Housing for Health Partnership System of Care
Housing-Focused Street Outreach Program Manual

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1. Preface

1.1 Purpose of the Housing-Focused Street Outreach Manual

The Housing-Focused Street Outreach (HFSO) manual provides practice-focused guidance for the implementation and operation of HFSO programs within the Santa Cruz County Housing for Health Partnership (H4HP) System of Care ("H4HP System"). It is designed to guide HFSO providers, system leaders, and partners in implementing outreach that is consistent, effective, and aligned with broader efforts to reduce homelessness. This manual has been developed to:

- Establish a shared understanding of high-quality HFSO practices across providers
- Promote clarity and consistency in HFSO service delivery and promote alignment with a housing-focused approach to street outreach services.
- Support staff in day-to-day decision-making aligned with evidence-based approaches to HFSO.
- Strengthen alignment with H4HP System goals, performance expectations, and participant-centered values.

HFSO providers operating within the H4HP System are expected, at a minimum, to meet the program, service delivery, coordination, documentation, and operational expectations outlined throughout this manual. This manual is intended to support consistent implementation of high-quality HFSO practices across the H4HP System while allowing providers flexibility in how services are operationalized within their specific program models and community contexts.

The requirements and expectations outlined in this manual are required only for Housing for Health Partnership (H4HP) System Housing-Focused Street Outreach (HFSO) programs, currently implemented through Outreach Connectors. Other outreach programs serving people experiencing homelessness throughout Santa Cruz County are encouraged to adopt the housing-focused practices, principles, and approaches described throughout this manual where appropriate to their program design, service model, and role within the broader homeless response system.

1.2 Relationship to Systemwide Standards and Other Requirements

This manual should be used in conjunction with the "Housing for Health Partnership System of Care Standards" ("Systemwide Standards"), which establish systemwide minimum requirements and expectations for all programs in the H4HP System. Together, these documents establish a shared framework for delivering HFSO in a coordinated and effective manner.

While the Systemwide Standards define baseline expectations, this manual provides technical guidance on operationalizing those expectations for HFSO programs and support for

providing high-quality outreach services, including recommended approaches, best practices, and special considerations for HFSO.

Because HFSO programs currently operate through Outreach Connector services within the H4HP System, HFSO providers are also expected to follow the *H4HP Connector Expectations,* and the *H4HPP Santa Cruz County Coordinated Entry Policies and Procedures*.

This manual is intended to complement funding regulations, contracts, and H4HP System policies, while supporting high-quality, consistent implementation of HFSO across programs. When expectations or guidance from funders of HFSO services diverge from H4HP policies or this manual, HFSO providers are responsible for determining their approach to compliance and are encouraged to engage the H4HP Division with questions about how funder requirements, H4HP policies, and this manual interact.

1.3 Definition of Housing-Focused Street Outreach

Housing-Focused Street Outreach (HFSO) as defined by the National Alliance to End Homelessness in the Housing-Focused Street Outreach Framework is "an engagement strategy that prioritizes connecting people experiencing unsheltered homelessness to lifesaving, person-centered, and culturally responsive services and resources while actively working towards securing stable and permanent housing solutions."

HFSO differs from outreach models focused solely on crisis response, street medicine, basic needs distribution, or short-term engagement (see section 2.2). While outreach providers may assist participants with immediate survival needs and crisis stabilization, the primary purpose of HFSO is to help people in unsheltered situations move into housing.

2. Introduction

2.1 Programs and Providers Covered

This manual applies to HFSO providers and programs that are part of the Housing for Health Partnership (H4HP) System of Care and are responsible for engaging individuals experiencing unsheltered homelessness and supporting their connection to housing and coordinated entry.

These providers conduct outreach in unsheltered settings, build relationships with individuals living outdoors, and support their movement toward safe and stable housing opportunities.

HFSO providers in the H4HP System may be funded by a variety of funding streams. Some examples of potential outreach funding streams include:

- **Federal Sources:** Youth Homelessness Demonstration Grant (YHDP), HUD Continuum of Care (CoC) funding, Community Development Block Grant (CDBG), and Emergency Solutions Grants (ESG).

- **State Sources:** California Department of Housing and Community Development (HCD) programs such as the Encampment Resolution Funding (ERF), and Medi-Cal funds through the Housing and Homelessness Incentive Program (HHIP).
- **Local Sources:** Programs funded through the County of Santa Cruz or local municipalities that are designated as part of the H4HP System of Care.

The funding landscape for HFSO is dynamic, may include additional funding sources not listed above, and changes frequently. Additionally, the funding source an HFSO program is funded by may be tied to the specific geographic region in which they are providing services.

Each HFSO program is subject to distinct regulatory, eligibility, and reporting requirements related to their unique funding sources. Providers are responsible for understanding and complying with all requirements associated with their specific funding sources.

2.2 Outreach Programs and Providers Not Covered

There are a range of other street outreach activities occurring throughout Santa Cruz County that are not part of the H4HP System and are not subject to the standards and expectations outlined in this manual. These may include outreach efforts focused on basic needs, healthcare, or outreach conducted by community-based, municipal, or volunteer groups.

While these efforts play an important role in supporting people experiencing homelessness, they are not held to the standards described in this manual.

Outreach programs and providers outside of the H4HP System are strongly encouraged to review this manual and align with the housing-focused practices, principles, and approaches described throughout this document where appropriate to their work.

2.2.1 Guidance Specific to Outreach Programs and Providers Not Covered

Outreach providers that are not designated Outreach Connectors are not able to directly enroll participants directly into Coordinated Entry. However, non-Connector outreach providers are encouraged to support participants in connecting to Coordinated Entry by:

- Connecting participants to site-based providers that have Connectors (e.g., shelters); or
- Assisting participants in completing the online Request for Connection Services Housing Form available through 2-1-1 Santa Cruz County.

Outreach providers interested in becoming designated Outreach Connector or who are interested in learning more about Connector participation within the H4HP System may review the Coordinated Entry webpage and may contact the Housing for Health Partnership Division through the main H4HP email contact at HousingforHealth@santacruzcountyca.gov for additional information regarding program requirements and partnership opportunities.

Interested organizations can also view the "Steps for Becoming a H4HP Coordinated Entry Connector" guidance.

