your cameras on, and to be actively engaged in meetings.
3. C.O.R.E. participants are expected to maintain professionalism and be respectful of others.
4. In-person: Participants are expected to maintain professionalism in-person and be respectful of the space that is being offered for meeting use. Any participant causing disruption to the meeting will be asked to leave.
 - a. For Zoom: Participants should maintain professionalism throughout the use of the digital platform. Any participant may be muted by the facilitator if respect is not maintained.
5. C.O.R.E. is dedicated to maintaining the confidentiality and privacy of all individuals being served. Discussions involving personally identifying information will be kept confidential. Information will only be shared with outside CoC staff members for the purpose of collaboration of care. Confidentiality does not apply to [mandated reporting](#).
6. Additionally, C.O.R.E. participants should take turns speaking and provide space for collaboration between agencies.
7. Due to time constraints, agenda items need to be sent to C.O.R.E. leadership prior to the meeting. Participants are still encouraged to bring names of individuals they are searching for.
8. Participants will use person-centered language and speak about individuals with respect.

Mandated Reporting

Outreach is conducted as a collaborative, multi-agency/helping entity effort. As such, minimal ethical expectations have been outlined and agreed upon by all participants, found in [Ethics](#) under the section titled [Values](#). That section is meant to provide common language around ethical practice, but cannot be

used as a comprehensive code of ethics. We recognize that every individual conducting outreach comes from different personal and professional backgrounds, each with different standards of practice. With this in mind, it is expected that each participant adhere to their respective agency or group's code of ethics and policies regarding mandated reporting or situations requiring the breaking of confidentiality. Further, it is also expected that each outreach participant adheres to the code of ethics and policies regarding mandated reporting respective to the licensing or regulatory body of their discipline. Outreach is not conducted under one service agency, and participation in outreach activities is completely voluntary. Each participant in outreach meetings and activities should be mindful that mandated reporters such as Social Workers, Professional Counselors, and Medical Providers, as well as others, may be present and will be required by their disciplines' Code of Ethics to break confidentiality in the following situations:

1. Any case in which there is reason to believe that a child (under 18), a disabled person, or an elderly person is being abused or neglected;
2. Any case in which a person discloses or indicates an intent to cause harm to themselves;
3. Any case in which a person discloses or indicates an intent to cause harm to another person. In such a case, a mandated reporter has a duty to warn the intended target as well as the proper authorities.

Service providers that are mandated reporters must inform those they serve of their obligations and the cases wherein breaking confidentiality will be required. All outreach participants should keep in mind that mandated reporters may be required to take action based on information they receive at outreach meetings and events. C.O.R.E., the Greater Kansas City Coalition to End Homelessness, or other agencies that may be represented at outreach meetings and events cannot provide legal protection and will not assume legal responsibility for the way that any individual participant responds to situations of ethical ambiguity or mandated reporting. By participating in outreach., each individual assumes responsibility for their professional obligations and agrees to adhere to their respective agency and discipline's policies and guidelines on these matters. For reference, a copy of the NASW Code of Ethics can be found here: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Direct Services Provided

Outreach services link individuals with basic needs, services, and housing options, maintaining flexibility, in order to respond to the unique needs of individuals experiencing homelessness. Outreach services consist of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants for supportive housing.

Component activities and services consist of:

Type I: Addressing Urgent Needs

- Providing meals, blankets, clothes, toiletries, or extreme weather gear
- Actively connecting individuals with resources that can provide initial assessment, medical services, crisis counseling, and other support services

Type II: Housing Focused

- Connecting individuals with information and referrals to shelters
- Publicizing the availability of the housing and/or programs provided within the geographic area covered by the Continuum of Care.

Outreach workers/volunteers provide, either directly or through referral, an array of services that meet basic needs and help integrate/re-integrate clients into the community. All outreach participants will respect the dignity and worth of individuals by acknowledging their self-determination. Additionally, participants should avoid imposing judgements or pushing particular agendas. Instead, outreach workers/volunteers should offer support for client-set goals, wherever clients may be in their journey toward housing.

