



HEARTLAND CONTINUUM OF CARE

Street Outreach Community Standards

Approved by HCoC Board on February 02, 2024

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Introduction

According to the Springfield and Sangamon County 2022-2028 Strategic Plan to Address Homelessness, the City of Springfield, Sangamon County, the Heartland Continuum of Care (HCoC), and committed community partners set as their big goal that by 2028 the community will “put everyone who becomes homeless back in suitable and safe housing within 30 days.” Currently, 264 people experience homelessness at a point in time and 746 people make up the annual inflow to the local homeless system of care, 193 of whom are identified as experiencing chronic homelessness. Approximately 50 people experience unsheltered homelessness at any given time in the community. Twenty people have languished long-term in unsheltered homelessness.

The community set a strategic goal to reduce homelessness to functional zero in five years and identified the high priority action step: “to develop practices to identify and link unsheltered Sangamon County residents to crisis and permanent housing and other needed resources.” Coordinated outreach activities with common standards and expectations will assist the community in implementing the strategic goal that will also result in reaching functional zero for chronic homelessness and end unsheltered homelessness in the community.

Process Goals

- Improve strategy and operationalization of outreach in Springfield and Sangamon County, including development of standard operating procedures for all outreach efforts, defining local outreach and engagement priorities and desired outcomes, and establishing cross-agency policies for client referral processes;
- Develop shared standards of practice and definitions regarding outreach in Springfield and Sangamon County, including the desired outcomes from different outreach approaches (i.e. general, clinical, housing-focused); and
- Define a curriculum of trainings to be provided for all outreach workers regardless of where team members are employed.

Outcome Goals

- Connect people experiencing unsheltered homelessness to the housing and supports they need as quickly as possible;

- Reduce barriers to services for persons experiencing unsheltered homelessness through street outreach;
- Improve relationships and trust building by ensuring consistency in street outreach efforts; and
- Reduce confusion and frustration among persons experiencing unsheltered homelessness about how and from whom services can be accessed.

Methodology for Development of Street Outreach Standards

Heartland HOUSED has contracted with Homebase to conduct a series of meetings with key stakeholders involved in the planning, coordination, and delivery of street outreach services in Springfield and Sangamon County. These meetings are structured around the development of a community-wide strategy and vision for Homeless Street Outreach and creates a forum for stakeholders to highlight best practices, define outreach, identify challenges, and explore ways to improve collaboration and coordination.

Purpose and Goals of the Street Outreach Standards

The primary purpose of the Heartland Continuum of Care Street Outreach Standards is to improve service coordination and collaboration to better respond to the needs of people experiencing homelessness across agencies serving the unsheltered population by establishing a shared understanding of what street outreach looks like, how it should be conducted, and what desired outcomes are for outreach across all organizations providing the services.

Other key goals include:

Service Delivery Alignment

- There will be more community alignment and ultimately more ethical outreach services that promote dignity;
- Everyone who conducts street outreach will have a basic understanding of how to do so in a respectful manner;
- There will be consistency in outreach and access to comprehensive services for a wider group of unsheltered persons without duplication of efforts; and
- Increased coordination and communication will improve the efficacy of referrals between providers.

Consistent Documentation of Service Delivery

- Well-documented and standardized information will be available to new outreach staff to help them find and engage unsheltered persons, determine how much time to spend in the field, and understand what data and coordination expectations they will need to meet;
- Shared definitions will exist across all agencies along with shared data goals and guidelines; and
- Data quality for street outreach efforts will be improved in HMIS by having a clear prescribed method on what, when and how often street outreach workers will enter data.

System Coordination

- Communication will be improved and strengthened for street outreach staff from across organizations to work together instead of in silos;
- There will be transparency within the community and across street outreach staff about expectations for street outreach efforts, ensuring equitable treatment for all unsheltered persons and accountability for all agencies;
- Every agency will understand the services that can be offered by other agencies and will trust that all agencies are similar in how they provide care; and
- Heartland HOUSED will be able to evaluate and improve how the local homeless response system is working to meet the needs of clients affiliated with street outreach efforts.

The Heartland Continuum of Care Street Outreach standards are a living document, designed to be regularly updated and evaluated to reflect the emerging needs, challenges, and trends regarding street outreach within the community.

Acknowledgements

Thank you to the community members with lived experience of homelessness or housing insecurity; and to the following agencies throughout Springfield and Sangamon County, that contributed to the development of the Heartland Continuum of Care Permanent Supportive Housing Standards:

- Heartland HOUSED
- Helping Hands of Springfield
- Contact Ministries

- Salvation Army
- Phoenix Center
- Fifth Street Renaissance
- MERCY Communities

Section I: Street Outreach Standards

1. Defining Street Outreach

1.1 Street outreach in Springfield and Sangamon County is defined as a professional homeless services intervention that focuses primarily on supporting individuals with accessing shelter and/or permanent or temporary housing, depending on the needs of the client, by building trusting relationships and ongoing rapport.

Street outreach seeks to engage individuals living unsheltered in a culturally competent and trauma informed manner, provide links to appropriate services, and use diversion and problem solving techniques to connect people with safe shelter and/or housing options whenever possible. The primary goal of street outreach is to facilitate a higher level of care for unsheltered members of the community with access to voluntary wraparound services needed to stay healthy and stable, including substance use treatment, mental health care, medical services, ID Recovery, benefits, and employment.

Outreach often requires time and multiple interactions with individuals experiencing unsheltered homelessness, therefore should not be seen as one-time engagements. Rather, each interaction should be seen as an opportunity for outreach staff to build a relationship and help the client work toward making a connection to services, including shelter and/or housing. Key to the success of outreach and engagement efforts is regular follow-up and building trust with individuals through regular interactions, including learning about the individuals' current social network and support system.

1.2 Street outreach is understood to be a critical and necessary service to people experiencing unsheltered homelessness in Springfield and Sangamon County. Street outreach is an essential component of the system of care for people experiencing homelessness in the community.