2.3 Role of Housing-Focused Street Outreach in the System

Housing-Focused Street Outreach (HFSO) plays a distinct and critical role within the Housing for Health Partnership (H4HP) System of Care. It serves as the primary mechanism for engaging individuals experiencing unsheltered homelessness who are not otherwise connected to coordinated entry services and supports their entry into the Coordinated Entry system and other services..

Outreach is often the first point of contact for individuals living outside. As a result, it carries responsibility not only for engagement and trust-building, but also for ensuring that individuals are connected to coordinated entry, assessed for housing opportunities, and supported in progressing toward housing

Within the broader system, HFSO is responsible for:

- Identifying and engaging individuals experiencing unsheltered homelessness across the community;
- Serving as an access point to coordinated entry, including facilitating assessments and referrals;
- Supporting participants in navigating housing pathways, including housing problem solving and document readiness;
- Supporting unsheltered participants to access shelter when desired; and
- Maintaining ongoing engagement to ensure individuals remain connected to the system until their homelessness is resolved.

Ultimately, the role of HFSO is to ensure that individuals experiencing unsheltered homelessness are not left outside the system of care. By connecting people to coordinated entry, supporting their movement toward housing, and contributing to system coordination, outreach serves as a critical bridge between unsheltered homelessness and housing stability.

3. Core Principles of Housing-Focused Outreach

HFSO programs and providers within the H4HP System are guided by a set of core principles that reflect evidence-based practice, state and federal requirements, and shared system values. These principles inform how services are delivered and support consistent, housing-focused outcomes across providers and funding streams.

3.1 Housing First

As described in section "4.8 Housing First Requirements" of the Systemwide Standards, state-funded homeless programs must operate using a Housing First approach, in accordance with Welfare and Institutions Code (WIC 8255-8257).

Housing First means assisting participants to move into permanent housing as quickly as possible, with minimal program enrollment requirements and no preconditions such as sobriety, treatment participation, or income. Services are designed to support housing stability rather than determine readiness for housing.

The California Interagency Council on Homelessness (Cal-ICH) published a Guide to California's Housing First Law to support programs in implementing the core components and principles of Housing First in compliance with state law.

Programs following this law and guidance have the following characteristics:

- **No preconditions for entry or retention.** The program does not require sobriety, treatment participation, minimum income, or any assessment of "housing readiness" to enroll or remain in the program and does not exit participants solely for drug or alcohol use.
- **Services are offered, not mandated.** Staff actively offer and encourage supportive services, housing-focused planning, and ongoing engagement using evidence-based approaches. While participants are expected to maintain some level of ongoing contact to remain actively enrolled in outreach services, participants are not required to participate in specific services, treatment, or housing options as a condition of engagement.
- **Service plans are participant-driven.** Goals and service plans are set by and with the participant — not predetermined by the program — and reflect individual needs, priorities, and self-identified goals.
- **Housing placement is rapid.** The program prioritizes getting people into permanent housing as quickly as possible, rather than having people wait in interim settings pending compliance milestones.

In addition to Housing First being a statutory requirement for state-funded programs, it is an evidence-based best practice for all HFSO programs and providers. To the greatest extent possible, all HFSO providers within the H4HP System are expected to adopt Housing First principles in program design, service delivery, and staff practice.

3.2 Housing as the Central Outcome

Housing-Focused Street Outreach is oriented to helping people move from unsheltered homelessness to permanent housing as quickly as possible. Engagement and trust-building, meeting basic needs, and connecting participants to shelter and other services are all important areas of work within HFSO, but they are not the end goal.

Outreach staff should introduce housing-focused conversations early and maintain focus on them consistently over time. This does not mean pressuring participants to accept a particular option or moving faster than trust allows. It means that staff maintain a clear orientation toward resolving homelessness and help participants identify realistic steps toward housing, while understanding that each participant progresses at their own pace and the path to housing is rarely a linear journey.

3.3 Accessible and Low-Barrier

Housing-Focused Street Outreach is designed for people who may not be able or willing to access site-based services. HFSO programs should be primarily field-based and designed to meet participants where they are, at times and locations that are accessible to them.

Outreach should remain responsive to participant circumstances. Some participants may engage immediately; others may need repeated contact before they are ready to share information, accept support, or participate in Coordinated Entry. Staff should not treat initial refusal as failure or noncompliance. Instead, they should continue respectful engagement unless a participant clearly indicates that they do not want further contact.

HFSO program should be designed to be low-barrier, without unnecessary preconditions for services. Programs must not deny access to outreach services solely on factors such as:

- Lack of income or employment
- Immigration status
- Criminal background
- Poor or no credit history
- Prior evictions
- Lack of interest in entering shelter

Administrative requirements should be limited during early engagement efforts as needed, while trust is built during initial contacts. Formal enrollment, documentation, and assessment should support the participant's path to housing, not become barriers to initial relationship-building.

3.4 Trust-Based Engagement

Housing-Focused Street Outreach providers are only as strong as the relationships they can build and maintain with people experiencing unsheltered homelessness. Many people living unsheltered have experienced trauma, institutional harm, discrimination, criminalization, stigmatization from the community or repeated disappointment in systems that promised help but could not deliver. Outreach staff should therefore assume that trust must be earned over time through consistent, respectful, and transparent engagement.

Some participants may be actively looking for evidence that a provider, program, or outreach worker cannot be trusted based on prior negative experiences with systems of care. For this

reason, consistent follow-through on commitments, clear communication, and reliability are essential. Even seemingly small, missed commitments or lapses in communication can undermine trust and create unnecessary setbacks in a participant's path toward housing and stability.

Trust is strengthened when staff are reliable, when they explain system limitations clearly, and when participants experience outreach as supportive rather than coercive.

In practice, HFSO staff build trust when they:

- Have honest conversations about what assistance can be offered;
- Avoid overpromising;
- Follow through on commitments;
- Show up on a regular, predictable schedule
- Demonstrate respect and empathy;
- Avoid judgement and assumptions;
- Provide practical assistance as needed (e.g. food, survival aid) as well as working towards housing goals;
- Protect participant's privacy and personal information and ensure they understand and consent to how their information will be shared;
- Remain professional and supportive even when participants express distrust or strong emotions;
- Continue engagement even when progress is slow or nonlinear.

