Appendix A

HUD CDC Allocation Recommendations 2024-2025

HOPWA

#	Agency	Project/Activity/Program	Amount Requested	Average Score	HUD CDC Recommended Funding	
1	HIV Resource Consortium, Inc. DBA TulsaCARES	Housing Care Program	$776,554	N/A	$776,554	
		HOPWA Admin @ 3%	**$24,017**		**$24,017**	
		Total Available for HOPWA*	**$800,571**		**$800,571**	$0.00

ESG

#	Agency	Project/Activity/Program	Amount Requested	Average Score	HUD CDC Recommended Funding	
1	Center for Housing Solutions	Sharelink/HMIS (3%)	$0	NA	$9,294	
		ESG HMIS Available	**$9,294**		**$9,294**	$0.00

ESG

#	Agency	Project/Activity/Program	Amount Requested	Average Score	HUD CDC Recommended Funding	
1	Center for Housing Solutions	PY24 Homelessness Prevention	$75,000	24	$35,700.00	
2	Tulsa Day Center	Emergency Rapid Re-Housing	$50,000	24	$35,699.00	
3	Family Safety Center	Hope Project	$25,000	23.8	$20,000.00	
		ESG Rapid Rehousing / Homlessness Prevention Available	**$91,399**		**$91,399**	$0.00
1	Youth Services of Tulsa	Adolescent Emergency Shelter	$60,000	24.8	$59,600.00	
2	Tulsa Day Center	Tulsa Day Center Shelter Operations	$54,000	24.4	$53,600.00	
3	Center for Housing Solutions	Street Outreach	$45,000	23.6	$44,600.00	
4	Legal Aid Services of Oklahoma, Inc.	Homeless Legal Assistance Project	$28,800	23.4	$28,093.00	
		ESG Shelter & Street Outreach Available @ 60%	**$185,893.00**		**$185,893**	$0.00
		Total Admin for ESG @ 7.5%	**$23,236.00**		**$23,236**	
		Total Available for ESG	**$309,822**		**$309,822**	$0.00

HOME

#	Agency	Project/Activity/Program	Amount Requested	Average Score	HUD CDC Recommended Funding	
1	City of Tulsa Working in Neighborhoods (WIN)	Homeowner Rehabilitation- HOME Home Owner Loans	$450,000	N/A	$450,000	
2	Center for Housing Solutions	Tenant Based Rental Assistance- TBRA	$250,000	22.6	$250,000	
3	Mental Health Association Oklahoma	Quincy Square Apartments	$996,080	21.4	$996,080	
		HOME Non-CHDO Available	**$2,304,339.59**		**$1,696,080**	
	CHDO Projects					
4	Tulsa Habitat for Humanity/Boomtown	Down Payment Assistance Program	$250,000	22.2	$250,000	
		CHDO Requirement (15%)	**$288,118**		**$250,000**	
		Total Admin for HOME (10%)	**$192,078**		**$192,078**	
		Total Available for HOME*	**$2,784,536**		**$2,138,158**	$646,377.59

CDBG Economic & Physical Development

#	Agency	Project/Activity/Program	Amount Requested	Average Score	HUD CDC Recommended Funding	
1	City of Tulsa Streets & Stormwater Dept.	PY24 Sidewalks	$384,723	N/A	$384,723	
2	City of Tulsa WIN Housing	WIN Housing Services - Project Delivery Cost ER & HM	$395,408	N/A	$470,000	
3	City of Tulsa DCE	Emergency Repairs Program	$1,100,000	N/A	$729,888	
4	City of Tulsa DCE	WIN - Demolition- Slum & Blight	$650,000	N/A	$420,000	
5	City of Tulsa Parks Department	Hawthorne Park Shelter	$150,000	N/A	$150,000	
6	Tulsa Housing Authority	Choice Neighborhood Year 2/6- Commanche	$375,000	N/A	$375,000	
		Total Available for Non-Competitive CDBG	**$2,529,611**		**$2,529,611**	$0.00
1	Tulsa Habitat for Humanity	Habitat HUD Certified Housing Counseling	$27,291	24	$27,291	
2	Tulsa Childrens Coalition	Playground Safety Upgrades at Skelly ECDC	$143,000	23.2	$143,000	
3	Tulsa Economic Development Corp	Small Business Loan Fund	$2,525,000	22.4	$217,000	
4	Center for Housing Solutions	Tenant Based Rental Assistance	$62,500	22.2	$62,500	
5	Route 66 Mainstreet	Microenterprise Program	$40,000	16.8	$0	
		Total Available for Competitive CDBG Economic, Development & Housing Service	**$449,791**		**$449,791**	$0.00

