

Homeless Services Department

Outreach Services Manual

Multnomah County

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Overview

Background and Acknowledgements

The development of this manual was a collaborative effort that included the direct experiences and insights of those navigating and operating within our homeless services system. We extend our deepest gratitude to the frontline outreach workers, provider leadership, and extended partner network, who participated in various system-wide listening sessions related to manual components as well as strategy evaluations, all of which helped us develop this resource. Special thanks are also owed to the Lived Experience Advisory Committee (LEAC) and the Equity Advisory Committee (EAC) for their invaluable feedback, which ensured that the outreach practices and standards we describe are grounded in equity and informed by lived experience. HSD commits to reviewing this manual on an annual basis at minimum, and will seek to integrate conversations with and feedback from the aforementioned groups into this process.

Purpose of This Manual

This document outlines the standards for Street Outreach Programs contracted through the Multnomah County Homeless Services Department. This manual aims to align Street Outreach efforts across Multnomah County in order to connect people to the essential services they need to secure permanent housing. The below materials are provided to increase systemwide cohesion in vision and values. Additionally, this manual provides clear guidelines for programming goals, outcomes and practice standards.

Role of HSD & Application of Standards

As the system steward, HSD facilitates a transparent and feedback-oriented environment that allows our outreach strategies to be responsive to community needs and local context. We maintain accountability by serving as a central point of coordination for a large body of outreach work and providing a clear, accessible framework for all members of the community. This commitment is rooted in the development of this manual, which involved engagement and listening sessions with frontline staff and community advisory boards, including persons with lived experience. Partners

can continue to offer ongoing input to refine our systemwide approach, and this will be built into ongoing HSD outreach operations.

The application of the standards will be monitored using regular data reviews, site visits, weekly engagement with contracted outreach teams, and structured monitoring designed to foster growth for all outreach teams and broader system cohesion. Because outreach is a dynamic field, HSD will follow a formal update schedule, including a comprehensive annual review of the contents of the manual, with provider inputs, as well as interim knowledge-sharing about emerging best practices and/or relevant policy developments. HSD aims to ensure our outreach system is agile, effective, and consistently aligned with the goal of connecting our unsheltered neighbors with permanent housing.

Alignment with HSD Values

The HSD seeks to create an equitable community in which all people have safe, affordable, and accessible housing.

- **Collaboration:** We recognize our interdependence as participants and as an organization, and approach our work with a spirit of partnership and shared power with those experiencing homelessness and other stakeholders.
- **Equity:** We commit to achieving equity for all people. We acknowledge the existence of structural racism and develop, implement, and evaluate policies and practices that achieve equitable outcomes with a focus on eliminating the disparities that people of color experience. We believe that focusing on racial equity will allow us to more effectively serve all communities.
- **Inclusion:** We foster within our office and within the community that we serve a culture of safety and belonging that ensures that the voices of people who have been historically excluded, including people of color, women, people with disabilities and LGBTQIA2S+ people, are truly heard and shape the direction of our work.
- **Integrity:** We strive to be humble, honest and fair in our roles, function and actions. We are open and accountable to each other and to the community that we serve. We encourage asking and answering tough questions or having difficult conversations.

- **Creativity:** We are always open to approaching problems and solutions in new ways, taking calculated risks, and testing innovative ideas. We recognize the importance of not letting the possibility of failure dissuade us from experimenting with promising new ways of doing things. We realize that sometimes our current policies and practices pose barriers to change and improvement.
- **Quality:** We commit to doing the highest quality work, and to continuously evaluating and improving our internal operations, contracting and community planning efforts. We recognize that it is our responsibility to be good stewards of the public resources entrusted to us and to ensure that those resources achieve the best possible outcomes for our community.

How to Use This Document

This document is organized topically into seven core sections and a concluding glossary to guide the daily operations and administrative oversight of HSD-funded street outreach programs. The initial sections provide foundational information about the system's values, structure, and geographic deployment expectations. Subsequent sections offer detailed, system-wide guidance on outreach practice standards, documentation and data entry requirements, mandatory training, and overarching administrative policies. By structuring these expectations topically, this manual aims to equip all frontline team members, program managers, and organizational leadership with a unified understanding of Multnomah County's outreach operations and relevant policies.

1. Outreach Approach and Principles

While the key elements below describe the approaches that are required of all HSD and specifically Adult System of Care outreach service organizations, how the services are carried out is equally important. The following principles serve as the foundation of how we engage with people experiencing homelessness. Street outreach principles emphasize a non-judgmental, respectful approach that prioritizes the participant's needs and rights, fostering trust through consistent, honest communication and maintaining boundaries.

Key elements of this Outreach service delivery model

Housing First Philosophy. This approach is rooted in the "Housing First" model, which means that participants are not required to meet any preconditions (like sobriety, employment, or a clean criminal record) before they can be connected with housing. The belief is that housing is a fundamental human right and a stable foundation is necessary for addressing other challenges.

Person-Centered Engagement. This is a crucial component. Outreach team members build trust and relationships with people by meeting them where they are—in encampments, on the street, in parks, or in vehicles. They recognize the dignity of each participant and respect their choices, even if they initially decline services. This relationship-based approach is often what leads to a person being ready to accept a housing solution.

Direct Connection to Housing. The core function of housing-focused outreach is to serve as a direct link between unsheltered participants and housing resources. This involves:

- **Assessing Needs:** Conducting an initial assessment of housing and service needs.
- **Housing Navigation:** Helping participants overcome barriers to housing, such as obtaining necessary documents (ID, birth certificates, etc.), and filling out housing applications.
- **Warm Handoffs:** Ensuring a smooth transition by accompanying participants to appointments or introducing them to housing case

managers, rather than simply making a referral and leaving them to navigate the system alone.

Coordination and Collaboration. Housing-focused outreach is most effective when it is part of a larger, coordinated system. Outreach teams work closely with other service providers, including mental health professionals, healthcare providers, and social services agencies. This collaboration ensures that participants have access to a full range of support services they may need to maintain their housing.