3.5 Participant-Centered

Person-centered engagement requires outreach staff to recognize the dignity, autonomy, and expertise of each participant. Participants should be treated as decision-makers in their own lives, not as passive recipients of services. Staff should listen carefully, avoid judgment or assumptions, and support participants in identifying goals that reflect their priorities.

Staff should avoid making assumptions about a participant's motivation, readiness for housing, substance use, mental health, personal choices, or reasons for declining services. For example, declining shelter, missing appointments, returning to an encampment, or expressing hesitation about housing opportunities should not be viewed as a lack of interest in housing or services. Instead, outreach staff should approach these situations with curiosity, seek to understand the participant's perspective, and explore underlying concerns, past experiences, and barriers.

HFSO providers should tailor service delivery to the priorities, strengths, and needs of each household. While many participants will take similar steps toward housing (coordinated entry assessment, documentation gathering, , applying for benefits and seeking employment. etc.), HFSO providers should offer a creative and individualized approach that aligns with the goals and priorities of each participant.

Providers offering participant-centered, flexible assistance typically demonstrate the following characteristics:

- Housing and service plans are created and updated with participants and reflect their stated goals, not solely program timelines or staff priorities.
- Decisions on what services will be received are informed by household circumstances and regularly revisited rather than set at intake and left unchanged.
- Staff adapt expectations and approaches when participants encounter setbacks without framing those setbacks as failure or noncompliance.
- There is no fixed "service package" that all households must complete or receive; instead, services evolve as housing stability increases.
- Participants can articulate what assistance they are receiving, why, and what the plan is for transitioning off that assistance.

3.6 Coordination and System Integration

Strong HFSO providers rely on active coordination with Coordinated Entry, shelter providers, housing programs, healthcare systems, behavioral health providers, local jurisdictions, law enforcement entities, and community-based organizations to support participant outcomes and maintain clear pathways through the system of care.

Coordination should occur both at the participant level and at the system level. At the participant level, outreach staff are expected to work collaboratively with providers and partners to support participant goals, reduce duplication of services, and ensure that individuals remain connected to housing pathways and other needed resources. This includes maintaining communication across providers, supporting warm handoffs, clarifying roles, and aligning engagement strategies whenever multiple programs are involved with the same participant.

Outreach providers often play a unique role within the homeless response system because they may be the only consistent point of contact with participants experiencing unsheltered homelessness. As a result, outreach staff are frequently a critical source of information regarding a participant's location, current circumstances, engagement status, and changing needs. Effective coordination allows this information to inform housing planning, service coordination, and participant support across systems while respecting participant confidentiality and consent requirements.

At the system level, coordination helps ensure outreach resources are aligned with community needs, informs system planning and decision making and supports providers in working toward shared system goals. System-level coordination may include activities such as participation in multidisciplinary teams (MDTs) which are further described in section 4.6.1, encampment response coordination, coordinated outreach planning across geographic areas, and data sharing and trend analysis.

4. Eligibility and Referrals

Eligibility and referral processes are critical points where HFSO programs and providers set the tone for housing-focused, participant-centered care. Providers are expected to apply eligibility criteria consistently while minimizing barriers, prioritizing engagement, and coordinating closely with system partners to move households quickly toward housing.

4.1 Eligibility Requirements

As described in section "6.2.3 Eligibility and Prioritization" of the Systemwide Standards, households that qualify for HFSO services must be currently experiencing unsheltered homelessness in Santa Cruz County. Eligible participants include people living in places not meant for human habitation, including streets, encampments, cars, RVs without access to utilities, abandoned buildings, parks, sanctioned safe sleeping operations without case management, and other outdoor settings.

Many HFSO programs in Santa Cruz County are designated to serve a particular region. Some HFSO providers may also be dedicated to serving a particular sub-population (e.g., youth). There may be additional eligibility requirements for specific HFSO programs, such as being within a specific region of the County (e.g., North, South, Unincorporated) or being within the sub-population the HFSO program is funded to serve.

4.2 Coordinated Entry Participation

Outreach Connectors provide Housing-Focused Street Outreach while also serving as mobile Coordinated Entry (CE) access points for people experiencing unsheltered homelessness in Santa Cruz County. Connectors are able to directly enroll eligible participants into CE services while conducting field-based outreach in encampments, public spaces, and other community locations.

As part of Coordinated Entry participation, Connectors complete a Housing Needs Assessment (HNA) with participants. The HNA collects information needed to support individualized housing planning, determine eligibility and prioritization for Housing for Health Partnership (H4HP) housing resources, and support development of a Housing Action Plan (HAP) with the participant. The Housing Action Plan is intended to identify participant goals, realistic next steps, housing pathways, and immediate priorities that support movement toward housing and stability.

Connectors are expected to maintain ongoing engagement with participants throughout the Coordinated Entry and housing navigation process, including supporting participants in responding to housing opportunities, maintaining updated information, and working on goals and action steps identified in the HAP.

Additional details regarding CE processes and requirements can be found in section "4.11 Referral, Enrollment, and Coordinated Entry" in the Systemwide Standards, within the H4HPP Santa Cruz County Coordinated Entry Policies, and on the Coordinated Entry webpage.

4.3 Accessibility and Accommodations

Housing-Focused Street Outreach (HFSO) services must be delivered in a way that is accessible to the unsheltered participants being engaged for HFSO services and delivered in ways that reduce barriers to engagement, Coordinated Entry participation, and housing access. HFSO providers should offer reasonable accommodations and modifications for participants with disabilities in accordance with federal and California law.

Accessibility in outreach settings may require flexibility in communication methods, meeting locations, scheduling, transportation support, documentation practices, or engagement approaches. Outreach staff should make reasonable efforts to meet participants at times and in locations that accommodate their needs and are accessible, safe, and comfortable for them and should adapt outreach strategies as needed to support meaningful participant engagement.

Because many participants experiencing unsheltered homelessness do not independently access office-based services or traditional service settings, outreach should focus on proactive engagement in the community. Outreach staff should regularly provide services, information, and Coordinated Entry access in the places where unsheltered participants are living or staying, rather than relying on participants to present at provider offices or other fixed locations.

Outreach providers should integrate accessibility considerations throughout referral, enrollment, service delivery, and housing placement processes. Section "4.3 Reasonable Accommodations and Modifications" in the Systemwide Standards provides more information about reasonable accommodations and modifications.