Services may include:

Basic Needs

Outreach workers/volunteers can provide items to meet individuals' basic needs. Some of these items may include:

- Hygiene products (toothbrushes, socks, soap, etc.)
- Small snacks and water
- Extreme weather gear:
 - Blankets, cold weather clothing, hats, gloves, coats, sunscreen, bug spray, hand warmers
- Condoms, Safer Injection Supplies, health information
- Shelter resources
- Immediate medical care

Housing Assistance

Progressive engagement is utilized to provide all individuals with resources/referrals to available housing options they may qualify for, both in and out of the CoC, based on their specific needs. Progressive engagement means outreach workers/volunteers make all efforts to facilitate and assist in making connections to providers throughout the housing process.

Case Management

Outreach workers/volunteers are versed in providing case management services to all encountered individuals. Case management is defined differently throughout community partner agencies. Case management can include the following services but are not exhaustive to this list:

- Housing First case management
- Housing Referrals
- Benefits enrollment (Food stamps, Medicaid, mainstream resources, connection to SOAR, etc.)
- ID/Birth Certificate assistance
- Health referrals
- Treatment referrals
- Employment referrals
- Transportation to appointments
- Family Reunification
- Crisis Intervention
- Advocacy (hospitals, community, law enforcement, etc.)

Behavioral Health

Outreach workers/volunteers come from various places of education, experience, and training. During outreach, individuals in crisis are often encountered. Not all who conduct outreach are clinicians, therefore it is critical to be supported by behavioral health professionals at all times. Individual situations are assessed for crisis lethality, including suicidal and homicidal risk. The client safety plan is designed to be used when encountering individuals who appear to be showing signs of distress. The plan addresses warning signs for an impending crisis, coping strategies, identifying helping professionals or agencies that can assist, and locations for medical help. Additionally, The Suicide Prevention Hotline number is located on the plan. Behavioral health response depends on the perceived severity of the crisis:

1. Assess for safety and try to resolve the crisis on site

2. Complete appropriate documentation
3. Complete Outreach Safety Plan with individuals if appropriate. See attached Appendix A: Client Safety Plan
4. If **absolutely necessary**, call 9-1-1 and request a Crisis Intervention Trained (CIT) Officer. Outreach workers should request CIT officers to accompany individuals to crisis resources. This step should only be utilized as a last resort to avoid traumatizing or re-traumatizing individuals.

Physical Health

Outreach workers/volunteers work in partnership with many community health centers and mobile medical teams to ensure that individuals with an identified physical or behavioral health need are connected to appropriate services. Documentation of homeless status is provided, as needed, to clinic staff.

Indirect Services

Beyond the outputs above, Street Outreach workers/volunteers often are the only people that individuals in crisis turn to when an emergency or need arises. Street Outreach provides trust and safety to those on the streets by being consistent, reliable, and familiar faces in individuals' lives. They leverage support and provide referrals to behavioral and physical health services, as well as community relations.

Trainings

To maintain the integrity of Street Outreach within the MO-604 Continuum of Care, it is recommended that all outreach workers/volunteers complete a set of standardized training. These trainings may also be in conjunction with individual agency training standards or may be in addition. Trainings may be conducted or organized through C.O.R.E. leadership or appointed CoC members.

The purpose of Entry Point training is to ensure that all outreach participants and program management staff understand and implement Coordinated Entry policies & procedures. Utilizing evidence-based practices for outreach within the CoC most ethically, effectively, and efficiently serves our clients who are experiencing or at-risk of homelessness.

The following is recommended training for maintaining outreach integrity: Entry Point Training, Outreach Specific Basic Training, Skill Specific Training, and Cultural Competency Training. The matrix below outlines the expectations for each, when they need to be completed, and approximately how long each training will take to complete. Most training will be available in the online learning management system (LMS), however, some may be required in person.

Training Matrix

Training	Subject
Entry Point Training	
EP Basic Training	This training includes an overview of our Coordinated Entry System, including the structure and process, value and framework, and best practices. Overview of the VISPDAT and the basics about DV.
EP Basic Training Part 2	This course covers how to complete each stage of the Entry Point Phased Assessment including the VISPDAT
EP Basic Training Part 3	Basics about DV, how to recognize survivors of domestic violence, sexual assault, and trafficking. How to make plans and take steps to ensure safety, healing, and access to care.

