Greater Richmond Continuum of Care
Standards for Street Outreach Services
2026

Introduction

The Greater Richmond Continuum of Care (GRCoC) has developed the following standards for partner agencies providing street outreach services. These standards were created in collaboration with Homeward and the GRCoC street outreach team: The Daily Planet; Commonwealth Catholic Charities; Richmond Behavioral Health Authority; the City of Richmond; Health Care For Homeless Veterans; St. Joseph's Villa; Virginia Home for Boys and Girls, and the VA Richmond Health Care. These standards were originally developed in June 2020. They were reviewed by the GRCoC System Policy and Process (SPP) Committee and approved by the GRCoC Board. SPP reviews Program Standards every two years to ensure they are current with community needs and priorities. These program standards were last updated in March 2026. These standards apply to all outreach programs in the GRCoC, regardless of funding source.

Description

Street outreach encompasses the essential services necessary to reach out to unsheltered individuals and families experiencing homelessness, connect them with emergency shelter, housing, and/or critical services, and provide them with urgent, non-facility-based care.

Component services consist of engagement, case management, housing, emergency health and mental health services, and transportation. The GRCoC recognizes that engagement with unsheltered individuals and/or households can occur at an unsheltered site (e.g. car, encampment, public park, etc.) or inside the office of a designated outreach provider. The service falls within the parameters of Outreach standards as long as:

- the individual or household is experiencing unsheltered homelessness; and
- the provider has a current and executed GRCoC Coordinated Entry System MoU as an Outreach provider

Outreach serves the primary purpose of providing light-touch assistance to perform welfare checks, connect individuals and families to GRCoC/mainstream resources, and provide more intensive case management services for the community's most vulnerable and those experiencing chronic homelessness.

However, the primary purpose and function of Outreach is to proactively pursue connections outdoors with unsheltered individuals and households who may otherwise not engage with the GRCoC's system of care.

Target Population
Street Outreach aims to serve unsheltered individuals and families experiencing homelessness; meaning those with a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, hospital waiting room, airport, or camping ground.

Eligibility Criteria
Eligible households for street outreach services include any individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(1) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including but not limited to a car, park, abandoned building, bus or train station, hospital waiting room, airport, or camping ground;
(2) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including emergency and congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).
    (1) This includes Youth Homeless Demonstration Program defined kinship care.
(3) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Street Outreach Principles and Types of Service
Street outreach is based on the following core principles: a housing first approach, household-driven, and housing stability focused. Specific services provided by street outreach must also be in compliance with grant funding requirements.

The GRCoC street outreach program focuses on engagement and case management services including, but not limited to, obtainment of housing, obtainment of identification documents, third-party verification of disabilities and chronicity of homelessness, and referrals to additional services such as mental health or veterans' services. The GRCoC street outreach team often acts as the first point of contact for unsheltered individuals and families throughout the GRCoC service area which includes the City of Richmond, and the counties of Charles City, Chesterfield, Goochland, Hanover (including the town of Ashland), Henrico, New Kent, and Powhatan.

During engagement, Outreach Team workers make an assessment of client needs

and eligibility for housing programs. Street outreach team workers are trained in crisis intervention, safety, and trauma-informed care and are therefore prepared to provide crisis assistance while in the field.

Through engagement, outreach addresses urgent physical needs, such as providing food resources, clean water, toiletries, and cold weather items. Engagement allows rapport to be built between the worker and client and creates the opportunity to address housing needs.

Case management services begin in the outreach program once clients have been successfully engaged, as defined by an HCIS entry with a current Release of Information (ROI). In the case that the ROI is accepted, housing focused case management will begin, and the community assessment and prioritization tool is completed. At every subsequent interaction, an interim assessment is completed to and housing-focused case management continues. Outreach workers will work with clients to obtain needed documentation for housing, provide appropriate referrals, and develop a housing plan. Case management should lead to a warm hand-off of the client to another service provider; for example, a shelter provider or a rehousing agency that would take over primary responsibility for services once the client is enrolled in that program. If an ROI is declined, outreach staff may still engage in wellness checks, supply necessities, and progressive engagement with the household.