4.4 Referral Process

Housing-Focused Street Outreach (HFSO) is fundamentally a field-based, relationship-driven intervention. Outreach Connectors are expected to proactively identify, engage, and build trust with people experiencing unsheltered homelessness in encampments, public spaces, vehicles, meal sites, and other community locations where people may be disconnected from traditional services or unlikely to independently access Coordinated Entry.

Outreach should serve as a primary opportunity to engage people who are least likely to seek out services, complete coordinated entry processes on their own, or otherwise access the homeless response system without field-based support. As a result, Outreach Connectors are expected to build and maintain caseloads primarily through direct outreach engagement rather than relying primarily on referrals from 2-1-1.

4.4.1 Referrals from 2-1-1

Some but not all Outreach Connector providers, especially those formally contracted with the County, accept referrals through 2-1-1 when program caseload levels fall below contracted expectations or when otherwise required through County contract requirements. Referrals to

Outreach Connectors through 2-1-1 are intended for people experiencing unsheltered homelessness who may benefit from field-based outreach engagement. Participants are generally referred to the Outreach Connector program that is assigned to the geographic region where they are staying or to the Connector program designated to serve a particular population group, when applicable.

4.4.2 Community Referrals

Referrals to HFSO may also come from law enforcement entities and other community partners. In some cases, referrals from law enforcement or local jurisdictions may occur as part of encampment response or encampment resolution efforts intended to support engagement, safety, and connection to housing and services. Outreach Connectors are responsible for managing their caseload capacity and communicating with referral partners about their capacity to accept additional referrals.

4.4.3 Declining Referrals from 2-1-1

Contracted HFSO providers may receive referrals through 2-1-1 when program caseloads are below contracted levels or when providers have capacity to accept additional participants. HFSO providers are responsible for communicating with 2-1-1 regarding their current referral capacity and should notify 2-1-1 when they are unable to accept additional referrals due to operational considerations, including high-intensity service needs among participants already enrolled on their caseload.

4.5 Participant Outreach and Engagement Expectations

Participant engagement is the foundation of effective Housing-Focused Street Outreach (HFSO). Outreach staff are expected to make persistent, flexible, and trauma-informed efforts to engage people experiencing unsheltered homelessness and support ongoing connection to housing pathways, coordinated entry, and community resources.

Because outreach is relationship-based, engagement may occur over multiple contacts before a participant is ready to formally enroll in services, participate in Coordinated Entry, or pursue housing opportunities. Outreach staff should recognize that trust-building takes time and that participants may move in and out of active engagement over the course of outreach services.

At a minimum, outreach engagement should include:

- Meeting participants in locations that are accessible and comfortable for them
- Maintaining regular and ongoing field-based engagement
- Assessing immediate health, safety, and stabilization needs
- Supporting connection to coordinated entry, shelter, housing pathways, and community resources

- Coordinating with healthcare providers, shelters, behavioral health providers, and other system partners as needed to support the participant.

Initial engagement should prioritize relationship-building, participant safety, clear communication regarding available services, and housing-focused problem-solving. Outreach staff should avoid creating unnecessary barriers to engagement through excessive documentation requirements, rigid engagement expectations, or mandating office-based visits that are difficult for participants to access.

In alignment with *H4HPP Santa Cruz County Coordinated Entry Policies,* section "4.7 Ongoing Participant Engagement," participants should not be disengaged from outreach services solely because they decline shelter, decline housing opportunities, are difficult to locate, or disengage temporarily.

4.6 Coordination with Other Service Providers

HFSO providers are expected to maintain ongoing coordination with shelters, healthcare systems, behavioral health providers, housing programs, local jurisdictions, multidisciplinary teams (MDTs), law enforcement entities, and other outreach providers serving people experiencing homelessness throughout Santa Cruz County.

Coordination may include communication regarding participant engagement, coordinated problem-solving around housing pathways, case conferencing, warm handoffs between providers, encampment response coordination, healthcare and behavioral health partnerships, and collaboration regarding housing opportunities or service connections.

Housing-Focused Street Outreach staff are also expected to coordinate with other street outreach efforts operating throughout the community serving people who are experiencing unsheltered homelessness, including programs that may focus on healthcare, behavioral health, basic needs services, as well as city-based outreach teams. While these programs may operate outside the H4HP System, coordination is important to ensure participants can access the full range of available supports and remain connected to the broader range of community services.

Section "4.12 Housing for Health Partnership System of Care Coordination and Collaboration" of the Systemwide Standards outlines expectations regarding coordination and collaboration. Effective coordination reduces duplication, supports continuity of care, and improves housing outcomes.

4.6.1 Multidisciplinary Teams (MDTs)

Multidisciplinary Teams (MDTs) bring together outreach providers and other community partners to coordinate support for people experiencing unsheltered homelessness who may have complex housing, health, behavioral health, or service needs. MDTs often include

outreach teams, healthcare providers, behavioral health providers, housing programs, , and other organizations working with the same participants.

For outreach providers, MDTs serve as a forum for case conferencing, collaborative problem-solving, and coordinated service planning. By bringing together professionals with different areas of expertise, MDTs allow providers to share information, combine skill sets, coordinate engagement efforts, and develop shared strategies to help participants overcome barriers to housing and stability. MDTs may also support coordination of outreach activities in the field, including joint outreach efforts, encampment engagement strategies, and planning for participants who are difficult to locate or engaged with multiple providers.

5. Housing-Focused Street Outreach Operations

HFSO operations should be designed to move households quickly into permanent housing, provide flexible and time-limited assistance, and support long-term housing stability. Providers are expected to administer assistance in a manner that is responsive, transparent, and aligned with both funding requirements and best practice principles.

5.1 Overview of Housing-Focused Street Outreach Service Delivery

Housing-Focused Street Outreach services are designed to provide flexible, field-based engagement and housing-focused support for people experiencing unsheltered homelessness. Outreach activities may move fluidly between phases depending on participant needs, safety concerns, housing opportunities, and participant choice.

In general, HFSO services follow four phases including:

1. Initial engagement, triage, and crisis response;
2. Coordinated Entry enrollment, assessment and development of a HAP;
3. Ongoing Housing-Focused Street Outreach services and housing problem-solving activities;
   and
4. Program discharge or closure of outreach services.