CDBG Essential Services

#	Agency	Project/Activity/Program	Requested	Avg Score	HUD CDC Recommended Funding	
1	Youth Services Tulsa (TLP)	Transitional Living	$50,000	25	$ 30,000.00	
2	Center for Housing Solutions	Rental Housing Subsidies (Housing Navigation)	$50,000	24.6	$ 25,000.00	
3	CAPTC	Briarglen	$50,000	24.2	$ 25,000.00	
4	Morton Health	Transportation	$50,000	24.2	$ 25,000.00	
5	Youth at Heart	After-School & Summer Enrichment Program	$50,000	24	$ 25,000.00	
6	Global Gardens - ETMS	Gardening for Health and Resilience	$37,972	23.8	$ 21,500.00	
7	YWCA	Employement Services	$50,000	23.8	$ 21,500.00	
8	Resonance Tulsa	Reentry Program	$50,000	23.6	$ 21,500.00	
9	Child Advocacy Network	Multi-disciplinary Child Abuse Team	$49,811	23.4	$ 21,500.00	
10	Madison Strategies	Tulsa Community WorkAdvance	$50,000	23.2	$ 21,500.00	
11	Tulsa Day Center	Tulsa Day Cener Medical Clinic	$49,762	23.2	$ 21,500.00	
12	Meals on Wheels	Meals on Wheels Metro Tulsa	$50,000	22.6	$ 20,500.00	
13	Girl Scouts	Staff-Led Troops	$40,255	22.4	$ 20,500.00	
14	DVIS	Court Advocacy	$50,000	21.8	$ 20,000.00	
15	Camp Fire	Community Building Clubs	$50,000	21.6	$ 20,000.00	
16	Salvation Army	The SA Tulsa Area Command	$50,000	21.4	$ 20,000.00	
17	Growing Together	Growing Together Community Schools Partnership Sequoyah Elementary	$50,000	19.8	$ -	
18	Operation Aware	Prevention Education	$48,200	19.8	$ -	
19	Vintage Housing	Case Management Services for Vintage Housing	$25,572	19.6	$ -	
20	TAUW	211 Support	$50,000	19.2	$ -	
21	Tulsa Global	Tulsa Global District Small business Support Program	$46,680	19.2	$ -	
22	Soar (Gateways Foundation)	Gatesway Business Services and Solutions	$48,600	18.8	$ -	
23	The Center for Individuals with Disabilities	Deaf Services	$49,898	18.8	$ -	
24	CEO	Employment Reentry Program	$50,000	18.4	$ -	
25	Neighbor's Along the Line	Neighbor's Along the Line Food & Nutrition Program	$50,000	18.4	$ -	
26	Drexel Academy	Academic and Summer Enrichment Program	$50,000	17.2	$ -	
		CDBG Public Service allocation	**$360,000**		**$360,000**	$0.00

Total Admin for CDBG (20%)	**$698,558**	**$698,558**	$0.00
Total Available for CDBG	**$4,037,960**	**$4,037,960**	$0.00
	Total HUD Grants Available	**$7,932,889**	
	Total HUD Grants Allocated	**$7,286,511**	
	Unallocated Funds	**$646,378**	
	Total	**$7,932,889**	

Appendix E

ESG Standards

A WAY HOME FOR TULSA
SERVICE STANDARDS

A Way Home for Tulsa Services Standards

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1 General

All agencies in Tulsa County providing outreach, drop-in centers, emergency shelter, coordinated entry, temporary and permanent housing, and supportive services to persons experiencing homelessness should use these standards as a benchmark and model for agency- and program-level policies and procedures.