Additional Trainings

Outreach and Engagement Best Practices and Skill Share	This training covers effective frameworks and strategies for conducting outreach to people experiencing homelessness and to community stakeholders. It provides opportunities for seasoned outreach practitioners to share resources and best practices.
Trauma-Informed Care	This training will focus on utilizing research and evidence-based practices to set up environments that are sensitive to, and safe for those who have experienced trauma. Participants will develop an understanding of what trauma is, its impact, how it can manifest, and steps to mitigate harm in one's own practices.
Mental Health First Aid	This training will coincide with the Trauma-Informed Care training by providing additional knowledge about supporting individuals with behavioral health needs. Mental Health First Aid will encompass an overview of diagnoses, symptoms, and intervention techniques.
First Aid Basics	This training will focus on potential life-saving interventions such as CPR, First Aid, wound care, blood borne pathogens, and a COVID-19 protocol refresher.
Harm Reduction Philosophy and Application	This training will be an introduction to Harm Reduction. The course will cover a general overview, examples of use, how to use it, and the philosophy behind it.

Skill Specific

Housing First Framework	This training explores the basic principles of Housing First, how it works, and how we apply it to house clients with the greatest vulnerability and most complex needs.
Motivational Interviewing	This is an introduction to the clinical skill of motivational interviewing, its values, and how to use the skills to identify ambivalence in a client and collaborate toward greater client self-efficacy and goal-directedness.
Naloxone Administration	This training will give an overview of Naloxone, its uses, and how to administer it.

Cultural Competency	
Cultural and Developmental Competence	This training will be an introduction to cultural competency, cultural humility, and best practices when working with diverse individuals. Participants will be able to identify personal biases and ways to address them. The training will also include an overview of privilege, the impact of marginalization, micro-aggressions, and steps to becoming more culturally humble.
Creating Safe & Respectful Space for the LGBTQIA2S+ Community	This training will be an introduction to the LGBTQIA2S+ community. Individuals will learn terminology, a brief history of the oppression of this community, and effective ways to be allies. This training will also include a review of available community resources.

Safety Guidelines

Maintaining safety during outreach is imperative. Individuals participating in outreach are expected to evaluate each situation for safety. Street outreach to homeless camps should always be with at least one other person. The CoC has established safety protocols for conducting outreach in order to ensure the safety of both outreach participants and clients. See attached Appendix B: Safety Protocols.

Assessment and Engagement

Outreach is the process of connecting individuals who do not access traditional services. Effective Outreach utilizes strategies aimed at engaging individuals into a needed array of services. Services include identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach workers/volunteers build trust with unsheltered people and assess their immediate health and safety needs. Outreach results in increased access to and utilization of community services by individuals who are homeless.

Screening

The CoC recognizes that each individual situation is different, and that screening cannot always be uniform. Initial screening is meant to be informal with the goal of collecting demographic information, identifying needs, and building rapport. Individual agencies may also have their own standard initial screening procedures. Additionally, Outreach workers/volunteers that are trained assessors use the community Common Assessment Tool (CAT). The tool helps triage, explore divertible opportunities, as well as assess for CoC housing programs.

Client Engagement Procedures

1. Always treat others with dignity and respect.
2. Ask permission to enter space, to offer services, to offer food, water, coffee, etc.
3. Make yourself known before entering space, especially entering under a bridge, at an encampment, abandoned building, etc.
4. Use a safe, supportive stance when approaching or standing near someone: leg-length away and turned on an angle.
5. Always maintain an escape route for yourself and others. Do not block entrances or exits.
6. Avoid touching anyone without their permission, or at all if they are upset.
7. Learn and use effective verbal de-escalation techniques.
8. Always maintain an eye-sight line with coworkers or other community partners.
9. Utilize non-verbal strategies for communication

10. If someone is agitated, angry, or erratic, get help right away to intervene (another outreach worker, mental health crisis team, etc.)
11. Avoid power struggles when giving directives or setting limits.
12. Be attuned to post-trauma triggers that may impact a client's behavior under stress.
13. Maintain solid and consistent professional boundaries.
14. Respect clients and client choice. If a person refuses services, do not push services on them. Continue checking in over time.

Outreach workers/volunteers interact with many different stakeholders, receiving calls from concerned citizens, other community organizations, hospitals, police stations, and each other. The following outreach standards were developed to ensure operational efficiency, equitability, and to smoothly serve all experiencing homelessness in Jackson and Wyandotte Counties.