Eligible activities for street outreach include:

(1) Engagement
(2) Case Management
(3) Housing-Focused Engagement
(4) Triage for Emergency Health Services
(5) Triage for Emergency Mental Health Services
(6) Targeted outreach for Special Populations:
    A. Veterans
    B. Survivors of Domestic Violence
    C. Youth-specific outreach for 18-24 year olds
    D. Families
    E. PATH

Street Outreach Team Operational Guidelines

The GRCoC Coordinated Street Outreach Team operates a robust street outreach program that serves the target populations and sub-populations and covers all localities in the GRCoC. Outreach services will be provided in coordination with the priorities identified by GRCoC outreach agencies. Outreach activities are coordinated and implemented by the GRCoC Outreach Coordinator to ensure effective leveraging resources across the region to support consistent,

system-wide best practices in outreach provision. These priorities are reviewed by street outreach team members each month and modified as necessary. Outreach will be conducted in accordance with the following guidelines:

(1) Assist with connecting unsheltered clients with GRCoC housing resources including shelter, Rapid Re- Housing, and Permanent Supportive Housing through the GRCoC Coordinated Entry System.
    a. Complete community assessment tool with unsheltered clients.
    b. Complete HCIS intake with client (with client permission).
    c. Complete ROI with client's verbal consent, using the GRCoC verbal consent script.

(2) Work with households matched with one of the above resources to obtain needed documentation and provide warm hand-off to a "matched" resource service provider who would then take over case management responsibilities.
    a. Warm hand-offs are a collaboration between all parties to reduce barriers associated with transition of care; length of time spent in transferring care may vary depending on the individual's situation. A proper warm hand off ensures all parties are aware of their new roles within the relationship.
    b. Outreach workers will act as the individual's or family's case managers until a "warm hand-off" is complete. A warm hand-off may vary based on the client's situation but usually occurs when a client is sheltered or has moved into housing. With the exception of funding requirements/expectations, the outreach worker is not required to maintain contact with client regarding housing plan after this point but may choose to continue maintaining rapport with the client. Conversely, if a client leaves shelter, an outreach worker may take up the lead case management role again for the client.

(3) Identify new individuals and families experiencing homelessness, as capacity allows and community needs arise.
    a. Outreach workers regularly engage new clients and actively seek out new encampments, sites, and other locations where clients are known to frequent.
    b. Outreach workers are present at daily lunch sites, parks, and other local areas to ensure clients are able to engage with services.

(4) Outreach workers should attempt to make contact with previously identified clients on a regular basis. This ensures that unsheltered clients maintain their place in the shelter and housing intervention priority pools populated by HCIS and managed by the Coordinated Entry System.

(5) Clients who are highly vulnerable will continue to be engaged through ongoing outreach efforts. Minimally, welfare checks should be completed regularly as well as assessing for housing readiness or other resource connections.

(6) Assist clients in identifying and connecting to mainstream resources in the community (e.g. social services, hospital system, Social Security Administration, Workforce).
    a. Provide referrals and resources based on client needs.
(7) To ensure these responsibilities are coordinated among all GRCoC Coordinated Street outreach workers, the Outreach Coordinator facilitates at least twice monthly meetings for all outreach workers, at which every GRCoC Coordinated Street Outreach agency should be represented. The purpose of these meetings is to coordinate client cases, ensure all localities are being served by establishing schedules for service, and work on upcoming projects such as the Point in Time Count and other community events targeted to unsheltered households.
(8) GRCoC Coordinated Street Outreach workers will participate in the semi-annual Point-in-Time Counts, and other events that require outreach services. Participation will include late evening and early morning outreach, as needed.
(9) Responses to requests for outreach and welfare checks will be scheduled as needed and as resources are available with the goal of responding in a timely manner. These efforts are coordinated with law enforcement, emergency services, and behavioral health providers, as appropriate. Coordinated Outreach maintains a standardized request form to support locating and engaging individuals who may benefit from outreach services, and submissions are reviewed on a regular basis.

All households entering a Street Outreach program must complete an intake assessment to determine eligibility, immediate needs, and appropriate service connections. Client information must be entered into HCIS in a timely manner. Providers are required to obtain all necessary Releases of Information (ROIs) at intake to support service coordination, data sharing in accordance with GRCoC policy, and participation in Coordinated Entry prioritization, as applicable.