Local funders are encouraged to use the Tulsa Homeless Services Standards to assess agency and program capacity, operations, and performance.

1.1 Purpose

The Tulsa Homeless Services Standards were developed with the expectation of providing quality, standardized services to support persons in exiting homelessness as quickly as possible and preventing its recurrence.

A Way Home for Tulsa (AWH4T) exists to plan and implement strategies that support a system of outreach, engagement, assessment, prevention, and evaluation for those experiencing homelessness, or those persons at risk of homelessness, within the Tulsa County. AWH4T utilizes the Continuum of Care (CoC) model mandated by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amendment to the McKinney-Vento Homeless Assistance Act as further promulgated by the U.S. Department of Housing and Urban Development (HUD) CoC Interim Rule (24 CFR Part 578) (the Interim Rule). AWH4T's primary emphasis is on providing crisis housing, permanent housing, and related supportive services under the Housing First concept. The group's work includes gathering and analyzing information to determine the local needs of people experiencing homelessness, implementing strategic responses, and measuring results. It is the mission of AWH4T to prevent and end homelessness in Tulsa County through partnerships among nonprofit providers, private businesses, governmental entities, philanthropic individuals and organizations, the investment community, and citizens.

1.2 Key Terms

Additional key terms specifically relevant to Best Practices in Serving Transgender and Gender Non-Conforming Persons and to Coordinated Entry are found in Sections 1.6.4.1 and 2.4, respectively.

- **Assistance animal:** The term "assistance animal," under the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 and as used in the following standards, refers to any animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals do not need to be individually trained or certified. If an animal fits the definition of service animal and assistance animal, it must be treated as a service animal.

- **Bedroom:** The term "bedroom," as used in the ensuing standards, refers to a room furnished with a bed and intended primarily for sleeping.

- **Chronically homeless (chronic):**

    1. A ''homeless individual with a disability,'' who:

i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
ii. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

- **Client:** As used in the ensuing standards, the term "client" refers to individuals or families who reside in a shelter, transitional housing, rapid rehousing, joint component transitional housing rapid rehousing, or permanent supportive housing, as defined below, or participate in programs offered by homeless street outreach, drop-in center, shelter, housing, or service providers.
- **Continuum of Care (CoC):** A program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

- **Disabling condition:** A disabling condition is defined by HUD as one or more of the following:

1. Physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that meets all of the following criteria:

    i. Is expected to be of long continuing or indefinite duration,

    ii. Substantially impedes the individual's ability to live independently, and

    iii. Could be improved by the provision of more suitable housing conditions.

2. Developmental disability – a severe, chronic disability that:

    i. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

    ii. Is manifested before the individual attains age 22;

iii. Is likely to continue indefinitely;

iv. Results in substantial functional limitations in three or more of the following areas of major life activity:

a. Self-care,

b. Receptive and expressive language,

c. Learning,

d. Mobility,

e. Self-direction,

f. Capacity for independent living,

g. Economic self-sufficiency; AND

v. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

3. HIV or AIDS.

- **Drop-in center:** "Drop-in center" refers to a program which provides services, including information and referral, food, bathrooms, seating accommodations and telephones, in a safe, welcoming, minimally intrusive environment that is designed to foster trust and personal engagement. Drop-in centers are not cliental programs.
- **Emergency Shelter:** Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for persons experiencing homelessness in general or for specific subpopulations of persons experiencing homelessness.
- **Emergency Solutions Grant (ESG):** A program of the U.S. Department of Housing and Urban Development to provide emergency shelter to individuals and families living on the street; rapidly re-house individuals and families experiencing homelessness; and prevent individuals and families from becoming homeless.
- **Facility:** The term "facility," as used in the ensuing standards, refers to a building, buildings, or part of building used to provide site-based services, shelter, or housing to persons experiencing homelessness or participating in permanent supportive housing or rapid rehousing. The definition of "facility" does not include units occupied by clients in rapid rehousing or permanent supportive housing programs.