This manual reflects the current H4HP System model in which Outreach Connectors serve as the primary providers of Housing-Focused Street Outreach services. As a result, some operational expectations described in this section, such as HMIS enrollment in CE and completion of the HNA and HAP, apply specifically to designated Outreach Connectors. Other outreach providers operating outside the Connector model are encouraged to align with these practices where appropriate to their program design and scope of services.

5.2 Initial Engagement, Triage, and Crisis Response

Initial outreach interactions should prioritize relationship-building, participant safety, stabilization, and immediate needs. Outreach staff should approach participants in a

respectful, trauma-informed, and participant-centered manner that supports trust, transparency, and ongoing engagement over time.

Early engagement efforts should focus on introducing the outreach worker's role, explaining available services and limitations of the program, understanding immediate participant concerns and priorities, and building rapport before moving into more formal assessment or enrollment activities. Outreach staff should recognize that participants may require multiple contacts before choosing to engage in services, participate in Coordinated Entry, or pursue housing opportunities.

5.2.1 Addressing Immediate Needs and Safety Concerns

Outreach staff work with people experiencing unsheltered homelessness who are often exposed to the elements and may face heightened risks related to weather exposure, dehydration, violence, untreated medical conditions, behavioral health crises, and other immediate safety concerns. As a result, outreach workers should continually assess for immediate basic needs, health, safety, and stabilization concerns throughout their work with participants.

As soon as trust allows, outreach staff should assess whether participants are experiencing urgent health, behavioral health, or safety concerns that require immediate response or referral. Outreach staff may refer participants to:

- Emergency medical services;
- Behavioral health crisis response;
- Domestic violence services and safety planning;
- Shelter and interim housing resources;
- Food assistance and hygiene resources;
- Transportation support and stabilization resources;
- Substance use treatment referrals; and
- Other community-based resources and supports as appropriate.

Assessment of immediate needs should include not only what participants directly disclose, but also careful observation of participant's wellbeing, appearance, environment, and functioning. Outreach staff should use professional judgment and observational skills to identify potential concerns that may require follow-up, support, or referral, including issues such as visible injuries, untreated medical conditions, severe weather exposure, malnutrition, signs of behavioral health crisis, impaired mobility, cognitive concerns, or other indicators of heightened vulnerability or risk.

Outreach workers should also be equipped with basic needs supplies to support participant safety, health, and ongoing engagement. When available, H4HP provides Outreach Connectors with Makeshift Traveler solar backpacks equipped with a tent, sleeping bag,

hygiene supplies, basic clothing items, weather protection items, and integrated solar panels for charging phones and other small electronic devices.

Contracted Outreach Connectors may also use the participant fund built into their contracts to purchase survival aid, food, or other critical items as needed by participants, but only after official enrollment in Connector Entry or HFSO program.

5.3 Intake and Enrollment

Unsheltered participants who choose to engage in ongoing Housing-Focused Street Outreach services should be enrolled in Coordinated Entry. Some HFSO providers that are part of a specific HFSO program also enroll outreach participants into their designated HMIS outreach project **in addition to** enrolling them in Coordinated Entry. These providers should reference the specific HMIS guidance materials provided to them for further instruction.

Outreach Connectors are able to complete Coordinated Entry enrollments and associated assessment activities in field-based settings.

As part of intake and enrollment activities, Outreach Connectors are expected to:

- Complete HMIS Coordinated Entry enrollment in accordance with HMIS policies and procedures;
- Conduct a Housing Needs Assessment (HNA);
- Develop a Housing Action Plan (HAP)

Connectors may complete these enrollment and assessment activities over multiple meetings as they build trust and engagement with participants over time. These activities should be completed in a flexible, conversational, and participant-centered manner. Additional guidance regarding completion of the Housing Needs Assessment (HNA), Housing Action Plan (HAP), reassessment timelines, prioritization, and participant workflows is available in the *H4HPP Santa Cruz County Coordinated Entry Policies and Procedures Manual*.

All providers should provide consistent information to participants upon entry into the program as described in section "4.4 Informing Materials, Client Consent, and Grievance Procedures" of the Systemwide Standards.

HFSO providers should make materials available in the participant's primary language whenever possible. When written translation is not available, providers should offer interpretation or other supports to ensure the participant understands the program and expectations.

5.4 Ongoing Housing-Focused Street Outreach Services

Following enrollment in HMIS, Housing-Focused Street Outreach providers are expected to provide ongoing housing-focused engagement and service coordination intended to

support participants in resolving homelessness and maintaining connection to housing pathways, community resources, and Coordinated Entry processes.

Ongoing Housing-Focused Street Outreach services should address immediate safety and ultimately move participants toward housing, including:

- Regular housing problem-solving conversations, as further described in the HPS Process Guide;
- Ongoing review and updating of Housing Action Plans;
- Shelter and interim housing referrals;
- Support identifying and pursuing permanent housing opportunities;
- Document readiness and application assistance;
- Assistance accessing income, benefits, healthcare, behavioral health services, and other community resources;
- Transportation assistance and support attending appointments;
- Coordination with healthcare providers, shelters, housing programs, and other systems involved in participant care; and
- Ongoing assessment of participant safety, basic needs, and stabilization concerns.

Ongoing services to unsheltered participants should occur primarily in the field and be guided by participant preference.

Contracted HFSO providers may also utilize housing assistance funds to support participant stabilization, housing problem-solving efforts, document readiness, transportation, move-in assistance, or other housing-focused activities intended to reduce barriers to housing access or stability.

Housing-Focused Street Outreach should remain participant-centered and focused on helping participants identify realistic pathways toward safe and stable housing, including opportunities outside of Coordinated Entry dedicated homeless housing programs whenever possible.

5.5 Frequency of Contact

Outreach staff should maintain regular and ongoing engagement with participants while they remain active in outreach services. Because the situations and needs of people experiencing unsheltered homelessness can change quickly, consistent and frequent contact is important to support participant safety, maintain engagement, respond to changing circumstances, and ensure participants remain connected to housing opportunities and community resources.

Within the current H4HP System, Outreach Connectors are generally expected to maintain at least weekly contact with participants actively enrolled in Connector services, though contact may be more frequent based on participant needs, acuity, housing opportunities, participant preference, and level of engagement.