Harm Reduction and Trauma-Informed Care. Outreach team members are trained in harm reduction principles, which means reducing negative consequences associated with drug use and other behaviors associated with health risk, prioritizing safety, dignity, and participant choice. They further provide services without judgment and acknowledge that some participants may not be ready to accept housing immediately. They also use a trauma-informed approach, recognizing that many people experiencing homelessness have experienced significant trauma and tailoring their interactions to promote safety and respect.

Data-Driven and Systematic. Effective programs use data to identify patterns in unsheltered homelessness, measure the effectiveness of their strategies, and inform future efforts. This allows them to target their outreach to the most vulnerable populations and ensure resources are being used effectively and equitably to achieve housing outcomes.

In summary, housing-focused street outreach is a proactive, compassionate, and strategic service delivery model that moves beyond crisis management to actively and systematically help people transition from unsheltered homelessness into stable, permanent housing.

2. Outreach Program Expectations

HSD contracted outreach organizations are part of a systematic, coordinated, and comprehensive program delivering essential health and survival services to adults living outdoors—in vehicles, encampments, and other places not meant for human habitation. As a critical entry point to housing and support services, street outreach plays a vital role in ending homelessness. It fosters human connection and helps participants navigate the resources they need not only to survive, but to build stability and thrive.

System Structure and Coordination

Outreach teams are assigned to specific geographic zones to ensure consistent and equitable service delivery. Assignments are made through each contract negotiation process with HSD. This structure is designed to clarify who is responsible for outreach in each area, reduce duplication of outreach services/efforts, and improve system accountability and responsiveness. HSD may choose to modify the number and perimeters of zones, and will revisit this annually during its regular outreach services manual review.

System Structure

The County's outreach deployment model is structured around distinct, yet interconnected, types of outreach teams to ensure both comprehensive coverage and specialized service delivery:

Geographically-Assigned Teams. To improve effective coordination and distribution of general outreach services, teams provide outreach services in assigned geographic coverage areas across the county.

Geographically-assigned HSD-funded organizations are responsible for dedicated, housing-focused street outreach within their assigned zones to ensure consistent presence and relationship-building. If a provider is a lead in a zone, they are expected to spend at least 24 hours per week conducting outreach in that zone (subject to change depending on team assignments and needs) and should coordinate on a weekly basis with population-specific teams for any necessary warm handoffs.

Population-Specific Teams. These trained teams provide support in addressing the unique individual needs within specific populations and focus on removing housing barriers across all zones within the County. If a provider

is offering population-specific services, they are expected to spend at least 24 hours each week conducting active outreach, including coordinating with geographically-assigned teams for warm handoffs.

Coordination and Warm Handoffs

Street outreach programs provide a range of vital services, but no single program can meet the full spectrum of needs faced by all participants experiencing unsheltered homelessness. Strong organizational partnerships and warm handoffs reduce the burden on individual staff, promote collaboration, help maintain continuity through staff transitions, and leverage the specialized expertise of outreach teams. Outreach teams are expected to collaborate with other HSD-funded organizations, other street outreach teams, and the HSD to deliver services to vulnerable participants.

Defining Warm Handoffs

Per the National Alliance to End Homelessness, a warm handoff is the intentional, person-centered process of transitioning a participant's ongoing support from one provider or program to another. Whether moving from street outreach to a shelter, or transitioning between geographic outreach zones, this method replaces cold referrals with a direct, facilitated introduction.

At its heart, a warm handoff is about creating a seamless bridge between services. It ensures that when a participant moves or begins receiving services from a new provider, they don't slip through the cracks. By facilitating a direct introduction—whether in person, by phone, or via video—the current provider aims to transfer their established trust to the new provider, removes the immediate burden of scheduling and navigating complex systems, and maintain service engagement and continuity during transitions of care. As an example, warm hand-off would occur when an individual makes a long-term transfer between outreach geographic zones or population-specific services (e.g., mental health, addiction treatment, culturally-specific services) are needed.

However, consistent with the principle of Person-Centered Engagement, it is always crucial to listen to and respect the needs and preferences of an individual participant. If they do not wish to be transitioned to a new provider, or if their move between geographic zones is brief, handoff to a new provider may be unnecessary. In such cases, HSD and the relevant outreach teams

may work together with the participant to establish a service plan that centers and respects their needs and preferences

Across the outreach system, provider transitions are common and warm handoffs are a best practice that support trusting relationships and allow providers to focus on their assigned geographic areas. By using warm handoffs to prioritize personalized connections, providers ensure that participants stay engaged in long-term support, ultimately leading to more stable and effective outcomes across the entire support system.

Coordination

- Outreach teams should communicate proactively across geographic and jurisdictional boundaries. When a participant known to one team moves into a new zone, the original team should initiate contact with the receiving zone's lead as soon as possible, depending on the participant's need and vulnerability.
- It is highly recommended that the teams that share a zone or zones, meet outside of this weekly HSD meet to coordinate and collaborate to continue additional case conferencing or zone specific support/information.
- Handoffs are more effective when outreach staff have a personal connection with the new provider, which may involve introductions in the field and maintaining ongoing relationships with all referral agencies.
- Teams must utilize the Homeless Management Information System (HMIS) to document recent engagements, preventing assessment fatigue where a participant is asked the same intake questions by multiple teams. In addition, it is highly recommended that teams review their own team's ARCGIS survey entries at a regular cadence, as well as the surveys of the team(s) that share the same zone(s) for relevant information that will help facilitate a warm handoff.
- When sharing information with authorized partners, making community referrals, or discussing a participant with other team members not working with them, only the minimum data required to achieve the intended purpose should be shared.

- If two teams find they are serving the same individual, a "case conferencing" call should occur between the two teams to determine which team holds the primary relationship to avoid duplicating resource allocation.

Participant engagement in handoff process

- Outreach teams must clearly state the purpose for a handoff, the process, and agree to a reasonable handoff timeframe with the participant
- Teams must describe any information to be shared with the new team and why it benefits their housing or health goals.
- The original worker should remain available for a brief transition period (e.g., one joint visit) to ensure the participant feels secure with the new point of contact and remain available to the new team for any ongoing consultation needed.