- **Family:** A household with at least one adult over the age of 18 and one dependent under the age of 18.
- **Homeless Management Information System (HMIS):** A web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout the CoC jurisdiction, as mandated by HUD.

- **Homeless:** HUD defines the term "homeless" at 24 CFR 583.5 as:

1. A person sleeping in a place not meant for human habitation (*e.g.*, living on the streets) OR living in a homeless temporary shelter;

2. An individual or family who will imminently lose their primary nighttime residence within the next 14 days with no subsequent housing identified;

3. Families or youth under age 25 who meet other Federal definitions of homelessness; or
4. A person fleeing or attempting to flee domestic violence.

- **Housing First:** “Housing First” means the evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting people experiencing homelessness to permanent housing as quickly as possible without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Housing First providers offer services on a voluntary basis as needed to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

- **Internal appeal process:** The term "internal appeal process," as used in the ensuing standards, refers to a mechanism for clients to appeal the results of the internal grievance procedure or to appeal unfavorable admissions or eligibility decisions, shelter guidelines, sanctions or expulsions.

- **Internal grievance procedure:** The term "internal grievance procedure,” as used in the ensuing standards, refers to a mechanism for clients to file official complaints about inadequate shelter or housing conditions or improper staff behavior.
- **Outreach services:** "Outreach services" refer to street outreach or mobile outreach teams that are designed to bring the existing service delivery system to the person or family served. These services are offered to persons and families who have unmet needs and who are not served or are under-served by existing service delivery mechanisms in the community.
- **Permanent supportive housing:** "Permanent supportive housing" refers to a type of long-term permanent housing that is organization-sponsored and which provides housing linked with supportive services to persons experiencing homelessness with disabling conditions. Permanent supportive housing is designed to encourage maximum independence among its clients.

- **Program:** The term “program," as used in the ensuing standards, refers to the entity that is providing the housing or services, which may include shelter, housing, supportive services, outreach services, drop-in center, or any other social services whether they are provided in a residential or non-residential setting.
- **Rapid rehousing:** The term "rapid rehousing" refers to a type of permanent housing program, which offers time-limited rental subsidies and case management. The aim of rapid rehousing is to move individuals and families into permanent housing as rapidly as possible, and to provide supports necessary for clients to achieve independence and long-term housing stability.
- **Reasonable accommodation:** The term "reasonable accommodation" refers to a change in a shelter or service provider's usual guidelines, policies, or practices when a change is necessary and reasonable for a client with a disability to fully use and enjoy the program. The accommodation must be directly related to the individual's disability without creating an undue hardship on the provider.
- **Safe Haven (SH):** A form of supportive housing that serves hard-to-reach persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

- **Service animal:** A “service animal” is defined under the Americans with Disabilities Act (ADA) as a dog or miniature horse that is individually trained to perform tasks or do work for a person with a disability. The work or task trained for must directly relate to the person’s disability. The animal may be trained professionally, by the user, or by others. A service animal’s training does not have to be documented or certified. If an animal fits the definition of service animal and assistance animal, it must be treated as a service animal.
- **Shelter:** The term "shelter," as used in the ensuing standards, includes all three types of shelters, temporary, basic and service-enriched, as defined below. When the standards apply only to a certain type of shelter, specific language is used to clarify the designation.
    - **Temporary or winter shelter:** The terms "temporary shelter" or "winter shelter',' as used in the ensuing standards, refer to all temporary or seasonal emergency shelters, including rotating church shelters, that provide shelter in a non-permanent location, for a limited period of time, to individuals and families having neither a home nor the means to obtain a home or other temporary lodging. These shelters may be set up in response to natural disasters, harsh climactic conditions, or other emergencies. The programs and/or facilities are temporary and are not meant to exist beyond the length of the emergency or winter season.