5.6 Duration of Services

Housing-Focused Street Outreach services are intended to provide ongoing engagement and housing-focused support for participants experiencing unsheltered homelessness while they remain active in Coordinated Entry services, continue working toward housing goals, or otherwise benefit from ongoing outreach engagement and service coordination.

Outreach Connectors are generally able to work with participants for up to six months following completion of a Housing Needs Assessment (HNA), consistent with Santa Cruz County Coordinated Entry Policies. Opportunities for extensions may be considered in consultation with the H4HP Connection Services team when participants remain homeless, progress is expected if services continue, and the household continues to need housing-focused support.

Street outreach participants who are active on the Housing Queue may continue to benefit from ongoing street outreach services while awaiting a housing opportunity, even beyond six months. H4HP encourages providers, when operationally feasible, to maintain street outreach participants who are on the Housing Queue on their caseload to support housing readiness, maintain communication, and respond quickly when housing opportunities become available through the Housing Que.

H4HP recognizes that providers may not always have the capacity to continue services beyond six months with street outreach participants on the Housing Queue. When ongoing engagement is not feasible, providers are encouraged to coordinate a transition to another Outreach Connector within their own agency whenever possible. If another Connector is not available, providers should coordinate with the H4HP Division to determine the most appropriate next steps for maintaining the participant's connection to Coordinated Entry and housing opportunities.

6. Exit Planning and Program Discharge

Exit planning and program discharge are critical components of HFSO practice. Because HFSO is time-limited and intended to bridge participants into housing or other programs, programs must intentionally prepare households for transition from the outset while prioritizing housing stability, transparency, and dignity throughout the process.

6.1 Exit Planning

Because HFSO is a time-limited intervention, exit planning must begin early and be integrated into ongoing services. Providers are expected to communicate clearly and consistently with participants about the temporary nature of HFSO services and the anticipated timeline for program participation.

Exit planning should:

- Be aligned with participant goals
- Begin shortly after enrollment
- Be discussed regularly during case management engagements
- Be adjusted as household circumstances change

Because outreach staff are often the primary or first connection participants experiencing unsheltered homelessness have with the broader Housing for Health Partnership (H4HP) System of Care, strong, coordinated warm handoffs are especially important when participants transition to shelter, housing programs, and other housing stabilization supports. A warm handoff involves active coordination between the outreach provider, participant, and receiving program to ensure the participant understands the transition, is well connected directly to the new provider, and does not experience unnecessary gaps in support.

Outreach staff should also help prepare participants for transitions to new providers and services by clearly explaining what participants should expect, introducing participants to new staff whenever possible, and supporting participants through early stages of engagement with new programs. This may include accompanying participants to shelter intake appointments, attending initial case management meetings jointly with new providers, supporting transportation during move-in or program entry, or otherwise helping participants navigate unfamiliar systems and transitions during critical periods of housing stabilization as they exit HFSO services.

6.2 Reasons and Requirements for Program Discharge/ Exit

HFSO providers are expected to work flexibly and proactively with participants to support progress to housing stability. Program discharge should be conducted thoughtfully, in alignment with Housing First principles, and only after reasonable efforts have been made to engage, support, and problem-solve with the household.

Housing-Focused Street Outreach services may end for the following reasons:

- **Voluntary:**
    - The participant is successfully connected to permanent housing or another appropriate intervention and is no longer experiencing unsheltered homelessness
    - The participant requests to discontinue services
- **Participant is Unavailable:**
    - The participant moves out of Santa Cruz County without the intention to return within 30 days; or
    - The participant cannot be located despite reasonable and documented outreach attempts.
    - The participant has gone into institutional care for longer than 90 days
    - The participant is deceased

- **End of Program:**
    - Participant has reached 6 months of enrollment, and progress is not expected if services continue.
- **Involuntary:**
    - The participant displays behaviors that present a serious safety risk to staff that cannot be addressed through altering the design or approach to services.

Further guidance on participant discharge practices are contained in the *H4HP Systemwide Standards, section* "4.7.2 Program Discharge."

6.2.1 Voluntary Exits

Participants may voluntarily transition from Housing-Focused Street Outreach services when connected to longer-term care management or supportive services programs, Emergency Shelter, Transitional Housing, or Permanent Housing and are no longer living in an unsheltered situation. Within the current H4HP System model, participants who enter shelter are typically transitioned to the Connector or service team based within the shelter program to support continuity of care and ongoing housing-focused services. However, there may be circumstances where the Outreach Connector continues working with a sheltered participant based on participant preference, continuity of relationship, or operational considerations. Participant choice and autonomy should be respected when determining transitions between providers and ongoing service relationships.

6.2.2 Exits Due to no Contact

Because people experiencing unsheltered homelessness may experience fluctuating engagement, changing locations, or periods of crisis, outreach providers should make reasonable and documented efforts to re-engage participants prior to program discharge due to loss of contact. Outreach Connectors are expected to attempt contact with participants at least four times within 30 days of the initial missed contact using available outreach and communication strategies, including visiting the last known physical location of the participant and working with partners to understand if their location or contact information has changed. For further guidance on exits from Connector services, see the *Santa Cruz County Coordinated Entry Policies*.

6.2.3 Involuntary Exits

Involuntary termination should be rare and reserved for serious circumstances, such as violent behavior or significant, unresolved program violations. Before pursuing involuntary termination, providers should make reasonable efforts to resolve concerns, including, when appropriate, exploring whether transferring the participant to a different Connector or staff member may improve engagement or reduce conflict. Recognizing that participant behaviors may be influenced by the dynamics of a particular provider participant relationship, a change in staffing may help preserve services while maintaining participant and staff safety.

When an involuntary exit cannot be avoided, providers must:

- Provide written notice of the proposed termination, when it is safe and possible to do so
- Clearly explain the reasons for discharge and the process for a participant to appeal the decision
- If appealed, follow agency and H4HP policies for processing the appeal, including the Systemwide Standards and "Grievance and Complaint Policy" as appropriate, depending on the circumstances of the involuntary termination and appeal.

Involuntary exits should not occur due to lack of engagement alone, service refusal, or perceived disability. Providers are expected to document efforts to engage and resolve issues prior to termination and coordinate with system partners whenever possible.