Meeting Expectations

HSD-Facilitated Coordination Meetings

Coordination meetings bring together HSD-funded outreach providers on a regular basis. These meetings are structured to review operational data and team experiences conducting street outreach, with the goal of facilitating inter-provider handoffs, information sharing, and collective problem-solving to reduce service duplication. These meetings also ensure that geographically assigned organizations can efficiently connect participants to the specialized expertise offered by population-specific outreach teams.

At least one representative from each organization shall be in attendance. Any staffing issues that will impact attendance must be communicated in advance. Active and informed participation in regular shared coordination meetings is expected. Attendees should be informed and prepared to verbally share real-time updates that may not yet be formally entered into HMIS.

Outreach & Engagement Meetings

Outreach & Engagement meetings bring together the larger community of outreach practitioners and partners and serve as a forum for high-level knowledge sharing, strategic alignment, and professional development across the outreach and engagement system in Multnomah County. Outreach team members are strongly encouraged to attend these sessions.

This ensures continuous learning, facilitates broader resource-sharing, and promotes a unified approach to addressing unsheltered homelessness across the county and regional service system.

Populations Served and Documentation

The Street Outreach program serves adults experiencing housing instability, homelessness and/or chronic homelessness (including but not limited to HUD definitions of homelessness and chronic homelessness), with a focus on housing placement with an emphasis on engaging specific underserved sub-populations including:

- Black, African American, or African
- Native Hawaiian or Other Pacific Islander
- American Indian, Alaskan Native, or Indigenous
- Latina/Latino/Latinx
- LGBTQIA2S+

Effective October 1, 2021 HSD requires all contracted organizations to collect Population A/B documentation to determine priority status among chronically homeless, homeless, and at-risk of homelessness populations. Documentation of eligibility at program intake is required. See client file requirements and record retention.

- Priority Population A: The head of household is experiencing or at imminent risk of long-term homelessness.
- Priority Population B: The head of household is applying for homeless services and is at substantial risk of homelessness and/or is experiencing any form of homelessness that is not long-term.

Termination/Denial of Services

Unless otherwise required by a program's specific funding source, authorized by a County-approved contract, or outlined in program-specific guidance, HSD programs shall not restrict access to services or discharge participants based on any of the following:

- Protected class
- Lack of income or employment

- Lack of identification documentation
- Lack of sobriety
- Presence of mental health, disabilities, or other psychosocial challenges
- Lack of a commitment to participate in treatment
- Criminal background
- Presence, or number of evictions

Documentation of termination reason and participant notification is required. See client file requirements and record retention.

Incident/Severe Weather Outreach

During a severe weather event, HSD facilitates the distribution of life-saving supplies and key messaging regarding locations of daytime cooling/warming centers or overnight Severe Weather Shelters. HSD-funded outreach teams are encouraged, as they have capacity, to participate in providing enhanced outreach during these periods, which may include distributing specific survival supplies and increased information-sharing to additional locations in the County.

Click here for comprehensive resources: [Standard Operating Procedures](#)

Flood Outreach & Thresholds

During a flooding event, HSD facilitates enhanced outreach to people and camps at risk of being impacted by flooding. Outreach teams are encouraged to support outreach along the Johnson Creek Floodplain and/or other locations when water levels reach concerning stages.

This support may involve specific contacts with campers or checking various flood-prone locations. The goal is to enhance outreach efforts and ensure people experiencing homelessness in the affected areas receive clear messaging about the safety concerns and risks associated with flooding.

Flood Outreach Resources:

[Standard Operating Procedures](#)

[Johnson Creek Sycamore Gauge](#)

[Portland Flood Hazard Map](#)

[Johnson Creek Gresham Gauge](#)

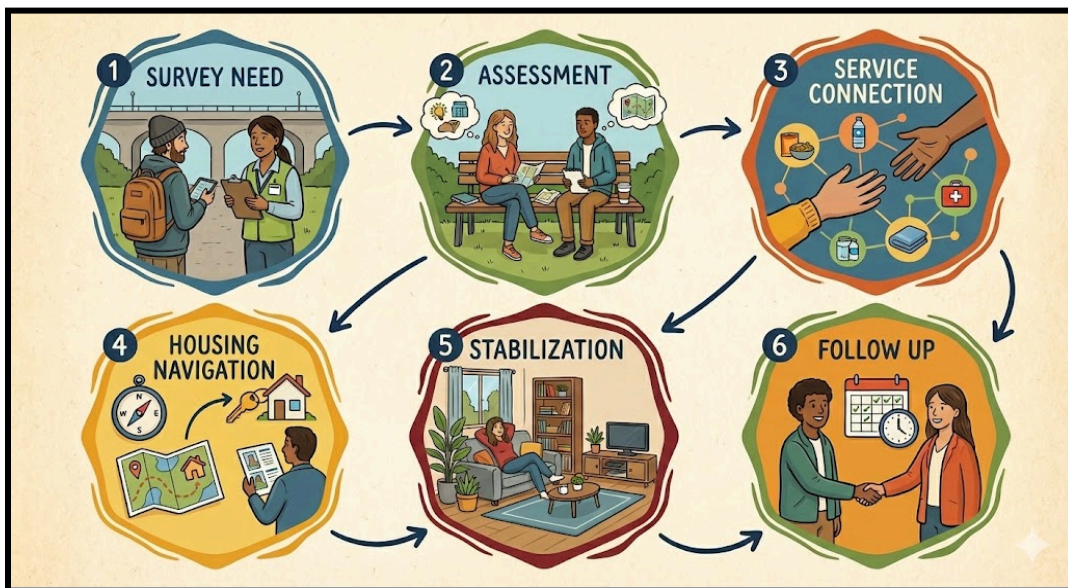
3. Outreach Practice Standards

Practice standards are essential in street outreach programs because they provide a consistent framework for delivering compassionate, equitable, and effective services to participants experiencing unsheltered homelessness.

While Outreach team members are expected to provide outreach and engagement services in accordance with the scope of work outlined in the applicable outreach contract and any executed Memorandum of Understanding, the practice standards also guide all street outreach work.

