

# **Austin/Travis County Street Outreach Standards**

## **Street Outreach**

The aim of coordinated street outreach is to engage individuals experiencing unsheltered homelessness by meeting them where they are, including campsites, parks, bus stations, abandoned buildings, and other places not intended for habitation, as well as through partnerships with local organizations providing support services. Street outreach serves as a critical entry point for accessing emergency shelter, health care, and pathways to permanent housing.

Outreach workers build trust through consistent, compassionate, and non-judgmental engagement, while applying specialized skills to maintain safety, uphold ethical boundaries, and navigate challenging environments. Street outreach programs provide life-sustaining supplies, including food, water, hygiene kits, clothing, blankets, and over-the-counter medical supplies, along with information about available services and updates on changing policies. Street Outreach Providers provide person-centered engagement. Person-centered engagement involves actively listening, prioritizing each person's autonomy, while working with each participant to make decisions and plans that align with their goals and values. Person-centered engagement also requires outreach staff to see people they are working with through a strengths-based lens, meaning they recognize and uplift each person's unique talents, skills and assets and engage those aspects of the person as key resources that they can draw on in identifying solutions to problems and unmet needs.

By meeting immediate needs and building trust, effective outreach engages individuals who may not actively seek assistance or come to the attention of the homelessness response system, helping ensure access to essential resources and pathways toward long-term stability. Programs are integrated into local coordinated assessment systems, such as the APAT Prescreen Tool in Austin/Travis County, to help assess needs and prioritize housing placement, supporting individuals as they move toward permanent housing

***Note: The Austin / Travis County Continuum of Care provides these written standards as reference for providers operating Street Outreach programs. These written standards support but do not supersede the written standards, policies, and procedures maintained or stipulated by program funders unless otherwise stated by those funders. Funders of Street Outreach programs are welcome to stipulate that providers follow these Austin / Travis County Continuum of Care written standards for Street Outreach.***

# Population

All served by Street Outreach programs must qualify as homeless under paragraphs (1) and (4) of the “homeless” definition under 24 CFR § 576.2.

## Minimum Standards

In line with [guidance from USICH](#) and NAEH Street Outreach programs:

- Programs will locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs, mainstream social services, and permanent housing programs.
  
- **Engage individuals in efforts to develop solutions to exit homelessness**
  - Street Outreach providers should always explore diversion when engaging with individuals. Street Outreach providers will offer or connect to diversion services connecting individuals experiencing homelessness to family/friends as a housing solution.
  - Street Outreach providers will offer individuals experiencing homelessness assistance with getting on shelter waitlists. This may include, but is not limited to:
    - Calling on behalf of the individual
    - Explaining available options
    - Advocating for the person's immediate needs
    - Providing necessary contact information and support through the process
  - Street Outreach providers will be knowledgeable about affordable housing opportunities and offer assistance or give information on affordable housing waitlist within Austin/Travis County
  - Street Outreach providers will continue to offer support to all unsheltered individuals ensuring that they have access to resources, information, and guidance as they navigate their own path to stability
  - Outreach efforts should consistently be made, with a primary focus on assessing and safeguarding the safety of individuals and their possessions. Any observed or perceived safety threats must be thoroughly documented and shared with other Outreach providers via the coordination calls. Re-engagement following a safety concern may be pursued at the discretion of the Street Outreach provider once the threat has been addressed and resolved.

- **Address Basic Needs**

- Street Outreach providers will aim to meet the immediate needs of persons experiencing homelessness by providing survival supplies like food, clothing, blankets and ensuring access to weather, sanitation and hygiene services.
- Street Outreach providers will provide clothing as it is available or connection to organizations that can provide clothing

- **Conduct Comprehensive, Coordinated, and Ongoing Housing-Focused Outreach**

- Street Outreach providers will be encouraged to coordinate efforts via weekly outreach coordination calls
- Street Outreach providers will partner with other outreach providers to expand services for specialized populations/needs
- Street Outreach providers will connect clients back to system providers if identified in HMIS
- Street Outreach providers will check the client's current assessment status
- Street Outreach providers will get clients connected to Coordinated Assessment services and/or complete the Coordinated Assessment and updates
- If no one is at an encampment when conducting outreach, Street Outreach workers should leave contact/org info at outreach location that includes name, email, and phone number

- **Refer to shelter and housing resources**

- Street Outreach providers will assist clients with calls to be put on shelter waitlists or provide information for clients to contact shelters
- Street Outreach providers will inform clients of known housing opportunities and affordable housing waitlists as alternatives to waiting for referrals

- **Provide access to healthcare and address unique needs of people with chronic and acute Health conditions**

- Street Outreach providers should develop strong relationships with community-based health care services to bring health care providers to encampments as available.