    - **Basic shelter:** The term "basic shelter," as used in the ensuing standards, refers to facilities providing shelter in a permanent location, for a limited period of time, to individuals and families having neither a home nor the means to obtain a home or other temporary lodging.
    - **Service-enriched shelter:** The term "service-enriched shelter," as used in the ensuing standards, refers to facilities that provide shelter and services in a permanent location, for a limited period of time, to individuals and families having neither a home nor the means to obtain a home or other temporary lodging. Service-enriched shelters are distinguished from basic shelters by the provision of services, such as case management, substance abuse treatment, and/ or mental health counseling, which support clients' transition to stability.
- **Supportive Services for Veteran Families (SSVF):** A U.S. Department of Veterans Affairs program that provides supportive services grants to assist very low-income Veteran families residing in or transitioning to permanent housing, to promote housing stability.
- **Transitional housing:** For the purposes of these standards, "transitional housing" must comply with the standards of service-enriched shelters except where existing law requires a different standard. Transitional housing programs offer housing combined with an array of support services, for an extended, but not permanent length of time where clients may pay a percentage of their income towards their housing cost. Transitional housing is designed to provide people with the structure and support they need to address critical issues contributing to their homelessness and to teach the skills necessary to maintain permanent housing and maximum self-sufficiency.
- **Veteran:** An individual who has served in any branch of the United States Military, regardless of status of discharge. Service may be substantiated through any of the following: DD Form 214, Veteran Status Query and Response Exchange System (SQUARES); VA Medical Center Hospital Inquiry (HINQ); VA Computerized Patient Record System (CPRS); Veteran Benefits Administration benefit award confirmation document(s); or through the local SSVF provider.
- **Youth:** Individuals or families in which the head of household is 24 years of age or younger not accompanied by a parent or guardian during a homelessness episode, including parenting youth. Also referred to as “unaccompanied youth” or “transitional age youth”.

1.3 Staff

The ideal staff/client ratio should be determined based on the unique needs of the population(s) served, the physical configuration of the program (per building/site), and the number of clients served. For site-based programs, programs have trained, on-site staff persons (paid or volunteer), available and accessible in sufficient number to provide a safe environment during all hours that a facility is open to clients.

Appropriate criminal background checks will be conducted on all staff members that work with children. Programs must have a policy prohibiting staff from establishing sexual relationships with program clients.

Programs create repeatable systems for hiring that minimize individual bias and maximize organizational objectives. Programs conduct deliberate outreach to and by diverse individuals to diverse networks to ensure that applicants to open staff positions are diverse and actively cultivate relationships with individuals from underrepresented backgrounds. Deliberate outreach to individuals and organizations across industries allows for access to fresh pools of talent with a greater diversity of backgrounds. Programs use language for job announcements, marketing materials, and applications for professional development programs that is inclusive and encourages diverse people to apply.

1.3.1 Staff Training

All programs must ensure that staff receive regular, high-quality training, including staff participation in CoC training. The CoC has the responsibility of providing access to training to support programs in implementing these homeless services standards.

For site-based programs, there is at least one staff person on-site at each facility at all times who has had training and orientation on the following topics:

1. CPR
2. First Aid
3. Crisis intervention and de-escalation techniques
4. Cultural sensitivity
5. Sexual harassment
6. Universal Precautions (disease transmission prevention)
7. Child abuse/neglect reporting laws (if program provides services to children)
8. Search and Seizure/Probable Cause (shelter programs only)
9. TB Prevention (shelter programs only)
10. Medication handling (shelter programs only if shelter handles medication)

In temporary or winter shelters, staff receive at minimum a one-time training per season/year on these subjects.

1.4 Admission Procedures, Eligibility, and Documentation

Programs have committed themselves to promoting equal opportunity and non-discriminatory treatment in all aspects of the housing related services they provide and to comply with and support the federal government, the State of Oklahoma, and the City of Tulsa in prohibiting any and all forms of discrimination against classes identified in the following:

- The Federal Fair Housing Act ("FHA" 42 U.S.C 3601, 3602, 3603, 3604, et seq.), the implementing regulations at 24 CFR part 100, Executive Order 11063, HUD Notice CPD-15-02 and 24 CFR Parts 5, 200, 203, 236, 400, 570, 574, 576, 882, 891 and 982.
- The Oklahoma Fair Housing Act ("OKFHA" Okla. Rev. Statutes Title 25 §1451, et seq.).
- Tulsa Revised Ordinances, Title 5 §104.