2. Types of Street Outreach

2.1 A number of different types of outreach are conducted in Springfield and Sangamon County. Each type of street outreach is unique and important for engaging unsheltered persons and providing them with needed support and connections to shelter, services or housing. The outreach standards apply to all types of street outreach, except where otherwise noted.

2.2 General outreach is light-touch outreach that focuses on consistency, relationship building, and meeting immediate needs until an individual is ready to accept shelter, housing, or services. Street outreach teams conducting general outreach may have larger caseloads and short-term engagements focused on meeting immediate needs, such as first aid triage, and provide services from a person-centered approach. Data input could be limited to the HUD Data Elements for general outreach providers.

2.3 Shelter/housing focused outreach builds on general approaches, developing long-term relationships to support people in making their next step towards safe and appropriate housing. This could be entrance into shelter/transitional housing while also focusing on getting the highest need, most vulnerable individuals into permanent housing as quickly as possible.

For individuals seeking or interested in a housing intervention, street outreach staff should conduct an assessment to support the individual in their housing journey. Street outreach teams conducting shelter/housing focused outreach utilize a person-centered approach and a case management focus to build relationships with unsheltered persons to access individualized services. Personal choice is central to shelter/housing focused outreach, and street outreach staff will support the unsheltered person's choice to go to shelter or wait for housing. Moving an unsheltered person into a shelter or institution, as well as direct placement into permanent housing from the street, are both considered successful outcomes from this type of outreach engagement.

2.4 Population specific outreach is a subcategory of shelter/housing focused outreach that focuses on making connections with a particular population, such as Veterans or youth experiencing homelessness. Street outreach teams providing population specific outreach may receive additional trainings to those listed in the community standards and may have access to more direct

pathways to dedicated housing for the persons with which they work (i.e. YHDP and SSVF funded housing).

2.5 Clinical outreach is outreach that is conducted by a trained clinician to assess and address immediate health and behavioral health needs and make connections to the homeless and health care systems that will result in positive health outcomes for the individual. Facilitating connections to shelter, housing, or an institution of care is a goal of this outreach, as housing and health outcomes are interrelated.

2.6 Encampment outreach is conducted to individuals residing in an encampment to build relationships and make connections to shelter, housing, and/or services prior to an encampment being abated.

2.7 “In-reach” outreach involves efforts to engage with individuals and make housing connections before they leave an institution or other system of care, including but not limited to hospitals, jails, or the foster care system. This type of outreach is not street based; therefore all community standards may not be applicable to this type of work. In-reach efforts will be provided in coordination with other supports and services to ensure that clients are connected to resources that are accessible, meaningful, and appropriate for their needs.

3. Service Orientation

3.1 Compassion is necessary for effective engagement. The street outreach worker engages and supports unsheltered people not by seeing the relationship as one of healer and wounded, but as a joint partnership. Street outreach workers shall demonstrate empathy in each encounter with an unsheltered person.

3.2 A person-centered and strength-based approach is necessary for effective street outreach engagement and support. Street outreach workers shall endeavor to create service support plans based upon the specific needs and presenting issues of the unsheltered person and leverage the strengths of the individual to help them create and take action on a plan to resolve their homelessness.

3.3 Trauma and its impacts are widespread within the unsheltered homeless population, and as such, street outreach workers will employ a

trauma-informed approach to all encounters, planning and action. The guiding principles of a trauma-informed approach shall be employed in the work of street outreach when encountering and supporting unsheltered persons.

3.4 Street outreach workers shall communicate with unsheltered individuals in ways that use plain language, are clear and concise, and which appropriately articulates action steps, to effectively communicate with all unsheltered persons with whom they engage. Street outreach workers may need to amend their approach to engagement and planning as needed based on the needs of the unsheltered persons with whom they work, including considerations for persons who may have experienced a traumatic brain injury, untreated mental health concerns, or addiction.

3.5 Mental health and substance use recovery methods shall be practiced by street outreach workers in their approach to supporting unsheltered persons. In particular, street outreach workers shall address stigma associated with mental illness and/or substance use and will strive to connect individuals with behavioral health needs to appropriate mental health resources, substance use treatment, and community supports and ensure behavioral health needs do not impede their ability to connect with available shelter, housing, and other critical services. Referrals to Mental Health and Substance Abuse Treatment programs should be coordinated in advance by outreach staff to ensure bed availability and a smooth client hand off to the entity.

3.6 Harm reduction practices shall be supported by street outreach workers to help address risks and potential harms related to use of alcohol and other drugs and/or participation in sex work by unsheltered persons. When an outreach worker is prevented from distributing harm reduction supplies by their employer, they shall be knowledgeable of where and how to access harm reduction supplies. All street outreach workers shall be conversant in, and practice, harm reduction strategies when harm reduction supplies are not needed or unavailable.

3.7 Progressive engagement customizes the level of support for an unsheltered individual based upon their assets and strengths. It is dependent upon the unsheltered person to demonstrate what they are capable of doing on their own and being empowered as such to do so. Increased supports are provided only when there is inertia or inability to perform tasks themselves that would expedite their exit from homelessness.

3.8 Supportive Services and choice is necessary for effective engagement, planning and action. Street outreach workers shall provide meaningful and accurate information to unsheltered persons to allow them to discern a course of action that makes the most sense to them, up to and including the reasonable characteristics of the accommodation they seek to exit homelessness.

3.9 Trust and rapport are necessary for effective engagement, and often are built over time. It may take multiple engagement attempts before an individual accepts any service, which can in turn open new opportunities built on trust to provide additional supportive service assistance. In developing trust and rapport, street outreach workers shall be sensitive to professional boundaries. Neither communications nor actions should misconstrue the professional nature of the engagement.

3.10 Cultural humility is necessary for providing effective and equitable outreach and engagement to unsheltered persons. Street outreach workers should be aware of cultural competencies and work to minimize biases when working with unsheltered persons, including Black and Indigenous People of Color (BIPOC) and LGBTQIA+ persons. Street outreach workers should share their own pronouns and use gender neutral pronouns until the unsheltered person chooses to self-identify.