Protocols for Interaction

With Other Outreach Staff:

1. Develop relationships with each other (attend outreach meetings, retreats, working groups).
2. Response time is dependent on urgency/priority (Fleeing DV, needing assistance to ensure a referral is on time).
3. Respond and acknowledge each other in a timely manner. When communicating, be clear on if the need is critical.

With Other Community Organizations:

1. Triage over the phone to determine if the need is critical
2. Check to see if service is available to ensure transparency with other organizations.
3. Be ready with other resources

With Hospital Calls

1. Attempt Diversion and/or triage over the phone. i.e., problem-solving about a place to stay (maybe with friends/ relatives) to avoid the individual from going on the street at all.
2. Get in contact with the individual within 24 hours of the call.
3. Set up a safety plan with the individual.
4. Follow-up and continue the outreach process.

Informed Consent & Release of Information for Shared Data

Client Information is entered into the local Homeless Management Information System (HMIS). HMIS is used by all CoC service-providing agencies in the metro area, which allows client information to be shared for the purpose of improving service delivery to clients. Signed Releases of Information (ROI) are valid for one year from the date signed unless the client chooses to revoke sooner. Client Personally Identifiable Information (PII) can be omitted, if requested.

Intake/Entry

For outreach programs, clients are entered into the HMIS/Show the Way Street Outreach project on the date of first contact with the client. The project entry date indicates a client is now being assisted by the project, and serves as ongoing documentation of their homelessness, outside the shelter system. This information is regularly monitored/updated to ensure the best possible accuracy of data. Clients maintain an open enrollment for an outreach project as long as they remain engaged, and until a permanent exit from homelessness is obtained.

Outreach Interactions

Outreach workers keep record of their engagements with individuals experiencing homelessness using the mobile HMIS system called Show the Way (STW). Information is collected on all individuals through project entry, exit, and throughout the duration. The date and location of each interaction with a client is recorded and tracked through STW. An interaction is defined as a contact between a worker and a client. Interactions may range from a simple verbal conversation between the street outreach worker and the client about their well-being, needs or may be a referral to service(s). Interaction with each client open in the project is attempted monthly, at a minimum.

For HMIS Users:

The data in the Homeless Management Information System (HMIS) and Show the Way (STW) is what informs the Coordinated Entry (CE) team of who is "open" to housing. Because not all of the CE team is on the frontlines with outreach specialists, up-to-date HMIS information is critical for having an efficient CE process and reducing the length of time an individual experiences homelessness. Additionally, having up-to-date Show the Way outreach data, as well as any other HMIS data, is helpful for outreach specialists to be aware of individuals' current living situations and their most recent interaction with an outreach team. Finally, many funding opportunities and current funding sources incorporate data-driven decision-making processes. These funding sources ensure the sustainability of the coordinated outreach teams.

Appendix A: Client Safety Plan

Outreach workers/volunteers will encounter individuals in crisis that are needing a plan of action to maintain safety in themselves, their environment, and community spaces. This form is meant as a tool for participants to effectively safety plan with individuals. However, it should not be used to replace professional intervention if it is necessary. Different agencies may have different protocols for safety planning and should be adhered to on an individual basis.

Please Note: *Safety planning does not necessarily need to be formally written down. It can also take place as a conversation between outreach individuals and persons in crisis. The safety plan should be tailored specifically to the individual’s needs with their input as a guide.*

Step 1: Warning Signs – thoughts, images, mood, situation, or behavior that a crisis may be developing

Warning Signs	

Step 2: Coping Strategies – Things I can do to take my mind off my problems (breathing, physical activity, etc)

Coping Strategies	

Step 3: Social Supports – People and social settings that provide distraction/help me calm down

Social Supports		
Name	Phone #	Relationship

Step 4: Behavioral Health Resources – Professionals or agencies I can contact during a crisis

Behavioral Health Resources	
ReDiscover KC Assessment and Triage Line	(816) 965-1100
Wyandot Center Crisis Line	(913) 788-4200
RSI - 24/7 Mental Health Stabilization & Sobering Unit - 1301 N 47th St, Kansas City, KS 66102	(913) 956-5620
Metro Domestic Violence Hotline	(816) 468-5463
LGBTQIA2S+ Violence Hotline through Kansas City Anti-Violence Project	(816) 701-9984
University Health (previously Truman Behavioral)	(816) 404-5709
National Mental Health Hotline	(888) 279-8188
National Suicide Prevention Hotline	1(800) 273-8255