As a matter of internal policy and in conformity with the authorities referenced above, programs do not support any form of discrimination based on any other factor illegal under federal, state or city statute, regulation or ordinance (any of which is an "Unlawful Category"). Programs may not discriminate on the basis of race, color, national origin, religion, sex, age, familial status, ancestry, marital status, sexual orientation, gender identity, or disability. Programs must provide notice of this non-discrimination policy to clients and prospective clients.

The program's admission process must include written eligibility criteria that are fair and objective. The process must also include verbal or written notification in no higher than a fifth grade reading level, in the frequently encountered languages of limited English proficient groups eligible to be served by the program, or in a fashion readily accessible to accommodate hearing impaired, Deaf, and sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters), upon request, of reasons for non-acceptance. The eligibility information must be made available to clients at intake and staff must provide answers to questions about the admission criteria and process.

Programs must have formal appeal procedures through which clients may appeal unfavorable admission or eligibility decisions. Programs must provide clients with a copy of the policy for appeals at intake in no higher than a fifth grade reading level and, in a fashion, readily accessible to accommodate hearing impaired, Deaf, and sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters). *See Procedures to Protect Client Rights, Section 1.6*. In addition, any person who believes that they or a family member has experienced actions in violation of any of the above policies may report the issue to the CoC. The CoC will investigate the claim and take remedial action as appropriate, taking into account the outcomes of the program's established due process procedures.

1.4.1 Housing First

Programs adhere to a Housing First approach to applicant admission, which is also reflected in their written policies and procedures:

- Tenant screening and selection practices promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, mental health status, or participation in services.

- Applicants are not rejected on the basis of poor credit or financial history, employment status, poor or lack of rental history, criminal convictions unrelated to tenancy (except as mandated by funding requirements), or behaviors that indicate a lack of housing readiness.
- Any rejections of potential clients for safety or health reasons should be rare and considered on a case by case basis. A program may reject a potential client if they have posed a direct threat to the health or safety of the program's staff or clients in the past, subject to the program's written guidelines regarding expulsion, which specify whether and when expelled clients may again be eligible for program participation. Programs may not make assumptions about how a particular potential client is likely to behave based on past experience with other clients.

1.4.1.1 Housing First and Youth

A youth-focused approach to Housing First goes beyond assisting young people merely to become independent, but rather, enables them to make a successful transition to adulthood. Accommodation and supports must first be designed and implemented in recognition of the developmental needs and challenges of youth and second, foster and enable a transition to adulthood and wellness based on a strengths-based approach.

In addition to accessing housing (and obtaining rent supplements), young people are provided with a range of social supports include facilitating reconnection with family and natural supports where safe and appropriate, are provided with referrals and assistance in accessing services and supports, in re-engaging with education and training and setting career goals and career goals. In terms of youth engagement, young people are supported in volunteering, exploring community resources and opportunities in their community, attending community events, identifying interests and exploring opportunities for them to become involved in programming.

Some youth – particularly very young teens – may not have attained the necessary life skills, independence and maturity to maintain their own apartment (while others will). Furthermore, young people with mental health and addictions issues (or a combination of both) in some cases find that independent living is isolating and may become an enabling environment for drug use and therefore would prefer to address other developmental/health issues prior to independent living. Young people are able to exercise some choice regarding the location and type of housing they receive (*e.g.*, neighborhood, congregate setting, scattered site, etc.). Choice may be constrained by local availability and affordability. This may mean that some young people want independent scattered site housing, but others may feel that congregate transitional housing models better suit their needs.

For young people with addiction challenges, a recovery orientation means access to a harm reduction environment. However, as part of the spectrum of choices that underlies both Housing First and harm reduction, people may desire and choose 'abstinence only' housing. There should be no requirement of sobriety or abstinence.