3.11 Positive Youth Development is an important framework for supporting youth and young adults (YYA) experiencing unsheltered homelessness in connecting to housing, shelter, and/or services. Street outreach workers engaging with YYA in unsheltered situations should work to build trust and authentically demonstrate that the YYA's experiences and opinions are respected and valued. Language and tone should be person-centered, respectful, and avoid paternalism.

4. Maintaining a Housing Focus

4.1 Street outreach engagement and support is anchored in the objective of helping the unsheltered person obtain stable housing and move from being unhoused to sheltered or housed in better living accommodations. A range of housing options should be discussed, offered, and operationalized as appropriate, including family reunification, roommates, independent living, and institutional care (when that is the best or only option).

4.2 Street outreach staff shall be knowledgeable of the housing process within and outside of the Heartland Continuum of Care Coordinated Entry System, and resource sharing should be part of regular Street Outreach Task Group meetings.

4.3 When housing options are explored independent of the Heartland Continuum of Care Coordinated Entry System, street outreach staff are required to directly support the unsheltered person in accessing housing and to seek the necessary support to assist the client with this transition.

4.4 When an unsheltered person does not desire or is ambivalent about housing, the street outreach staff shall be respectful yet be persistent in using all available skills such as Motivational Interviewing and Assertive Engagement to support and assist the individual in considering housing.

4.5 Street outreach staff shall not coerce, force, bribe, trick, or bargain with unsheltered persons to get them to accept housing. Resources and housing should be driven by client choice.

4.6 Once a person moves into housing and is no longer unsheltered, street outreach staff may follow-up, engage and support the person in transferring to other necessary supports for a period no longer than six weeks from the date of move into their safe and appropriate housing opportunity.

5. Taking Direction in the Coordination and Delivery of Street Outreach Services

5.1 Street outreach staff take direction from their employer only. An agency that provides street outreach services may be contractually obligated to take direction from, and/or respond to requests for action or information by their funder. The agency is responsible for directing their staff to take appropriate action based upon the request from their funder.

5.2 The Heartland Continuum of Care Street Outreach Task Group will inform community-wide strategy, help address systemic concerns, and recommend policy changes on street outreach. The Task Group will be composed of individual(s) with lived homeless experience, program staff, and other invested stakeholders. The Task Group will be responsible for improving street outreach and coordinated entry efforts across Springfield and Sangamon

County. This Task Group will be led by Heartland HOUSED staff and appointed Heartland Continuum of Care board members.

5.3 A Street Outreach Task Group under the Heartland Continuum of Care will provide direct service level coordination for street outreach efforts. This Task Group will establish regular coordination and communication regarding street outreach efforts, including case conferencing, taking action on immediate needs affecting direct service work, and geographic coverage collaboration across agencies providing street outreach services.

5.4 The Chair of the Street Outreach Task Group will be responsible for staying abreast of, at a high level, available shelter and temporary or permanent housing options and issues regarding Coordinated Entry. It is the Chair's responsibility to disseminate this information to outreach team staff and provide updates on these topics at each Street Outreach Task Group meeting.

5.5 Development of training modules, cultivation of street outreach expertise, and coordination of training across street outreach workers and organizations shall be the primary responsibility of the Heartland Continuum of Care and supported by Heartland HOUSED, in coordination with the funders of street outreach.

6. Role of Funders

6.1 Street outreach agencies are guided by their contractual obligations with their funder. Among other criteria, the contracts inform the type of outreach and the approach to be used for street outreach, the activities to be performed with the funding, activities that are not permitted with the available funding, hours of service, area(s) to be served, and performance targets.

6.2 Funders provide monitoring and oversight to their funding recipients in street outreach services. Each agency is responsible for meeting the expectations of their funder to allow for future investment in street outreach activities.

7. Acknowledging the Risks that Come with the Work

7.1 Street outreach staff perform their work in the community and may witness or encounter first-hand risks that are inherent in serving people who are street involved. Street outreach agencies are responsible for, and street

outreach staff are encouraged to reduce the impacts of those risks whenever possible.

7.2 Street outreach staff may encounter secondary or vicarious trauma as a result of performing the duties of the job. Street outreach provider agencies are responsible for creating an environment that allows and encourages self-care, and staff are encouraged to engage in self care. Street outreach agencies and staff are responsible for processing critical incidents appropriately.

8. Professional Training and Ethics

8.1 All training should be standardized across all agencies providing outreach services and coordinated through the Heartland Continuum of Care in partnership with Heartland HOUSED.

8.2 The following trainings should be completed within the **first month** of employment as an outreach worker, with the HCoC in partnership with Heartland HOUSED playing a lead role in the development and delivery of trainings, drawing in outside experts as necessary. These training sessions shall be refreshed every **2 years**.

- Outreach orientation training
- Mental health first aid training
- Trauma-informed care
- Problem solving/diversion
- Street outreach staff safety
- Ethics and street outreach delivery
- Harm reduction
- Documentation
- Assessment and Coordinated Entry practices
- First aid and CPR (unless current certification is already in place; refreshed as necessary to ensure outreach staff maintain certification)

8.3 The following trainings should be completed within the **first three months** of employment as an outreach worker, with the HCoC in partnership with Heartland HOUSED playing a lead role in the development and delivery of trainings, drawing in outside experts as necessary. These training sessions shall be refreshed every **3 years**.

- Skilled Assessor Training
- Motivational interviewing
- Assertive engagement training

- Cultural humility
- Administering Naloxone/Narcan (as appropriate)

8.4 The following trainings should be completed within the **first six months** of employment as an outreach worker, with Heartland Continuum of Care in partnership with Heartland HOUSED playing a lead role in the development and delivery of trainings, drawing in outside experts as necessary. These training sessions shall be refreshed every **3 years**.

- Self-care
- Professional Boundaries

8.5 If changes are made in the Heartland Continuum of Care Coordinated Entry process, training will be provided on a basis to ensure compliance with local policies and procedures.

9. Geographic Coverage & Overlap

9.1 Agencies engaging in outreach activities of any type shall strategize and collaborate in order to ensure adequate service connections and complete geographic coverage of Springfield and Sangamon County. This collaboration will happen regularly and in real-time at the Street Outreach Task Group.