- Street Outreach providers will connect to or help enroll individuals experiencing homelessness into Central Health medical access program (MAP) services so the individuals experiencing homelessness can adhere to medical needs.
  - Street Outreach providers will provide a warm handoff to medical services by assisting in the scheduling and making identified medical appointments needed
  - Street Outreach providers will provide transportation to medical appointments via company vehicle or bus pass.
- **Establish a cross-agency, multi-sector response for successful coordination of outreach**
    - Street outreach providers will work together to ensure a coordinated approach to engaging participants
    - Street Outreach providers will be transparent about areas they are serving and communicate those areas within coordination calls, also documenting those locations within HMIS
    - Street Outreach providers will send a rep to attend governance meetings to stay informed of and give input on changes within COC
    - Street Outreach providers will send a rep to attend outreach coordination calls hosted by the Homeless Strategy Office. A program manager or lead rep will be present for the call at least twice a month
- **Inclement Weather assistance**
    - Street Outreach providers will inform individuals experiencing homelessness of incoming inclement weather
    - Street Outreach providers will provide information on warming/cooling centers available
    - Street Outreach provider will assist with transport to warming/cooling centers and cold weather shelter via vehicle, bus pass, or give information on transportation options
- **Document contacts and services provided in the Homeless Management Information System (HMIS)**

Street Outreach providers must enter/update service delivery data into HMIS following HMIS Data Standards to include but not limited to:

- Case notes
- Identifying information
- Demographic details
- Current Living Situation
- Client's housing plan and goals
- Identified strengths and perceived barriers
- Client contact information
- Document the location of individual experiencing homelessness during each engagement in HMIS

Any other pertinent information that can help the outreach worker and client eliminate the need for the client to retell their stories to multiple provider staff or restart their housing plan with each new provider they engage. HMIS data records will also allow for continuity of care and services when a client encounters different outreach workers or homeless service providers that utilize HMIS.

## **Street Outreach Supportive Services**

**All street outreach teams in Austin/Travis County will offer the following services:**

### ***Basic Needs***

- Providing basic needs to individuals who are unhoused
  - Providing information on where to eat, shower, do their laundry, obtain bus passes, etc.
  - Bringing hygiene packs, water, bus passes, and basic necessities on outreach as they are available

### ***Case Management***

- Diversion from homelessness
  - Direct access to funds or connecting to agencies with funds
  - Screening that this is a safe and stable outcome for the individual
  - Assess appropriateness for an individual to be diverted
  - Verification that individual experiencing homelessness has family/friends as destination

- Assisting individuals with housing barriers
  - Ordering/replacing vital documents: Birth Certificates, Social Security cards, DPS IDs, HMIS IDs, as long as funding is available or connecting to agencies who can replace documents
  - Assisting clients with challenging backgrounds and connecting to legal resources
- Safety planning for clients that aligns with the program that is providing services
- Assistance entering shelter or getting on shelter waitlists
  - Transportation to shelter
- Applying for housing options
  - CFV, Foundation Communities, HACA, HATC
  - SOAR services or providing a warm handoff to agencies who provide SOAR services
  - Assistance with or linkage to Benefits applications, such as SNAP or TANF
- Checking HMIS for every client to update data and check for messages to the client
- Checking ECHO's BOLO & Engagement list
- Connection to Services
  - Linkage to employment/workforce programs
  - Linkage to education programs
  - Informing individual experiencing homelessness of nearby services, giving a warm handoff to those services, including those service providers on outreach attempt to make connection

### ***Health & Mental Health Services***

- Connecting individuals to Mental Health Services
  - Providing information for counseling, psychiatric, or peer services
  - Psychiatric emergency services referrals
  - Connection to other outreach teams who specialize in mental health
  - Providing transportation for appointments based on individual program policies
- Connecting to medical services (walk-in clinics, community care, Integral Care, Lone Star Circle of Care, etc.)
  - Assisting making appointments as well as reminders, if there is capacity
  - Providing transportation for appointments based on individual program policies
- Connecting to substance use treatment (harm reduction, treatment facility, connections if they have medication which allows them to go into treatment, AA)

- Contacting that facility on behalf of the individual experiencing homelessness.  
Providing transportation for appointments based on individual program policies on

### ***Advocacy/Collaboration***

- Communication of Homeless Strategy Office's directives to the population we serve
- Assisting with emergency shelter access/waitlists, as well as sharing information about services and changing policies

## **System Supportive Services to Street Outreach**

- **Collect and share qualitative and quantitative data**
  - The lead agency will ensure Street Outreach data is shared throughout the COC to inform on impact and shortcomings

## **Essential Elements**

In order to ensure consistency of outreach services, all staff on street outreach teams in Austin/Travis County must receive training in:

- **Prioritized trainings:**
  - CPR & First Aid
  - Harm Reduction 101
  - De-escalation techniques
  - Strength-based strategies
  - Trauma Informed Care
- **Additional trainings:**
  - Opioid poisoning reversal
  - Bloodborne Pathogen
  - Cultural competency
  - Mental Health First Aid

- Infection prevention and control
- Motivational Interviewing
- Substance use disorder management
- Housing Problem Solving
- Addressing domestic and sexual violence

Street Outreach Providers should continue to participate in ongoing professional development opportunities as they are available and as funding is available. SO providers will ensure efforts are made to complete these trainings, utilizing community partners as necessary

## Further Guidance

- [19 Strategies for Communities to Address Encampments Humanely and Effectively 1.pdf \(usich.gov\)](#)
- [COVID-19-Homeless-System-Response-Housing-Focused-Outreach.pdf \(hudexchange.info\)](#)

[https://endhomelessness.org/wp-content/uploads/2025/02/NAEH\\_Housing-Focused-Street-Outreach-Framework.pdf](https://endhomelessness.org/wp-content/uploads/2025/02/NAEH_Housing-Focused-Street-Outreach-Framework.pdf)