Core Components of Outreach

Each component builds upon the previous one, guiding Outreach team members in establishing trust, identifying needs, connecting participants to essential services, and supporting long-term housing retention. While we often present these components in a sequence, it is important to remember that for the people we serve, this journey is rarely a straight line. People may circle back to earlier stages or multiple phases may be occurring at once. Our goal is not to prescribe the process, but to walk alongside them, helping them navigate this complex system effectively towards establishing long-term stable housing.



Phase 1: Surveying Need

- Identifying folks living unsheltered within a defined geographic area
- Make contact and establish credibility with participants

Information Collection: Any potential hazards, need for emergency or urgent care, general supply needs, potential barriers to connection, how to return to site, if area is posted for removal, when a good time to return may be if participants are not ready for engagement at this time

Documentation: ArcGIS HSD Outreach Survey

Communication: Update other outreach teams within zone or population-specific teams about ongoing needs, update participants in the area of projected return timeline and how to maintain communication for participants interested in engaging in services, update HSD coordination team during weekly meetings.

Timeline: During the initial relationship-building stage, regular visits at set times can help build trust. It is suggested that during this stage weekly visits are conducted to the area over the period of a month. If participants in the area maintain contact levels only, the cadence of visitation can be lowered to allow for new locations to be added.

Phase 2: Assessment

- Identify immediate needs for participants
- Evaluate physical and mental health status
- Determine barriers to housing and services
- Conduct MSST assessment with participant
- Develop housing and service plans

Information Collection: This is when personal protected information may be collected and all documentation standards should be followed. Information about a participant's priorities should be noted to begin developing a service navigation plan. Basics such as date of birth, name, insurance can be helpful to collect at this time to ensure follow-up visits are as effective as possible. Participants should be taken through the consenting process for HMIS and internal documentation.

Documentation: ArcGIS & HMIS (profile creation or update), should include consent & ROI, eligibility and population screening. You can find ROI Forms and FAQ's here: [Verbal ROI Forms — Homeless Services Department](#). At this phase, you should also work with a participant to make sure a MSST assessment is completed or up-to-date.

Communication: Provide clear follow-up information to participants, coordinate with other team members who may also work to move this process forward and whenever possible provide information on the participant who will follow up.

Timeline: It is highly recommended to move through the assessment step, whenever possible, over the course of two visits within a week. This allows the momentum to be maintained, and for tangible steps to begin. It also allows for more information to be collected to aid in prevention of loss to follow-up.

Phase 3: Service Connection

- Refer to various resources; housing, shelters, food programs, healthcare, and other service organizations
- Coordinate with mental health and substance use services
- Assist with transportation (such as providing bus passes or cab rides) and transportation coordination to appointments

Information Collection: Develop a clear and actionable plan based on the main barriers to housing the participant has shared, create small tangible next steps with shared and specific responsibilities, make sure you have a back up plan for how to connect, provide physical documentation and instructions on transportation, appointment times and any other pertinent information.

Documentation: ArcGIS & HMIS

Communication: Establish a primary mode of communication and a point person or team who will be working with the participant to continue supporting them with their goals. Maintain consistent communication with community partners and make time to do administrative work after outreach to follow up on service connection.

Timeline: This process will vary based on the participant's needs and barriers. Many of the resources offered in this phase may also be offered earlier or later in the process described.

Phase 4: Housing Navigation

- Provide housing resource navigation and barrier elimination
- Help gather identification and documentation, and remove barriers
- Support housing application process
- Advocate with landlords and housing programs

Information Collection: This includes creating a case plan, housing stability plan, identifying barriers to documentation and identification, documentation necessary for housing applications

Documentation: HMIS, ArCGIS (as needed)

Communication: Landlord and property management engagement, warm handoffs to community partners, coordinated access, establishing an ongoing communication plan with participant

Timeline: This process will vary based on the participant's needs and barriers.

Phases 5 & 6: Stabilization and Follow-Up (when appropriate)

- Ensure access to ongoing case management (warm handoffs)
- Promote life skills and employment readiness
- Encourage the participant to learn about accessing community resources and how to self advocate when faced with any number of challenges that will inevitably occur after placement
- Encourage participant to “predict and prepare” for what may come next. This helps to stop the cycle of housing instability and crisis.
- Monitor housing retention and well-being

Information Collection: Create a transition plan with participants to include housing stability goals, collect/record contact information for the participants support network.

Documentation: Ensuring documentation and HMIS profile is accurate

Communication: Communicating with the participant how to reconnect with your organization if needed, and with participating community organizations to create an emergency support plan for the participant. If your organization offers retention, stabilization, and/or case management support services, follow internal procedures and best practices and ensure open communication with these teams.

Timeline: The standard or “baseline” timeframe is typically 30 to 90 days. The exact timeline for this process is flexible and will be adjusted (shorter or longer) based on the individual participant’s specific needs and barriers

We recognize that following up and maintaining contact with unsheltered participants is heavily affected by physical barriers, particularly when participants do not have reliable access to phones and when campsites frequently move. When direct communication is lost, teams are encouraged to use system-wide tools to re-establish contact. This includes checking HMIS visibility to see if the participant has recently engaged with another agency, leaning on the broader provider pool for information, and utilizing the weekly HSD coordination meetings to ask peer organizations if the participant has been located in a new zone.

Physical and Psychological Safety Standards

Safety and comfort are two different things, as are perceived threats to safety and actual threats. The following recommendations are intended to maximize safety, and perception of safety, for outreach workers.

- **Ensure you have completed all required training.** Please see the section for more details regarding required training. Partner with an experienced staff member until all required training is complete.
- **Outreach must be conducted with at least one other person.** Teams of two or more are required by HSD to ensure safety for all. This is considered a best practice and an industry standard safety requirement for conducting outreach in the field or at encampments.
- **Appropriate clothing and protective gear.** All staff should conduct outreach in closed toed shoes and attire that provides protection from potential weather or physical hazards that may be encountered.