9.2 Geographic coverage strategies will account for each agency's outreach funding stream and any resulting restrictions.

9.3 When more than one street outreach team serves overlapping geographic areas, those teams shall coordinate to reduce duplication of service. This collaboration will happen regularly and in real-time at the Street Outreach Task Group.

9.4 The majority of time spent by street outreach staff conducting direct outreach within the geographic area shall be spent engaging with unsheltered persons outdoors.

10. Hours of Operation

10.1 Street outreach staff shall provide service within their contractually obligated hours.

10.2 When not specified by a particular contract, street outreach teams shall endeavor to provide outreach services at different times of the day, including

early morning and evening hours, and also to provide services on weekends when operationally possible.

10.3 In geographic areas served by multiple street outreach teams, those teams shall reasonably coordinate to provide the greatest amount of street outreach coverage each day and across multiple days of the week, including weekends, to provide the greatest opportunities for engagement with unsheltered persons.

10.4 It is assumed that hours may need to be flexible across street outreach teams, hours of operation will be coordinated during regular Street Outreach Task Group meetings with the HCoC Board creating additional policy, if needed.

10.5 No street outreach activities are to occur during non-work hours.

10.6 From time to time, street outreach staff may encounter unsheltered persons who they know during non-work hours. During those instances, the off-duty street outreach staff is not to acknowledge the unsheltered person unless the unsheltered person initiates acknowledgement first. In the event that the off-duty street outreach staff is with others during the time of acknowledgement with the unsheltered person, no information about the person's name, circumstances, services or care shall be shared with others.

10.7 If street outreach staff encounter an unsheltered person who they know during a volunteer opportunity, the street outreach staff shall keep interactions focused on the current assistance being provided and not discuss street outreach activities or previous street outreach interactions in the course of the volunteer engagement.

11. Transportation

11.1 Street outreach teams shall provide transportation directly to unsheltered persons when a referral is made to shelter, housing or a direct service organization or a needed or referred service is not within reasonable walking proximity. That transportation will most often be accomplished through use of public transportation or an outreach vehicle by the street outreach agency. However, some circumstances may require providing transportation, with accompaniment as necessary, through private transportation methods such

as taxi or Uber. Transportation services should be connected to receiving shelter or housing resources.

11.2 Prior to providing transportation to any unsheltered person in any circumstance, staff shall determine if it is appropriate to provide transportation based upon the individual's current state and safety considerations.

12. Structured Engagement

12.1 Street outreach staff shall preferably work in groups of two but shall never have four or more outreach staff approach the same unsheltered person at the same time.

12.2 Street outreach staff shall identify themselves, the organization they work for, the intention of their engagement and ask permission to engage/enter encampment in every encounter with an unsheltered person they have not previously engaged with during street outreach.

12.3 Participating in street outreach services is understood as voluntary. Street outreach workers shall seek and record consent (which can be verbal) to engage with unsheltered persons and their voluntary desire to engage with the street outreach workers.

12.4 In the event an unsheltered person does not wish to engage with street outreach staff, this shall be respected during the encounter. Street outreach workers shall make offers of service again in the future to that same person who previously denied service offers.

12.5 An unsheltered person receiving street outreach services has the right to request engagement from a different street outreach worker or team at any point in the street outreach process. In such circumstances, coordination through the Street Outreach Task Group or Coordinated Entry Case Conferencing meeting may be necessary to ensure that the unsheltered person is quickly and appropriately connected to new street outreach services.

13. Provision of Information

13.1 Street outreach staff are responsible for maintaining current knowledge of all available resources to unsheltered persons within their specific coverage area, and across Springfield and Sangamon County more generally.

13.2 Street outreach teams shall provide information and referrals to available resources to unsheltered persons when/if requested, with particular attention to those resources accessible and available in close proximity to the unsheltered person's current or preferred location.

14. Provision of Goods

14.1 Street outreach staff must always begin and focus encounters with unsheltered persons on connections to shelter, housing, and/or accessing other resources in the community that may be of assistance to them stabilizing and transitioning to a higher level of care. During the course of these encounters, street outreach staff may choose to provide hygiene kits, food, clothing, duffle bags or other resources available. The intent of providing the above-mentioned items is to serve as an outreach tool for engagement with the hopes of ultimately leading to the acceptance of emergency shelter/housing goals and not meant to encourage further time spent on the street by individuals experiencing unsheltered homelessness.

14.2 Street outreach staff are not obligated to make the provision of materials available under any circumstance.

14.3 Any and all items distributed to persons experiencing unsheltered homelessness must be provided and authorized by the street outreach agency with which the street outreach worker is employed.

15. Previously Unknown Unsheltered Persons

15.1 Each week, street outreach teams shall dedicate some time to identifying unsheltered homeless persons who have not previously been connected to street outreach.

15.2 When previously unknown unsheltered persons are encountered, the street outreach staff shall endeavor to problem-solve a rapid resolution, including through utilization of problem solving and diversion strategies, to end their homelessness.

15.3 The street outreach staff shall complete an intake for the outreach program, including all required HUD data. Problem solving and diversion discussions should be tracked through HMIS. Service Activity will need to be updated every 30 days to maintain activity.

15.4 In the event rapid resolution of homelessness is not possible for the previously unknown unsheltered person, street outreach staff should create and document a plan on when the next engagement will occur and the action steps that will be taken in subsequent encounters. Additionally, the street outreach staff shall share information on available services and will facilitate referrals to those services based upon the desire of the unsheltered person.

16. Staying Connected to Existing Unsheltered Persons

16.1 Each week, street outreach staff shall focus primarily on re-engaging and serving unsheltered individuals that were previously encountered.

16.2 Each street outreach worker will have a defined caseload of people who are actively seeking shelter or housing. Caseloads will range between a minimum of 5 and a maximum of 25 unsheltered persons at any given time. Because levels of engagement will vary, street outreach staff may be connecting with more than 25 individuals during their work.