1.4.1.2 Recovery Housing

Notwithstanding its emphasis on a Housing First approach, AWH4T also recognizes the importance of providing individual choice to support various paths towards recovery. Some people pursuing recovery from addiction express a preference for an abstinence-focused residential or housing programs where they can live among and be supported by a community of peers who are also focused on pursuing recovery from addiction. AWH4T supports individual choice by ensuring that housing options are available for people at all stages of recovery, including people who continue to use drugs or alcohol and

people who are opting and striving for abstinence. Housing First and recovery housing should be developed to run robustly in parallel ways that allow persons to move freely back and forth between them as the individual chooses.

Where a person experiencing homelessness with a substance use disorder indicates that their preference is to live in a community that uses a peer community to support sobriety, recovery housing is an appropriate option. The key is that the program participant has sought out this type of program as their preferred choice for supporting their personal commitment to their sobriety and holistic recovery.

Recovery housing programs provide a progression of supports throughout the recovery process. Programs focused on addiction treatment and recovery that are short-term provide more intensive supports, particularly at the beginning of the recovery process, while longer-term programs provide fewer supports.

Recovery housing programs to have the following defining characteristics and best practices:

1. Program participation is self-initiated (there may be exceptions for court ordered participation) and residents have expressed a preference for living in a housing setting targeted to people in recovery with an abstinence focus;
2. There are minimal barriers to entry into programs, so that long periods of sobriety, income requirements, clean criminal records, or clear eviction histories are not required for program entry;
3. Generally, housing is single-site because of the benefits of the creation of a recovery-oriented community, but may include other housing configurations;
4. Residents have personal privacy and 24/7 access to the housing, with community space for resident gatherings and meetings;
5. Holistic services and peer-based recovery supports are available to all program participants;
6. Along with services to help achieve goals focused on permanent housing placements and stability, and income and employment, programs provide services that align with participants' choice and prioritization of personal goals of sustained recovery and abstinence from substance use;
7. Relapse is not treated as an automatic cause for eviction from housing or termination from a program – the program includes relapse support;
8. Discharge from the program should only occur when a participant's behavior substantially disrupts or impacts the welfare of the recovery community in which the participant resides, and the participant may apply to reenter the housing program if they express a renewed commitment to living in a housing setting targeted to people in recovery with an abstinence focus; and
9. Participants who determine that they are no longer interested in living in a housing setting with an abstinence focus, or who are discharged from the program or evicted from the housing, are offered assistance in accessing other housing and services options, including options operated with harm reduction principles.

1.5 Protocols, Policies, and Procedures

Programs have reasonable guidelines for clients that are appropriate for the program model, target population, and services provided. Such guidelines clearly inform clients of the obligations upon which their continued participation in the program depends and the sanctions for non-compliance. Programs provide clients with a copy of the guidelines at intake in the frequently encountered languages of limited English proficient groups eligible to be served by the program and in a fashion readily acceptable to accommodate hearing impaired, Deaf, and sight impaired individuals. In addition, it makes immediately

available and accessible the guidelines in a location readily accessible to clients and visitors in no higher than a fifth grade reading level, in the frequently encountered languages of limited English proficient groups eligible to be served by the program, and in a fashion readily accessible (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters).

The program guidelines specify the rights of clients and the procedures in place to protect their rights and dignity. *See Procedures to Protect Client Rights, Section 1.6*. This information is provided in a manner which is clear and easily understood by clients. The program guidelines are applied to all clients, unless a client has asked for a reasonable accommodation due to their disability. Clients are permitted to exercise these rights without fear of reprisal.

The program guidelines include the policy and procedures governing how and when searches of clients' private possessions may be conducted, if applicable. The program guidelines specify the reasons or conditions for which a client may be sanctioned or expelled, including those behaviors which constitute gross misconduct and are grounds for immediate discharge from the program and those which would prompt a written warning if violated and potential discharge if violated repeatedly and specifying whether and when expelled clients may again be eligible for program participation. The program guidelines describe the formal appeal procedures through which clients may appeal program regulations, sanctions or expulsions.