- **Vehicle maintenance and participant transport.** Outreach team members shall not transport participants in a company or personal vehicle unless employees are acting within the scope of their duties and the employee's direct supervisor has made such an assignment. For more information, refer to your organization's vehicle utilization, maintenance and participant transportation policy.
- **Maintain communication with a point of contact who will not be in the field.** Organizations should have a point of contact who is aware of the areas outreach teams will be conducting outreach in. Have check-in times throughout the day to ensure point of contact is updated on changes in plans and delays in case of an emergency.
- **Self-care:** Secondary trauma is real. To take good care of others, you must take care of yourself. Talk to your team when a situation feels heavy or overwhelming.

Mandatory Reporting

Mandatory reporting obligations: HSD Outreach team members as well as Multnomah County employees are legally obligated to escalate notification of certain high risk situations that may be encountered during outreach activities, including:

- Evidence of child, elder, or dependent adult abuse/neglect.
- Credible threats of violence against an identifiable third party.
- Situations where the participant poses an immediate danger to themselves.
- Under court orders.

Some best practices for approaching mandatory reporting in a trauma-informed and legally compliant manner include:

- Utilizing the tenets of a trauma-informed approach to your mandatory reporting practices. These include promoting safety, inspiring trustworthiness, allowing for choice and different pathways to healing, collaboration with the community, empowerment of survivors and their families, and recognition of historical and generational trauma that underlies many communities' relationships with institutions and experiences of complex trauma

- Have clear guidelines for disclosures that center voice and choice for survivors and clients, including work with youth/minors. Make sure these guidelines include electronic and social media correspondences. It can be helpful to have a supervisor or team member serve as a reality check on whether the circumstances require a mandatory report.
- Anticipate the impacts of the report. Mandatory reports can have devastating impacts on individuals and their families. Coming under investigation with law enforcement and/or child protective services can disrupt support systems, lead to complications with other agencies, such as immigration, and can expose vulnerable families to other forms of abuse within foster care and the incarceration systems.
- When possible, include the survivor in the reporting process so that he/she/they has an active role in the dissemination of his/her/their story.

Critical Incident Reporting

If any of the following takes place during outreach a safety concern note should be made in the ArcGIS form and your organization's internal incident reporting process should be followed in a timely manner. Please also refer to your own organizational policies, as well as more detailed HSD policy guidance in your contract, when encountering critical incidents.

A critical incident is defined as:

- Any event likely to elicit heightened public interest or litigation;
- An incident that punishes, endangers, or otherwise harms a participant or anyone onsite as a result of staff action or inaction;
- The serious injury or death of anyone onsite;
- Instances where a lifesaving device, medication, or method has been used (such as an of outreach AED, Narcan, or CPR);
- A suicide attempt or self-injury with significant intention to cause self-harm or death on the part of a participant, including any use of a requested or placed psychiatric hold;

- Criminal charges brought against a participant, staff member or subcontract staff member involving a participant or any actions taking place onsite.
- Professional misconduct by a staff member or subcontract staff member, including but not limited to sexual harassment or exploitation of a participant including any sexual contact by staff, willful infliction of pain or injury of a participant, and physical injury to a participant by other than accidental means or is at variance with the explanation;
- A medication error which results in a participant death, serious injury, or hospitalization;
- Significant damages to facilities or premises;
- A communicable disease outbreak; or
- Any incident deemed by the organization to be of a critical nature.

Participant Engagement Standards

- **Non-judgmental, empathetic engagement:** Meeting people where they are, both physically and emotionally, and approaching them with empathy.
- **Be predictable:** Show up when you say you will. Try to avoid phrases like “maybe” or “probably” when making commitments. If you have to adjust plans, explain why. Consistency helps a person feel safe when things feel chaotic. Establish communication methods and working hours with participants so that they know how and when to reach you.
- **Build and maintain trust and relationship:** We recognize that meaningful relationships take time and that trust is the foundation for effective support and continued engagement. This may mean sharing part of your story as appropriate, though be aware that oversharing can be re-traumatizing and do seek consent to share.
- **Respect autonomy and choices:** Allow participants to decide their own path, including the choice to refuse services, with the acknowledgment that they are the experts in their own lives.

- **Informed consent:** Ensure participants fully understand the scope of services, the nature of data collection, and any potential risks or benefits associated with participation. Collect and record appropriate consents and release of information
- **Active listening:** Genuinely listen to personal stories and respond with validation, rather than just delivering information.
- **Power imbalances:** Recognize that as a worker, you have power (access to food, beds, or money). Check for bias and support a participant's right to choose. This includes seeking to avoid unintentional coercion, or using basic needs as bargaining. Offer resources freely as able, without "strings".
- **Clear boundaries are kind:** Being clear about your role (what you can and cannot do) prevents the participant from feeling let down later and maintains trust. Despite the informal nature of street-based work, workers must adhere to the organization's code of ethics regarding language, demeanor, and physical contact. Similarly, ask participants about their boundaries, including times they are unavailable.
- **Humanize the experience:** Acknowledge the unique identity of each person and treat everyone with unwavering dignity, courtesy, and respect, regardless of their housing status, appearance, history, or circumstances. Acknowledging unique identity and maintaining this standard of conduct is non-negotiable.
- **Confidentiality in public spaces:** Extra caution must be exercised when discussing sensitive information in non-private environments. Participants may not be aware of their rights; whenever possible, offer a more private location and make an effort to ensure what they share cannot be heard by others. Every effort should be made to conduct intake or clinical interviews in the most private setting available.

4. Documentation, Data Entry & Quality

HMIS Data

The Homeless Management Information System (HMIS) is a local information technology system required by the U.S. Department of Housing and Urban Development (HUD) to collect and maintain data on people experiencing homelessness. It serves as the primary repository for street outreach data, helping communities track participant needs and program effectiveness. The tool is critical for several reasons:

- It allows all programs to track the same metrics and work toward shared goals.
- It establishes a vital link between participants and outreach projects, helping to manage caseloads and ensuring that service efforts are not duplicated across different providers.
- By collecting reliable, high-quality data, the system allows for the analysis of successful housing exits and identifies bottlenecks in the transition from unsheltered homelessness to permanent housing.
- Data from the system helps communities understand the real scope of unmet needs, which can be used to justify funding requests and spur policy changes.