16.3 For a street outreach staff to keep an unsheltered person on their caseload, a minimum of one in-person contact must be recorded in HMIS each 30-day period. In the event that the unsheltered person is hospitalized, incarcerated or provisionally accommodated for more than 30 days, that person shall be moved off the caseload to inactive status. Should they re-engage in the future, the person's case can be reopened and made active. Space on street outreach worker caseload will remain flexible to allow for reengagements.

16.4 Each day of work for the street outreach team shall be planned, documented and strategic in identifying which individuals will be re-engaged and the intended actions for each encounter.

16.5 Re-engagement activities shall be designed and implemented to assist the unsheltered person in taking steps from being unsheltered to sheltered or housed in better living accommodations.

16.6 As part of re-engagement activities with unsheltered persons, street outreach staff shall coordinate with the agency receiving the housing referral through HMIS and the Heartland Continuum of Care Coordinated Entry system to verify chronic homeless status and collect related documentation, whenever it is warranted.

16.7 As part of re-engagement activities with unsheltered persons, in addition to verification of chronic homeless status where it is warranted, the street outreach staff shall take any and all actions to ensure the person is “document ready” to move into shelter or housing, meaning that they have all necessary documentation to verify their eligibility for housing, shelter and/or services.

17. Operational Documentation

17.1 Street outreach staff shall ensure all Universal Data Elements are recorded accurately in the Homeless Management Information System (HMIS) within two business days of contact with an unsheltered person. This serves to maintain client activity on the Heartland Continuum of Care CE by-names list. Capturing this information in real time is highly recommended.

17.2 Street outreach staff will meet the documentation requirements for their program and/or funding source if they extend beyond the Universal Data Elements required for all Street Outreach programs. If client documents are available (e.g. ID Cards, Birth Certificates, etc.), then staff should upload these items into HMIS.

17.3 Street outreach staff shall ensure case notes pertaining to street outreach are recorded completely in HMIS within two business days of contact with an unsheltered person.

18. The Interface Coordinated Entry

18.1 Street outreach staff shall complete all necessary documentation to refer an unsheltered person to housing and services through HMIS.

18.2 Heartland HOUSED staff shall ensure unsheltered persons are added to the community’s Housing Waitlist if the person is eligible and not already included on the list. Clients whose assessment score meets priority threshold will be added to the waitlist.

18.3 When an unsheltered person is identified through the Heartland Continuum of Care Coordinated Entry priority pool for an upcoming housing referral or is identified as a match for a housing vacancy through HMIS, street outreach staff shall coordinate with the housing agency to locate the individual and provide transportation as needed.

19. Consent

19.1 Street outreach teams shall receive explicit consent from any unsheltered person to provide a service to them. Street outreach staff will ensure that they receive a verbal or signed Release of Information (ROI) from unsheltered persons to share and or disclose data as needed to coordinate care and access to services. Client consent will be required to be entered into HMIS.

19.2 The agency for whom street outreach staff work is responsible for maintaining records of consent to receive service for unsheltered persons, as well as any consents pertaining to the release and sharing of personal information if there is a current outreach enrollment open for that agency.

19.3 Some unsheltered individuals encountered may not be cognitively well enough to provide consent. In those rare instances, street outreach staff shall work with an allied professional to have a capacity assessment completed on the person to determine their legal ability to provide consent for themselves. A case note must be entered in the digital platform used to highlight the assessment provided by those professionals.

20. Confidentiality

20.1 Street outreach staff shall confidentially maintain the identity of all unsheltered persons encountered through their professional efforts unless there is explicit consent to share that information with others, as documented through a signed Release of Information (ROI) uploaded to HMIS.

20.2 Electronic records of information shall be password protected to decrease the potential of a privacy breach.

20.3 Street outreach staff that make physical notes on paper related to their street outreach efforts shall ensure the papers remain confidential during and after work hours.

20.4 Information about an unsheltered person including, but not limited to, name, date of birth, Social Security Number, location, presenting issue(s), referrals, and action steps shall not be divulged to any third party unless there is explicit consent to do so or a legal duty to report.

21. Record Keeping

21.1 Street outreach staff are responsible for meeting or exceeding their employer's requirements for record keeping, as well as all record keeping requirements identified in their funding contract.

21.2 Unsheltered persons receiving street outreach shall be informed of what information is part of their record of engagement and service, how that information is stored and protected, and how to access or amend that information in the future if they so desire.

22. Case Conferencing

22.1 When appropriate consents are in place, a street outreach staff or team may organize a case conference to improve engagement, services, or follow-through with any unsheltered person. This should include only approved staff and all attendees must have HMIS access at the time of the case conference meeting.

22.2 Whenever possible, the unsheltered person that is being referenced in the case conference shall be invited to attend and participate in the case conference.

22.3 Given the nature of serving unsheltered persons, case conferences may be convened in the field if it improves the likelihood of the unsheltered person participating and/or if there are other reasons that would warrant such an approach.

22.4 If a person has been connected to street outreach for 12 months and remains unsheltered most days of the week and is not on a pathway to housing but verbally expresses a desire for housing, all reasonable efforts shall be taken to organize a case conference to develop a course of action and strategies that may increase the likelihood of the person moving forward with housing.

23. Participation in Collaboration and Meetings

23.1 Street outreach staff shall make their knowledge and skill available to assist with Point-In Time (PIT) counts.

23.2 Direct service outreach workers and agency management are encouraged to participate in Street Outreach Task Group meetings, where work between agencies will be coordinated. These meetings will be open to applicable staff and will cover the following activities on a regular basis:

- General on-the-ground coordination between teams;
- Identification of new and priority encampments;
- Space for case conferencing on specific clients;
- Discussion on upcoming housing referrals through Coordinated Entry;
- Check-ins on clients who are identified as missing and are active on the BOLO (Be on the Lookout) list; and
- Resource sharing.

23.3 Meetings may be separated into multiple segments where the full community can participate in conversations about street outreach but when specific street outreach clients are discussed, it needs to be limited to those people who have authority to access and share that data.

23.4 Street outreach staff are expected to participate in community trainings organized by the Heartland Continuum of Care in partnership with Heartland HOUSED and in accordance with the training strategies defined within these Standards.