Non-Discrimination

Providers must have a policy prohibiting discrimination against participants based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, and ensuring that all participants are afforded equal opportunities.

Confidentiality

All street outreach providers will establish, abide by, and keep updated a written policy to ensure client confidentiality, which will include development and maintenance of signed or verbal client confidentiality agreements.

Conflict of Interest

All Street Outreach providers will establish a written policy to:

1. formally document conflicts of interest amongst all employees, agents, officers, consultants, and board members, and
2. prescribe appropriate action to take to ensure that all aforementioned parties do not use their positions for a purpose that gives the appearance of being motivated by the desire for private gain for themselves or others.

Grievances and Appeals

All providers must have an agency-approved grievance policy and provide specific procedures to be followed for any disputed decision affecting assistance. All unsheltered individuals receiving services must be provided with written notification of the grievance policy. If written notification cannot be provided, outreach staff must make reasonable efforts to ensure the individual is informed of how to file a grievance, including providing appropriate supervisor contact information when necessary.

A grievance with termination should be reviewed or heard by an individual other than the person (or subordinate of that person) who made or approved the termination decision. Should the client or household disagree with the decision made by the initial reviewer, a second level must be available for an appeal at the CoC level. This two-level process, at a minimum, must consist of: (1) Written notice to the project participant containing a clear statement of the reasons for termination; (2) Prompt written notice of the final decision; and (3) Written policy for continuing assistance to surviving family members, in the event of a death of a head of household, that establishes a reasonable grace period of continued assistance to surviving family.

Termination

Providers must have a documented termination policy. Participants receiving street outreach services are expected to engage with staff, other participants, and community members in a manner that maintains safety and mutual respect. Programs should utilize a housing first, trauma-informed, and low-barrier approach and make reasonable efforts to de-escalate situations, provide redirection, and implement progressive interventions prior to terminating or restricting services whenever feasible. Termination or restriction of services may occur when a participant's behavior poses a safety risk, significantly disrupts service delivery, involves threats, violence, harassment, serious illegal activity, repeated non-compliance with program expectations, or other conduct that cannot be adequately addressed through intervention and redirection. Street outreach staff may temporarily disengage from unsafe field encounters while maintaining the possibility of future engagement when safety can be reasonably ensured.

Programs may implement temporary, extended, or permanent service restrictions depending on the severity, frequency, and impact of the behavior, with supervisory review and documentation required for significant restrictions or bans. Whenever

possible, participants should be informed directly of service restrictions or terminations and provided information regarding grievance or appeal procedures, referrals to alternative services, and pathways for re-engagement when appropriate. Termination from one program component does not automatically preclude access to other emergency or crisis services when safe and appropriate. In situations involving immediate threats to safety, programs may immediately suspend or restrict services and involve law enforcement or emergency personnel as necessary. All service restrictions and terminations should be applied consistently and in accordance with applicable nondiscrimination, fair housing, and program requirements. All bans from services will be appropriately documented in HMIS.

Data System

Street outreach providers must adhere to the HCIS policies approved by the Greater Richmond Continuum of Care (GRCoC) Board. Providers must use HCIS or a comparable data system if the agency is prohibited from using HCIS.

All households receiving outreach services or assistance must be entered into an agency-specific HCIS outreach project, regardless of outcome. The GRCoC HCIS data requirements listed below are directly related to the GRCoC's prioritization process for housing resources. These requirements may be updated as needed to reflect system, software, or vendor changes and to ensure continued alignment with prioritization practices.

Outreach entries will remain open until the client has moved into a sheltered or housed situation, or there has been no contact between the outreach provider and the client for 30 days. If there is a new contact between the provider and the household during the 30-day period, a new 30-day period will begin from the date of the new contract. Outreach providers should regularly review their open entries to ensure that clients without contacts for 30 days or more are closed. Providers should routinely review active enrollments to confirm that client records are complete, up to date, and that exits are recorded promptly when the client discharges.

Outreach engagements should be documented through "contacts" within active outreach entries. All outreach projects designated as Coordinated Entry projects by their funder are required to utilize the "Coordinated Entry Assessment" field within the outreach entry. This field must be completed for each recorded contact.

**Data outcomes and performance measures will be published in a separate, forthcoming document and are not included in this section.*