HSD HMIS Use Standards and Expectations

- Providers must collect all data required to meet reporting requirements specified in contract.
- Providers must sign an HMIS Agency Participation Agreement.
 - [Access Agreement Here](#)
- All HMIS End Users must sign an End User License Agreement and return the completed form before accessing HMIS User Trainings.
 - [Access EULA Here](#)
- HMIS training must be completed within 90 days of hire.
 - [Access HMIS Account Request Form](#)
- Providers must adhere to the accuracy & completeness standards set forth in the HMIS Data Quality Plan-Multnomah County

- Providers must enter all required data within 10 days of the associated activity (e.g. program entries, programs exits, service transactions, etc. as indicated by data workflow). If there are differences between this requirement and the data timeliness requirements identified in the HMIS Data Quality Plan-Multnomah County or its subsequent replacement, adhere to the document with the shorter timeliness requirements.

Client File Expectations

Unless given a written exemption by an HSD Contract Manager, County participant file standards will be applied to HMIS data entry. All participants receiving more than basic screening and/or basic street outreach engagement will have a file (HMIS entry) created to track their needs, goals, services received, staff time spent with participants and other engagement activities. County requirements include but are not limited to:

- Verified participant eligibility, including eligible homeless status and income thresholds with the Pop A/B form. Note that there is an agency eligibility form that can substitute for individual forms if an organization/program only serves Pop A.
- Updated Release of Information for system collaboration.
 - These documents require a staff signature confirming participants' to the verbal ROI, this can be done through digital signature and storage, paper copy with physical storage or storage via photocopy. Please see links below for more information on how to transact a ROI in HMIS.
- Reviewed and signed Confidentiality Form, Termination Policy, Grievance Policy, HMIS forms, as well as any required provider-specific documentation.

Please see the County File Requirement Standards document for detailed information on requirements. [Attachment A – ASC-1](#)

HSD Outreach Standard Outcomes

- Unduplicated individuals served (documented in HMIS)
- Unduplicated individuals placed into shelter
- Unduplicated individuals exiting to housing
- Resource/service connections provided

- BIPOC groups (out of 5) equally or over-represented in housing focused outreach programs compared to the unsheltered population

Note that outcomes in contracts supersede the above measures if they differ from this list. For more instructions and information on security and privacy, authorization for disclosure, ROIs, or Data Quality Plans, please see the links below.

Other Helpful HMIS Links

- [HSD HMIS Training Resource](#)
- [HMIS Street Outreach Handbook](#)
- [Multnomah County HMIS Policy and Procedures](#)
- [Privacy and Security Notice](#)
- [Verbal ROI Forms & FAQ](#)

Outreach Operational Data (ArcGIS)

The Survey123 ArcGIS platform is an operational geospatial tool to track outreach efforts across the community. The information collected in this platform is leveraged for outreach planning, documentation of zone coverage, areas of increased need and non-personally identifiable information regarding contacts and engagements. It is important to note that the Survey123 ArcGIS platform is designed strictly to record non-personally identifiable information regarding contacts and engagements. Access to the data inputted into this map is highly restricted; it is only viewable by authorized County staff and approved personnel at contracted outreach organizations operating under established confidentiality agreements. The tool is presently critical for the following reasons:

- By recording where outreach activities have recently taken place, teams can track County-wide coverage and review where peer organizations have deployed within a given timeframe. This highlights locations that require coordinated follow-up.
- Operational data provides teams with immediate, on-the-ground situational awareness by allowing workers to flag site-specific hazards or critical safety information for other teams operating in the area.
- Data from this system helps establish the real scope of unmet needs across the county.

Survey123 ArcGIS Use Standards and Expectations

- Team members conducting participant-facing outreach should complete a training with HSD outreach staff within 90 days of hire.
- Organizations must enter all required data by the end of the Outreach shift of the associated activity, though ideally teams are entering information directly following an engagement.
- Surveys should be completed for all locations where outreach is conducted, with accurate locations indicated.

Other Helpful ArcGIS Link(s)

- [Access Request Form](#)
- [Training Manual](#) (restricted)
- [HSD Outreach Survey](#) (restricted)
- [Data Dashboard](#) (restricted)
- [Coordination Map](#) (restricted)

5. Training Requirements

The delivery of effective homeless outreach services requires a skilled and knowledgeable workforce, equipped to address the complex and evolving needs of people experiencing homelessness. Comprehensive training is essential to ensure that outreach staff possess the competencies necessary to engage participants with professionalism, empathy, and cultural responsiveness, while also maintaining safety and adhering to best practices. Ongoing professional development supports the consistent application of evidence-based approaches, fosters staff confidence, and enhances the overall quality and impact of outreach services.

HSD is committed to investing in the capacity of community-based organizations and their staff through a robust portfolio of training opportunities. These trainings are designed to build and reinforce the core skills required for successful outreach. By prioritizing workforce development, the department aims to support a coordinated, equitable, and effective response to homelessness, ensuring that all outreach personnel are prepared to deliver services that advance housing stability and well-being for the community's most vulnerable residents.

Organizations are encouraged to build a robust onboarding and ongoing training process for all FTE that are supported by County funded street outreach programs. Training processes should at least include contractually required training elements but suggest organizations include other relevant suggested training too.

It is encouraged that all contractually required training is completed within the first 3 months of hire and revisited at least once every two years. Documentation of required training shall be retained and the organization shall be able to produce documentation for monitoring purposes.

For detailed information about each training below and their competencies, [visit this resource](#).