23.5 Street outreach staff are expected to work effectively and in collaboration with law enforcement conducting outreach activities, so long as those activities are not related to enforcement.

23.6 Street outreach staff are expected to work effectively and in collaboration with non-profit homeless service providers.

23.7 Street outreach staff are expected to work effectively and in collaboration with members of the broader community, including neighborhood businesses and residents.

24. Referrals and Service Connections

24.1 Whenever the street outreach staff are referring contact with an unsheltered person to another street outreach staff or any other staff or program from the same or different agency, all reasonable efforts shall be made to ensure that there is a complete and transparent sharing of information, as well as a warm handoff. Warm handoffs occur best when all relevant parties, including the unsheltered person, are in the same location and are sharing information transparently. This process can be coordinated during the Coordinated Entry Case Conferencing meetings or at the agency level via HMIS, including making necessary changes to case manager assignments.

24.2 Street outreach workers will be provided with the flexibility to use their judgment and discretion to decide, in partnership with the service provider receiving the referral, how long the warm handoff to shelter or housing needs to be based on the unsheltered persons' situation and needs, within reason given the limitations of their caseload and funding stream.

24.3 Outreach Staff will have access to vehicles in order to safely transport clients to service connections and referral agencies and may rely on law enforcement if needed and available. Prior to transporting an individual, outreach staff will work with the person to review their belongings and ensure that no weapons, paraphernalia, or other potentially dangerous items are on their person. Outreach staff may also provide bus passes, taxi vouchers, or other forms of public transportation assistance to facilitate client transportation.

25. Grievances

25.1 All agencies delivering street outreach services shall have a grievance policy and accompanying procedures for investigating, and when appropriate, acting on grievances.

25.2 Once an unsheltered person has provided consent to receive street outreach services, they shall be made aware of the grievance policy. The CoC's grievance policy is included as an addendum to this document for reference.

26. Monitoring

26.1 A joint monitoring group composed of Heartland HOUSED and the Heartland Continuum of Care Board of Directors as part of contract

monitoring activities, may choose to monitor compliance with one or more of the street outreach standards for street outreach services within their jurisdiction.

26.2 Any agency funded found to be out of compliance with one or more of the street outreach standards may be placed on a remediation plan to ensure future fidelity to the standard(s). Failure to remediate may result in loss of future funding.

27. Personal Safety & Equipment

27.1 Street outreach staff and their employers are responsible for promoting personal safety of street outreach staff and taking the necessary measures to decrease risks as is reasonable in the context of street outreach.

27.2 Street outreach staff shall inform their supervisor(s) of their probable locations during their outreach shift, and shall update their supervisor, as appropriate, if there are deviations from the probable locations identified for the shift.

27.3 Street outreach staff shall have a phone with them at all times during the delivery of street outreach duties.

27.4 Each street outreach team shall have access to a First Aid Kit during the delivery of street outreach duties.

27.5 Street outreach staff shall have access to a computer or authorized mobile device for the purposes of data entry into HMIS, case notes, email, and maintaining knowledge of available resources to unsheltered persons.

27.6 Street outreach staff may engage people at or near their encampment site but shall not enter a tent or other enclosed space during the provision of services. Outreach staff should request assistance from or make law enforcement aware of their location prior to entering the encampment.

27.7 Street outreach staff shall dress in appropriate clothing and footwear due to environmental conditions such as rough/unlevel terrain, unmaintained brush/thorn bushes, overgrown grass and unknown biohazard situations such as human waste, mold, spoiled food, discarded needles/other paraphernalia and at times general foul odors from trash onsite.

28. Encountering a Homeless Individual in Distress

28.1 In some instances, street outreach staff will encounter an unsheltered person in physical, emotional, or mental distress. Efforts will be made to engage the unsheltered person and address their distress. When necessary and appropriate, street outreach staff shall call 988 for a mental health, suicide, or substance use crisis. In a life-threatening emergency, outreach staff shall call 911.

28.2 If the unsheltered person encountered in distress has not already provided informed consent to receive street outreach services, a 911 response may still be appropriate.

28.3 If an unsheltered person is in distress and a 911 response has been activated, the street outreach staff shall take all reasonable efforts to stay with the unsheltered person until assistance arrives and to relay pertinent information to first responders.

28.4 When directed by a funder or supervisor to do so, a summary of an incident involving an unsheltered person in distress and the response shall be provided within 24 hours of the encounter with the unsheltered person in distress.

29. Encountering a Homeless Individual Who Is Deceased

29.1 In very rare instances, street outreach staff may encounter an unsheltered person who has died. A 911 response will be activated in these instances.

29.2 When appropriate and necessary, street outreach staff shall administer efforts to revive the unsheltered person until first responders arrive on scene. Street outreach workers will receive training to administer such interventions as needed, including CPR and administering Narcan/Naloxone.

29.3 When directed by a funder or supervisor to do so, a summary of the incident involving the unsheltered person who is deceased and the response shall be provided within 24 hours of the encounter with the deceased unsheltered person.

30. Responding to Encampments

30.1 When multiple unsheltered persons are occupying space on public or private property – whether under a tarp, tent, or other handmade shelter or pre-existing structure or by occupying a building on public property for the

purpose of habitation – it is considered an encampment. The location of all currently occupied encampments shall be made known to the Street Outreach Working Group.

30.2 Street outreach workers shall be provided with a regularly updated list of current encampments and information regarding upcoming encampment abatements as soon as possible to facilitate effective outreach and engagement efforts. This will be coordinated by the Heartland HOUSED staff.

30.3 Street outreach staff who engage in encampment outreach are expected to work with individuals residing in an encampment to build relationships and make connections to shelter, housing, and/or services prior to an encampment being abated. These efforts should continue before, during and throughout the process of encampment abatement to reduce dislocation and increase connections to shelter, housing, and/or services as much as possible for persons residing in the encampment. Engagement may include provision of goods, provision of information, relationship and rapport building, and coordination with other resources such as ID recovery.