7. Staffing Recommendations and Training

Housing-Focused Street Outreach (HFSO) relies on skilled, supported staff who are able to balance field-based engagement, crisis response, housing-focused problem-solving, system navigation, and relationship-based work with people experiencing unsheltered homelessness. Outreach work frequently occurs in complex and unpredictable environments and often involves working with participants experiencing significant health, behavioral health, and safety concerns. Staffing structures, supervision practices, and training approaches should support effective service delivery, staff safety, ethical practice, and long-term sustainability for both staff and providers.

7.1 Recommended Staffing Ratios

Appropriate staffing levels and caseload sizes are important to ensuring meaningful outreach engagement, participant follow-up, housing-focused service delivery, and staff well-being.

Within the current H4HP System model, full-time Connectors are expected to maintain caseloads of approximately 15–20 active participants at a time, though caseload sizes may vary based on participant acuity, geographic coverage, and intensity of participant needs.

Outreach Connectors are encouraged to consider the following before accepting a new referral:

- The complexity and acuity of needs of unsheltered households on the current caseload; and
- Geographic coverage areas and travel demands to meet current households.

Caseloads should be structured to allow outreach staff to maintain at least weekly participant contact, respond to urgent participant needs, and support participants through Coordinated Entry, housing problem-solving, and housing navigation activities in a timely and participant-centered manner.

Providers should regularly assess staff workload and make adjustments to support timely housing placement, meaningful engagement, and staff well-being.

7.2 Staff Hiring and Supervision

Housing-Focused Street Outreach (HFSO) staffing structures, supervision practices, and training approaches should support effective service delivery, staff safety, ethical practice, and long-term sustainability for both staff and organizations. In alignment with this, additional guidance on recruitment, hiring, and supervision of outreach staff is provided in this section.

7.2.1 Recruitment and Hiring

Housing-Focused Street Outreach providers are encouraged to recruit staff who demonstrate strong relationship-building skills, adaptability, professionalism, and the ability to work effectively in field-based and community settings with people experiencing unsheltered homelessness.

Effective recruitment and hiring practices include:

- Intentional recruitment of people with lived experience of homelessness, who can bring that expertise to their work supporting street outreach participants, and recruitment from communities disproportionately represented among those experiencing homelessness, to ensure that program staff reflect the demographics of the population being served.
- Clear and honest job descriptions that describe the pace, complexity, and emotional labor of the work alongside its purpose and impact.
- Values-based interviewing that prioritizes skills such as empathy, adaptability, critical thinking, cultural humility, and ethical judgement.
- Assessment of practical competencies such as ability to work independently and communicate effectively across a wide range of partners and systems.

Processes should avoid overemphasizing credentials over core competencies, while ensuring staff have or could be supported to develop the skills required to operate responsibly within the framework of the position. Organizations should also be clear about what the role is not. This transparency helps ensure that applicants self-select into the process and reduces the risk of mismatched expectations.

7.2.2 Supporting and Supervising HFSO Staff

Effective supervision is an essential component of high-quality Housing-Focused Street Outreach services. Outreach staff routinely work in complex field environments and support participants experiencing crisis, trauma, severe health concerns, behavioral health needs, and significant housing instability. Providers should ensure that outreach staff receive regular supervision, case consultation, and operational support appropriate to the intensity of the work.

Effective supervision for HFSO providers:

- Recognizes secondary traumatic stress and normalizes the recognition of and discussion about the impacts of crisis exposure
- Creates space for reflection, debriefing, and ethical consultation
- Balances accountability with compassion and curiosity
- Models boundaries, sustainability, and respectful communication
- Is responsive to consult on urgent issues and questions as they arise in the field

Providers are encouraged to provide opportunities for routine case conferencing, team coordination, debriefing following critical incidents, and collaborative problem-solving related to participant engagement and housing navigation.

Because outreach work may expose staff to secondary trauma, crisis situations, and emotionally demanding environments, providers are encouraged to support staff wellness through manageable workloads, supportive supervision practices, peer support, and access to behavioral health or employee assistance resources when available.

7.3 Outreach Safety Protocols

Housing-Focused Street Outreach staff routinely work in field-based and community settings, including encampments, outdoor locations, secluded areas, public spaces, and other environments that may involve unpredictable or potentially unsafe situations. Each HFSO provider agency should maintain written outreach safety protocols that are reviewed regularly and incorporated into staff onboarding, supervision, and ongoing training activities.

Agency safety procedures should address at minimum:

- Proactive outreach safety practices;
- Steps to take when a staff member encounters a potentially unsafe or violent situation;
- Expectations for staff check-ins, communication, and supervision during field work;
- Expectations for maintaining professional boundaries during field-based work;
- Procedures for responding to medical emergencies, overdoses, or behavioral health crises encountered during outreach; and
- Incident response and reporting expectations.

Some examples of outreach safety practices that agencies are encouraged to include within internal safety policies and procedures include:

- Requiring staff to maintain complete and accurate calendars or schedules identifying anticipated outreach locations and activities;
- Requiring staff to notify supervisors or designated team members when outreach locations, plans, or anticipated timelines change;
- Requiring staff to carry charged work cell phones while conducting outreach;

- Equipping staff with agency identification including clothing, badges, or other identifiers that clearly communicate their professional role;
- Utilizing team-based outreach approaches when conducting outreach in encampments, secluded locations, or situations involving elevated safety concerns;
- Establishing required staff check-in procedures before, during, and after field-based outreach activities;
- Training staff to clearly and loudly identify themselves before approaching tents, encampments, vehicles, or secluded areas;
- Training staff to maintain awareness of surroundings, nearby exits, and other people present during outreach interactions (i.e. situational awareness); and
- Establishing procedures for requesting supervisory support, law enforcement assistance, emergency medical response, or behavioral health crisis response when needed.

Agencies should establish clear transportation policies that define how outreach staff help participants access transportation and identify any limits on transporting participants in agency or personal vehicles. Policies should provide clear pathways and expectations for staff to connect participants to available transportation options, which may include public transit, ride-share services, non-emergency medical transportation, transportation provided by community partners, or accompanying a participant on public transit when appropriate. Transportation practices should account for participant needs, staff safety, insurance requirements, professional boundaries, and agency capacity.

Safety protocols must be paired with regular training and supervisory support to help staff navigate complex, unpredictable situations while maintaining professional boundaries and personal safety.