Required Staff Training

Training	Competencies	Where to Access
<u>Assertive Engagement</u>	A social service approach that honors people as experts in their own lives, navigating power dynamics and using empathy. It incorporates person-centered practices, strength-based practice, as well as harm reduction, empathetic listening, and unconditional positive regard.	<u>Link to AE Training Registration</u>
Cultural Humility/ Responsiveness	Reduce access barriers; partner effectively with culturally specific organizations; and meet contract/plan expectations for equitable services and outcomes.	HSD Monthly Training Calendar
<u>Trauma Informed Care</u>	Recognize trauma responses, avoid re-traumatization, adapt engagement plans, and document trauma-informed actions that support stabilization and housing retention.	<u>Link to Trauma Informed Oregon Training</u>
First Aid/CPR	Focus on preserving life, preventing further injury, and promoting recovery until professional help arrives. Teaches how to deliver immediate lifesaving measures, manage common field emergencies, and complete incident documentation consistent with program policy.	
<u>Narcan Administration</u>	Identify likely overdoses, administer naloxone correctly, perform rescue breathing, and connect participants to ongoing supports	<u>Link to MultCo Overdose Prevention Information & Training Request Form</u>

Training	Competencies	Where to Access
De-Escalation	Apply non-coercive de-escalation in the field; safeguard staff/participants; transition from crisis to problem-solving; and prevent unnecessary law-enforcement involvement.	HSD Link to Get Trained to Help Website
Housing-focused Outreach	Maintain a housing-first orientation in daily outreach; collaborate across partners; use data to plan and evaluate; and link participants quickly to shelter/PSH, benefits, and tenancy support.	Link to the National Alliance for Ending Homelessness Street Outreach Framework Page NAEH Webinars-Free NAEH Training-Fee
MSST	Understand Multnomah County’s Coordinated Access assessment methodology; ability to complete assessments with participants; ability to explain MSST questions	Link to HSD Coordinated Access Page Link to MSST Training Request Form
HMIS	Enter accurate, timely records; meet local data-quality thresholds; generate required reports; and use HMIS data to manage caseloads and demonstrate outcomes.	Link to HSD HMIS Access and Training Resources
ARCGIS (Survey Tool)	Plan geographic coverage, prioritize locations based on need and equity,	HSD Link to: Provider Contact and

Training	Competencies	Where to Access
	and visualize outcomes for learning and CQI.	ARCGIS Access Form
Mandatory Reporting	Understand and comply with child abuse, mentally ill and developmentally disabled abuse, and elder abuse reporting laws.	Link to Oregon Department of Human Services Training

Suggested Trainings

Training	Competencies	Where to Access
Mental Health 101/Psychological First Aid	Rapid triage and supportive engagement, non-clinical coping strategies, and safe warm handoffs to clinics/crisis resources.	Link to the National Child Traumatic Stress Network Website to Psychological First Aid Training
Motivational Interviewing	Conduct MI-consistent conversations in the field; evoke and reinforce change talk; use reflections to reduce resistance and clarify goals; help participants identify next steps that they choose and own; integrate short MI touches into ongoing outreach, case planning, and documentation.	Link to Motivational Interviewing Training Site
DV/SA Responsiveness in the field	Recognize DV/SA risk indicators in the field; prioritize survivor safety; and navigate specialized referral networks effectively.	Link to DSV Training Request Form (HSD)

Training	Competencies	Where to Access
Harm Reduction	Deliver non-judgmental, culturally responsive harm-reduction supports; integrate overdose prevention into outreach; and comply with program expectations for staff training and naloxone distribution.	Link to National Harm Reduction Coalition Training
OHP Assister	OHP Assister Training covers application procedures, eligibility, and system navigation with a focus on serving communities with limited access to health care which often involves complex cases when working with individuals experiencing homelessness.	Email community.outreach@dhsosha.state.or.us for the training schedule and registration links or ask your HSD contract and/or outreach team.
Crisis Prevention/ Intervention	Stabilize acute distress in public spaces, choose appropriate escalation pathways, protect participant dignity/rights, and document/hand off effectively.	Link to CPI Training
Question, Persuade & Refer	Learn how to help a person with thoughts of suicide, including how to identify the warning signs, how to approach and inquire, and how to connect the person with supports by following three simple steps – Question, Persuade & Refer.	GetTrainedToHelp

6. Policies & Procedures

Disclaimer: Some of the policies stated below are descriptions of contractual requirements. Contract language will always supersede what appears in this manual.

Expense Types

Organizations should have a policy around allowable expenses and expense types. Check with your organization to determine if you have access to participant assistance, rental assistance, and/or supplies funds and how to access them.

The primary purpose of HSD investments in housing and homelessness programs is to support housing placement and stability. In effort to respond to the unique needs of individual households, we seek to provide organizations with maximum flexibility to help participants achieve housing placement and stability.

Client assistance refers to individualized purchases for participants enrolled in a program that supports the goals of said program. These expenses are generally considered purchases that don't directly fund housing, but support a participant's journey in the housing process and/or their ability to maintain housing stability.

Client assistance expenses must be noted on the 'client assistance' line of a monthly invoice, and organizations must also include a Client Assistance Log with each invoice. The Log must note the date, participant HMIS number, vendor, purpose, and total amount. Payments made for a participant's motel stay must note the dates of a participant's stay.

Rental assistance expenses support the cost of housing itself.

Supplies refers to bulk purchase items that are distributed by a provider on an as-needed basis. While supplies may be distributed to a household on a case load, it is not purchased specifically for their case plan. Supplies include approved programmatic items as well as bulk purchases that can't be directly tied to a specific participant. Examples may include but are not limited to socks, hygiene products, snacks, survival supplies, and other basic everyday necessities.

Gift cards are considered the equivalent of cash and are considered to be high-risk, HSD does not encourage their use. Use of gift cards in the delivery of programs must be authorized by HSD Contract Manager in advance of purchase. However, HSD may allow for the purchase and use of gift cards by organizations in the delivery of programs given they are approved by the HSD contract manager, purchased for a specific household/individual, will be used for an eligible program expense, and are allowable under the funding source. Use of gift cards must align with all expectations detailed in the Multnomah County Provider's Fiscal Policies and Procedures Manual. This manual can be found on the Multnomah County website

Non-Discrimination

HSD requires that HSD-funded outreach organizations understand and carry out their obligations under federal, state and local civil rights statutes designed to protect people against unlawful discrimination. The organization shall ensure that access to program services is available without regard to age, race, ethnicity, religion, family status, sex, or gender identity or sexual orientation. Organizations should also have policies and procedures for resolving participant complaints regarding discriminatory treatment and ensuring language access.

Safety

HSD-contracted outreach organizations are required to have policies outlining safety guidelines, vehicle safety, participant transportation, personal boundaries, and plans for critical safety events. Organizations should also develop and maintain an Emergency Management Plan that ensures program participants will receive essential services when an emergency event occurs. Plans should identify at minimum, situational plans that identify actionable items with responsible parties in the event of emergencies impacting regular service delivery (e.g. inclement weather; facility damage).