30.4 Street outreach staff may not participate in the construction of any encampment. In exceptional circumstances in response to the health and safety needs of unsheltered persons, street outreach staff may provide access to materials such as a tent that make the encampment possible.

30.5 When an encampment is scheduled to be abated, street outreach providers should not provide any materials to the unsheltered person that will exacerbate the clean-up process of the encampment.

30.6 On a monthly basis, the Street Outreach Task Group will identify priority encampments for outreach and will coordinate a schedule of outreach workers, medical professionals, meal services, and transportation to initiate a “surge” response for the unsheltered persons residing in the encampment.

31. Service Restrictions

31.1 In rare circumstances, an unsheltered homeless individual may display actions that present a real and credible threat to street outreach staff or defaces or destroys the property of street outreach staff. In these instances, a service restriction may be issued by the street outreach staff to the

unsheltered person if other attempts to de-escalate the situation have been unsuccessful.

31.2 Service restrictions may be issued verbally to the unsheltered person and should be documented in HMIS.

31.3 If it is the first time an unsheltered person has exhibited behavior prompting a service restriction, the service restriction period shall last no longer than seven (7) calendar days.

31.4 If the unsheltered person has engaged in the same behavior repeatedly resulting in subsequent service restrictions, the service restriction period shall last no longer than 14 calendar days.

31.5 No unsheltered person in Springfield or Sangamon County shall receive a permanent service restriction. However, for the health and safety of specific street outreach staff, in extreme cases that are approved by their supervisor, a particular street outreach staff may be exempt from having to engage with a specific unsheltered person in the future.

31.6 Information pertaining to any or all service restrictions may be requested by the Chair of the Street Outreach Task Group and shall be furnished within three business days if requested.

32. Engagement on Public Property and Private Property

32.1 Street outreach services shall be provided on all public and private property within any street outreach team catchment area that is open to all members of the public such as parks, sidewalks, greenspace, etc.

32.2 Outreach staff will work alongside law enforcement to conduct outreach activities on private property if assistance is needed.

32.3 Street outreach services may be available inside public buildings within street outreach team catchment areas, such as libraries and community centers, on a limited basis. Doing so should come with knowledge and permission of the staff within the public buildings. Outreach in public buildings should consume no more than 20% of the street outreach team's time in any given week and should be limited to engaging only those persons

experiencing homelessness who are unsheltered when not in the public building.

32.4 Street outreach services may be provided on unsheltered public and private property that is actually part of the public infrastructure, such as a culvert or other public property with restricted access in an environmentally sensitive area.

32.5 Street outreach services may be provided on quasi-public property within the catchment area of street outreach services, such as the parking lot surrounding a strip-mall or business, unless expressly requested by the property owner or operator not to do so.

32.6 Unless expressly invited by the owner, operator of a private building or coordinated with the Heartland Continuum of Care, street outreach activities are not to occur within a private building such as a business or restaurant.

33. Interface with Law Enforcement

33.1 Street outreach staff should not be the entity responsible for communicating or leading enforcement activities involving unsheltered persons.

33.2 Whenever possible, street outreach staff shall be available to assist unsheltered persons in the event law enforcement is asked to assist with reported encampment concerns. Law Enforcement will coordinate with the designated homeless outreach coordinator who will then contact the homeless outreach team to schedule a site visit to assess the site, substantiate reported concerns and offer homeless outreach assistance. Efforts shall be made by street outreach staff to make referrals and help each person connect to resources in the event of enforcement activities. Street outreach staff are present to assist the unsheltered person(s) only and are not to engage in any enforcement activities themselves.

33.3 When law enforcement is asked to participate in outreach and engagement activities, they may request street outreach staff to participate in those activities with them. If there is time to coordinate, this request from law enforcement will be made to the Chair of the Street Outreach Task Group, who will communicate with the necessary outreach teams.

33.4 In rare circumstances, street outreach staff may witness behavior or actions on the part of an unsheltered person that may trigger a legal duty to report the incident or information to law enforcement. Street outreach staff shall contact their direct supervisor in such circumstances for guidance on police involvement. If it is determined that law enforcement intervention is appropriate and necessary, street outreach staff shall do so promptly and thoroughly in these rare instances.

33.5 Law enforcement may witness behavior or actions on the part of an unsheltered person outside of the scope of encampment outreach efforts that may trigger a legal duty to report the incident or information to the Department of Human Services.

34. Coordinating with Health-Focused Activities Serving Unsheltered Persons

34.1 Street outreach staff shall identify unsheltered persons who would benefit from being assessed and/or receiving service from health-focused activities serving unsheltered persons. With consent, those individuals and their location shall be communicated to the health care team.

34.2 Street outreach staff will be non-judgmental and client-focused in discussing the physical, behavioral, and mental health needs of unsheltered persons.

34.3 Street outreach staff will build trust and rapport with unsheltered persons and will practice active listening to learn about their health and wellness concerns over the course of outreach engagements.

34.4 To ensure the privacy and confidentiality of the health information of unsheltered persons, street outreach staff shall not divulge health-related information to the health team about any unsheltered person unless there is a consent in place that explicitly allows the street outreach staff to do so.

34.5 Street outreach staff, when consents are in place, shall exchange information with the health team related to housing progress and other relevant service details.

34.6 Street outreach staff will work with local hospitals to coordinate transportation and medical care for clients in need of medical care that is

more intensive or urgent than can be provided by the health team through street outreach efforts.

35. Amending Street Outreach Standards

35.1 These Street Outreach Standards for the Heartland Continuum of Care are formally accepted as part of the CoC Written Standards and therefore are required to be updated and approved by the CoC at least annually.

35.2 With regular coordination happening between street outreach providers, updates and edits to these standards will likely be identified in discussion and problem solving around on-the ground work. In this case, it will be the responsibility of the Chair of the Street Outreach Task Group to track suggested edits and communicate them to the Coordinated Entry Case Conferencing meetings and the designated HOUSED staff person.

35.3 If an agency or funder identifies specific standards that need to be revised, they may go directly to the Chair of the Street Outreach Task Group or the designated Heartland HOUSED staff person.