7.4 Required and Recommended Training

Housing-Focused Street Outreach provider agencies are responsible for ensuring that outreach staff receive training and ongoing support necessary to safely and effectively serve people experiencing unsheltered homelessness. Given the complexity of the work and the vulnerability of participants, staff training is a critical component of program quality.

In addition to training on outreach safety, Coordinated Entry and HMIS requirements, local housing and service resources, and other expectations described throughout this manual, HFSO providers are encouraged to provide outreach staff with trainings in the following core approaches to effective outreach:

- Housing First and person-centered care;
- Trauma-informed care, including understanding how trauma impacts engagement and decision-making and how to avoid re-traumatization;
- Crisis intervention and de-escalation;

- Assertive engagement;
- Motivational Interviewing and other participant-centered communication techniques;
- Fair Housing and landlord-tenant law, including tenant rights and processes for supporting reasonable accommodations.

Providers should recognize that effective outreach skills develop over time and are strengthened through field experience, mentorship, reflective supervision, and ongoing practice. Outreach staff should be provided opportunities for continued learning, coaching, shadowing, and professional development throughout their role. Ongoing training, reflective supervision, and opportunities for skill-building are strongly encouraged to support ethical practice, staff retention, and effective outcomes for participants.

8. Administration

Strong administrative practices support accountability, system coordination, and high-quality participant experiences. Accurate data, appropriate confidentiality protections, and reliable records are essential to effective HFSO implementation and continuous improvement.

8.1 HMIS and Data Quality

HFSO providers within the H4HP System must participate in the Homeless Management Information System (HMIS) to track enrollments, services, financial assistance, and housing outcomes. Victim service providers are exempt from HMIS participation but are required to maintain a comparable database that meets applicable confidentiality and reporting standards.

All providers participating in HMIS or a comparable database are responsible for ensuring that data are:

- Accurate, complete, and consistent with program records
- Entered in a timely manner
- Maintained in accordance with system policies and funder requirements

Best practice is for data to be entered within three (3) business days of the event occurring. Timely data entry supports care coordination, system performance monitoring, and informed decision-making across partners.

8.2 Confidentiality and Client Consent

Housing-Focused Street Outreach (HFSO) providers are responsible for protecting participant confidentiality and ensuring that participant information is collected, documented, stored, and shared appropriately during outreach and service coordination activities.

Because outreach staff routinely coordinate with multiple providers and systems, participant information may be shared to support housing navigation, care coordination, and participant

safety when appropriate participant consent or authorization has been obtained. Outreach staff should clearly explain confidentiality practices, participant rights, grievance procedures, and how information may be used and shared so participants understand what they are consenting to.

Information sharing may occur through multidisciplinary teams (MDTs), case conferencing, and other cross-system coordination efforts intended to support participant housing stability and service coordination. When sharing participant information through MDTs or case conferencing, providers should obtain appropriate participant consent and use applicable authorization forms.

Providers should follow the confidentiality, release of information (ROI), and participant consent requirements described in Section "4.2 Confidentiality," and Section "4.4, Informing Materials, Client Consent, and Grievance Procedures," of the *Housing for Health Partnership System of Care Standards*

HMIS and comparable databases are designed to comply with all applicable federal, state, and local confidentiality requirements. HFSO providers must also take independent steps to protect participant privacy and sensitive information.

Providers are expected to:

- Safeguard physical and electronic records
- Limit access to participant information to authorized staff
- Follow clear policies for data sharing, storage, and transmission

When questions arise regarding confidentiality, providers should err on the side of protecting participant data, even when information may not be subject to strict confidentiality rules.

8.3 Recordkeeping

HFSO providers must maintain complete, organized, and accurate participant files and program records for monitoring, reporting, and audit purposes.

Participant files must be retained for the period defined by the program funder or regulator, which for CoC programs is at least five (5) years following the end of the final grant term under which the household exited the program.

Program records should clearly document:

- Eligibility determinations and supporting documentation
- Enrollment and exit dates
- Financial assistance provided, including amounts, dates, and funding sources
- Housing placement details and lease information
- Case management contacts and reassessments
- Participant consent, rights notices, and grievance documentation

Records may be maintained electronically, such as in HMIS, in paper format, or both, provided they are secure, accessible for monitoring, and consistently organized. Good recordkeeping supports transparency, protects both participants and providers, and reinforces trust.

8.4 Program Monitoring

The County of Santa Cruz Human Services Department's Housing for Health Partnership Division ("H4HP Division") is responsible for monitoring HFSO providers operating using funding they administer to ensure accountability, compliance, and continuous improvement in service delivery and housing outcomes. Providers are expected to demonstrate, through documentation and performance data, that their activities contribute to improved household outcomes and community-wide system performance.

Performance data and monitoring findings are intended to inform ongoing program improvement, support consistency across providers, and strengthen the overall effectiveness of outreach within the H4HP System.

9. Performance Expectations

Systemwide standards and funding requirements establish a shared baseline for performance, as outlined in section "6.5 Performance Measures" of the Systemwide Standards. HFSO providers should seek to continually improve key measures of outreach effectiveness and participant stability outcomes over time, including:

- Increasing rates of successful exits to shelter, interim housing, permanent housing, or other stable housing situations;
- Increasing the number of households that increase income during program participation;
- Increasing the number of households connected to public benefits; and
- Increasing rates of participant enrollment in and retention of health insurance coverage.

In addition to participant outcome measures, high-performing outreach providers should also focus on strengthening overall program quality, staff capacity, and system coordination efforts that support long-term outreach effectiveness and stronger housing pathways for people experiencing unsheltered homelessness. Example indicators of strong program performance in these areas include:

- Building and maintaining strong partnerships with shelters, housing providers, healthcare systems, behavioral health providers, local jurisdictions, and other community organizations that support outreach households;
- Expanding coordination with other outreach teams and systems operating in the community through multi-disciplinary teams and strategic case conferencing efforts;

- Supporting consistent staff development of expertise in required and recommended training areas; and
- Strengthening staff retention, field-based engagement capacity, and continuity of participant relationships over time.

All HFSO providers are encouraged to monitor internal indicators that show how well the program functions day-to-day. HFSO providers should use performance data as a learning tool, monitoring outcomes regularly, reflecting on disparities or delays, and making adjustments that improve performance over time.