Critical Incident Reporting

Organizations are required to maintain an Incident Report Procedure and Form Template. Incident reports should be submitted to your contract manager at HSD as soon as possible and within three days of the incident if it involves a serious safety threat to staff or participants, elicits the provider's crisis or tragedy response, or impacts an organization's ability to deliver

services. Incident Reports should include at a minimum: date of incident, time, location, program, incident description, action taken by staff, follow up, and any impact to the premises or facility. The HSD Contract Manager will determine the appropriate follow-up. Organizations shall fully cooperate in any fact-finding inquiry that may be conducted.

Grievances

Organizations are required to establish a system of written procedures through which a program participant or their family member may present grievances about the operation of services. Grievance processes should be readily accessible and available to participants. Records must be kept of all grievances received in the contract year, and evidence should be provided in participant files (when applicable) that shows the participant has been made aware of the grievance procedures. The organization shall make grievances available to HSD upon request.

Participant and Staff Feedback

Organizations are required to demonstrate accountability to participants and staff through established processes that gather participant and staff feedback about the operation of services at least annually. Feedback should be made available to HSD upon request.

Participant Voices in Decision-Making

Organizations are required to ensure the involvement of customer representatives for services in significant decision-making roles within the organization (e.g., people experiencing homelessness and people who are formerly homeless in emergency shelter and housing programs).

Confidentiality Procedure

Outreach services staff are required to respect each participant's right to privacy and only collect private information when there is a clear professional need. Once information is shared, it is considered confidential and must be protected. Confidential information may only be disclosed with valid participant consent, consent from a legally authorized representative, or when required to prevent serious, foreseeable, and imminent harm. In all

cases where disclosure is permitted or required, only the minimum amount of information necessary to achieve the intended purpose should be shared.

Participants must be informed as early as possible about the nature of confidentiality, its limits, and circumstances in which information may be requested or legally required to be disclosed. When feasible, participants should be notified in advance of any planned disclosure and its potential consequences. In family, group, or multi-party services, agreements regarding confidentiality should be discussed, including limitations and the reality that confidentiality among participants cannot be fully guaranteed. Participants should also be informed of organization policies governing information sharing among involved parties and with third-party payers, which requires explicit authorization.

Confidential information must never be discussed in public or semi-public settings or in any environment where privacy cannot be ensured. Reasonable steps must be taken to protect participant confidentiality during legal proceedings, media inquiries, consultations, training, and supervision, consistent with applicable laws and ethical standards. When disclosure is ordered by a court and may cause harm, efforts should be made to limit the scope of disclosure or protect records from public access when legally possible. Confidentiality protections extend to deceased participants as well.

All written, electronic, and verbal records must be securely stored, accessed only by authorized personnel, and disposed of or transferred in a manner that preserves confidentiality. Appropriate safeguards must be used for electronic communications and data storage, and participants must be informed of organization policies related to electronic technology, online searches, and social media use. Any breach or unauthorized access to participant information must be reported to participants in a timely manner, consistent with legal and professional requirements, and reasonable precautions must be in place to protect confidentiality in the event of staff separation, incapacitation, or death.

Harassment Prevention and Education

Organizations are required to have written policies designed to prevent harassment of program participants based on sex or gender identity. The policies shall include specific measures for investigating all allegations of such harassment. The policies also shall include measures designed to provide

educational and other support to victims of harassment and sexual violence. The policies shall specify procedures available to victims of harassment and their families to safely report any incident of real or perceived harassment.

Glossary

Assertive Engagement: A participant-centered approach that emphasizes proactive, respectful, and persistent efforts to build trust and support people in accessing services, while honoring their autonomy and expertise in their own lives.

Culturally-Responsive: An approach that recognizes, respects, and adapts services to the cultural, linguistic, and historical needs of a person and their communities.

Enhanced Coordinated Outreach: A collaborative, multi-organization response activated during emergencies or severe weather to provide targeted outreach, supplies, and information to people experiencing homelessness.

Equity: The fair and just treatment of all people, resulting in equitable access to opportunities, resources, and outcomes, particularly for those who have been historically marginalized.

Harm Reduction: A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use and other behaviors associated with health risk, prioritizing safety, dignity, and participant choice.

Homeless Management Information System (HMIS): A local information technology system used to collect participant-level data and manage information about the provision of housing and services to people experiencing homelessness.

Coordinated Access: Is a process designed to coordinate housing resources for people experiencing homelessness. Through completion of a standardized assessment the participant is placed on a centralized list to access resources across organizations.

MSST: A Coordinated Access (MSST) Assessment places the households with the greatest housing barriers in the priority housing pool. The size of the priority housing pool will be continually readjusted to match the number of households who can realistically be housed by Coordinated Access resources expected to be available in the next six months. Because system capacity fluctuates, the scoring threshold and the number of households who enter the priority housing pool will be evaluated and adjusted based on available resources at a given time.

Housing First: An evidence-based approach to quickly and successfully connect people experiencing homelessness to permanent housing without preconditions or barriers such as sobriety, treatment, or service participation requirements,

Person-Centered: An approach that prioritizes the preferences, needs, and values of a person, ensuring that services and supports are tailored to each person's unique situation.

Population A: Households with extremely low income (0–30% of area median income) in which the head of household has a disabling condition and is experiencing or at imminent risk of long-term or frequent literal homelessness. In many Multnomah County programs, these households are the highest-priority for supportive housing and intensive services.

Population B: Households with very low or extremely low income who are experiencing homelessness or are at substantial risk of homelessness but do not meet Population A criteria (i.e., may not have a disabling condition and/or long-term homelessness). In many Multnomah County programs, these households are prioritized for rapid rehousing, rent assistance, prevention, and related support.

Strengths-Based: A perspective that focuses on a person's abilities, assets, and resources, rather than their deficits or problems.

Trauma Informed: An approach that recognizes the widespread impact of trauma, integrates/ knowledge about trauma into policies and practices, and seeks to avoid re-traumatization.