35.4 Changes to these Standards will be discussed between the Street Outreach Task Group and the Heartland Continuum of Care Board of Directors. Additionally the community will identify ways to specifically engage people with lived experience of unsheltered homelessness to inform the practices of the community.

35.5 The Heartland Continuum of Care Board will have final approval on all updates and edits to these standards.

35.6 All amendments changed on an as-need basis will be communicated to street outreach services promptly and with an implementation date of at least 30 days after the amendment to the standard.

Section II: Agency Signatures and Agreement to Street Outreach Standards

The below signed agencies providing street outreach services in Springfield and Sangamon County agree to the street outreach standards established in this policy document in their entirety. The signed agencies agree to monitor outreach staff compliance with the street outreach standards established in this policy document and are committed to the continuous quality improvement of these standards based on feedback from staff, clients experiencing unsheltered homelessness, and other community stakeholders. Signatures:

Appendix A: Acronyms and definitions

BIPOC: Acronym for “Black and Indigenous people of color.”

By-Name List: real-time list of people experiencing homelessness within the Heartland Continuum of Care that serves the Springfield and Sangamon County area.

Clinical outreach: Outreach that is conducted by a trained clinician to assess and address immediate health and behavioral health needs and make connections to the homeless and health care systems that will result in positive health outcomes for the individual.

Continuum of Care (CoC): A group organized to carry out the responsibilities prescribed by HUD in the Continuum of Care (CoC) Program Interim Rule for a defined geographic area. The CoC for Springfield and Sangamon County is the Heartland Continuum of Care (HCoC).

Coordinated Entry (CES): A process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

CES Case Conferencing Task Group: The Task group is made up of directors and program staff actively working to connect clients with housing opportunities. Regular meetings are held to receive clients at the top of the prioritization list waiting for opportunities, identify ideas for collaboration, solutions, and challenges organizations are facing.

Cultural competency: Range of cognitive, affective, and behavioral skills that lead to effective and appropriate communication with people of other cultures.

Diversion: a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Encampment: Location where multiple unsheltered persons are occupying space on public property, whether under a tarp, tent, or other handmade shelter or pre-existing structure or by occupying a building on public property for the purpose of habitation.

Encampment outreach: Outreach conducted to individuals residing in an encampment to build relationships and make connections to shelter, housing, and/or services prior to an encampment being abated.

General outreach: Light-touch outreach that focuses on consistency, relationship building, and meeting immediate needs until an individual is ready to accept shelter, housing, or services.

Harm reduction: A set of practical strategies and approaches designed to lessen the negative social and/or physical consequences associated with various human behaviors, both legal and illegal, including substance use and other higher risk behaviors.

Homeless Management Information System (HMIS): Local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

“In-reach”: Outreach involving efforts to engage with individuals and make housing connections before they leave an institution or other system of care, including hospitals, jails, and foster care.

LGBTQIA+: Common acronym for the Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersex, Two-Spirit, Agender, Asexual, and Ally community.

Mental Health First Aid: a national program to teach the skills to respond to the signs of mental illness and substance use.

Population specific outreach: Subcategory of shelter/housing focused outreach that focuses on making connections to a particular population, such as Veterans or youth experiencing homelessness.

Positive Youth Development (PYD): An intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Release of Information (ROI): Signed statement by a client authorizing the sharing of information about their situation.

Shelter/housing focused outreach: Builds on general approaches, developing long term relationships to support people in making their next step towards safe and appropriate housing.

Street outreach: A professional homeless services intervention that focuses primarily on supporting individuals with accessing shelter and/or permanent or temporary housing, depending on the needs of the client, by building trusting relationships and ongoing rapport.

Trauma-informed care: An approach in the human service field that assumes that recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life and circumstances.

Universal data elements: Data elements which all HMIS participating projects funded by HUD are required to complete.

Unsheltered homelessness: A person experiencing homelessness who resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).

Appendix B: CoC Client Grievance Policy

Rationale: Client concerns and grievances should be resolved promptly and fairly, in the most informal and appropriate manner. Agencies should inform clients of the following process for filing a grievance. Clients will be free from agency interference, coercion or reprisal should they choose to file a complaint.

DEFINITIONS:

Complaint: When a client or community member doesn't like procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

Grievance: When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

POLICY:

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients' concerns should be heard, and the agency should make every effort to formally investigate complaints in a fair and thorough manner. Clients need to know that we are engaged in continuous improvement of our services. Clients will not experience retaliation or negative consequences for submitting a grievance.

Policy: Heartland Continuum of Care will respond to grievances in the following manner, depending on the nature of the concern or grievance.

- A.** Housing Program Grievance – Grievances about experience(s) with homeless housing programs will be redirected back to the program to follow grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. This information should be sent to the Heartland Continuum of Care as requested. The foregoing procedures are in addition to, and not in lieu

of, the anti discrimination policies established by the Department of Housing and Urban Development (HUD).

If you are not satisfied with the housing program's response to your grievance, contact the Heartland Continuum of Care following the directions listed in appendix C below. The Heartland Continuum of Care Board of Directors will review the grievance, and if needed, schedule a grievance mediation.

You may make your request by telephone or in writing.

- B.** Coordinated Entry Experience Grievance – Grievances about Coordinated Entry policies and procedures should be sent to the Heartland Continuum of Care following the procedures below. A grievance is an expression of dissatisfaction about any aspect of the Coordinated Entry service experience. It is an informal process that can be initiated orally or in writing. Upon receipt of an informal complaint, reasonable assistance will be provided by the Heartland Continuum of Care and may include supervisory or administrative staff to help obtain a satisfactory resolution to the concern.

Appendix C: Procedures to file a grievance

Please send your grievance letter to:

217 E Monroe St. Ste. 204 Springfield, IL, 62701

For all grievance letters, emails, or phone voice messages, please include:

- 1.** Your name
- 2.** The date
- 3.** Your contact information
- 4.** The best times and ways you can be reached
- 5.** An explanation of your concern/grievance
- 6.** What action you believe would solve the problem

The Heartland Continuum of Care will respond to grievances in writing within 14 days.