Step 5: Emergency Medical Services – Where I can go for emergency medical care

Emergency Medical Services	
University Health Center	2301 Holmes Street, Kansas City, MO, 64108
Research Medical Center	2316 E Meyer Blvd, Kansas City, MO 64132
Saint Luke’s Hospital of Kansas City	4401 Wornall Rd, Kansas City, MO 64111
University of Kansas Medical Center	4000 Cambridge St, Kansas City, KS 66160
North Kansas City Hospital	2800 Clay Edwards Dr, North Kansas City, MO 64116

Step 6: Safety Needs – What can I do to make the environment safe:

Safety Needs	

The one thing that is most important to me and worth living for is:

Appendix B: Safety Tips for Outreach Team Members

1. Your supervisor needs to know when you are on outreach.
2. Keep your team lead(s) informed of any unusual developments.
3. Outreach is conducted in two-person teams or more. Outreach should not be done alone.
4. Learn as much about the situation as possible before setting out to do outreach, and avoid dangerous areas.
5. Introduce yourself and inform people of what you are doing and why. Always ask for permission before entering an encampment.
6. Outreach workers/volunteers should be alert and watch the surrounding area for safety.
7. If at all possible, do not carry valuables or other personal possessions such as jewelry, large amounts of money, laptops, etc.
8. Always carry business cards and identification with you.
9. Do not linger with a person who you know is holding illicit drugs.
10. Do not accept or hold any type of controlled substance.
11. Do not accept gifts, food, or buy any merchandise from clients.
12. Do not give or lend money to clients.
13. Do not stand and argue with someone who does not agree with what you are doing.
14. Present to outreach activities as a united front with other workers/volunteers.
15. Maintain confidentiality with all clients you meet.
16. Dress for the weather. Wear comfortable clothes and shoes, and do not overdress. It is ideal to wear athletic shoes or boots; no sandals are to be worn. It is also important to wear pants and shirts with sleeves, whenever possible.
17. Tell clients approximately when you will be back and where you can be reached. Provide clients with a business card and/or Street Sheet.
18. In case of an emergency, call or have another person call 911.
19. It is strongly recommended for every individual conducting outreach to have an active and working phone with them while they are in the field.

Appendix C: Critical Incident Reporting Form

Agency contracted outreach workers are expected to follow its internal procedures for reporting critical incidents. The following form can be used by anyone conducting outreach without a reporting process, or for those wanting to communicate critical incidents to C.O.R.E. The form should be emailed to C.O.R.E. leadership.

Street Outreach Worker/Volunteer: _____

Signature: _____

Date: _____

C.O.R.E. Leadership: _____

Date: _____

<u>Incident:</u>	<u>Date of Incident:</u> _____

<u>Response:</u>

<u>Resolution:</u>

<u>Follow-up (If Applicable):</u>

Appendix D: Consent to Participate

_____ **(Initials)** I have a strong understanding of how the program functions and the activities that I am agreeing to participate in as part of the program.

_____ **(Initials)** I acknowledge that I have read the Street Outreach Procedures and completed the required training (PowerPoint, videos, Coordinated Entry).

_____ **(Initials)** I acknowledge that I have read and understand the Confidentiality Policies laid outlined in the mandatory outreach training.

_____ **(Initials)** I agree to treat all individuals with kindness and respect. I agree to honor their right to self-determination by acknowledging them as the expert in their own life. I will not push my personal beliefs, interests, or agenda onto anyone.

_____ **(Initials)** I agree to adhere to all protocols for the purpose of maintaining the safety of the individual, my team, and myself.

_____ **(Initials)** I have a strong understanding of trauma and will seek to do no harm. I understand the definition of exploitation and will not, for any reason, seek to use an individual for my own personal gain.

_____ **(Initials)** I understand that participation in outreach activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the outreach activities with knowledge of the danger involved and I agree to accept all risks of participation.

Street Outreach Member Signature

Date

Street Outreach Member Printed Name

Date

Street Outreach Individual Emergency Contact Sheet

Emergency Contact Name:	
Phone Number:	
Relationship:	