1.5.1 Protection of Client Choice

Programs adhere to a Housing First approach, which is also reflected in their written policies and procedures:

- Supportive services that are highly tenant-driven without predetermined goals and that emphasize engagement and problem solving over therapeutic goals and service plans.
- Participation in services or program compliance is not a condition of housing tenancy or program participation.
- The use of alcohol or drugs in and of itself, without other program guideline violations, is not a reason for termination from the program.
- Case managers and service coordinators are trained in and actively employ evidence-based, trauma-informed practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.
- Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenant’s lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.
- Program facilities may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.
- Programs serving homeless youth should use a positive youth development model and be culturally competent to serve unaccompanied youth under 25 years of age. Providers should work with the youth to engage in family reunification efforts, where appropriate and when in the best interest of the youth.

1.6 Procedures to Protect Client Rights

1.6.1 Basic Rights

The rights and dignity of clients are respected by program staff and policies. At a minimum, clients are afforded the following rights and protections:

- Clients are entitled to safe, healthy environments for service delivery, housing, and shelter. Clients are treated with respect and dignity as individuals.
- Clients with disabilities receive reasonable accommodations as needed under the Fair Housing Act and Titles II and III of the Americans with Disabilities Act.
- Programs maintain clear, transparent policies and procedures to inform clients about eligibility, admissions, sanctions, dismissal, and grievances. Clients have the right to remain in the program and may not be dismissed involuntarily without reasonable cause, notice, and due process.
- Confidentiality of clients' information is respected, with necessary exceptions with full disclosure to clients for referrals and further treatment. This includes medical, financial, personal, behavioral health, and other information which a client might reasonably expect to be kept private. Clients sign clear disclosure statements regarding any private information that will be shared.
- Programs provide client-centered services and reasonable flexibility to tenants in paying their rent, including special payment arrangements such as representative payee or assistance with financial management.
- Programs make efforts to maximize client choice in housing and services, including type and location of housing when possible.
- Housing program staff help tenants understand their legal obligations as tenants to reduce the risk of eviction.

1.6.2 Opportunities for Clients in Program Administration

Programs recognize the value of client voice in improving program design and community impact. Programs strive to gather meaningful feedback and utilize it to improve service delivery and system design:

- Programs provide meaningful opportunities for clients to give input and be involved in program design and policies.
- Clients have ongoing opportunities to share opinions and make suggestions.
- Programs have policies outlining how client feedback will be utilized and heard, how it will reach high-level staff and be considered when designing and implementing programs.

1.6.3 Protection Against Discrimination

Programs do not discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, age, familial status, ancestry, marital status, sexual orientation, gender identity, or disability – shelter, housing, and services programs ensure equal access to all eligible households. Disability and mental health status are never reasons to deny services or program access to a potential client.

Programs require ongoing staff participation in CoC training around inclusion and unconscious bias mitigation, with an emphasis on senior and mid-level managers and hiring/recruiting officials.

Programs maintain a written policy on religious freedom of clients and staff. Clients are not required to participate in religious worship or instruction, and any religious activities – including activities that involve overt religious content such as worship, religious instruction, or proselytization – must be performed separately in time or location from programs that are supported with direct Federal financial assistance (including through prime awards or sub-awards). Program staff do not, in providing assistance, discriminate against a client or prospective client on the basis of religion or religious belief. In providing services and in their outreach activities related to such services, programs do not discriminate against current or prospective clients on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

Clients with disabilities receive reasonable accommodations to allow program participation. Programs grant client requests to change program policies or procedures when reasonable and necessary due to client's disability. Such an accommodation is treated equally whether requested at intake, during participation, or at exit.

Staff and clients have the right to report discrimination or harassment without fear of retaliation by the program or staff. Programs continually review policies and procedures in order to reasonably accommodate client needs.

1.6.3.1 Service Animals

In shelter and public services spaces, service animals are allowed in all areas of the facility where clients are customarily allowed to go. This includes common areas and sleeping areas in shelters. Clients may not be asked to pay a fee related to their service animals.

Staff may not request documentation for service animals. Staff may only ask the person with a service animal two questions:

1. “Is this a services animal that is required because of a disability?”
2. “What work or tasks has the animal been trained to perform?”

If it is readily apparent or already known that the animal is trained to do work or perform tasks for a person with a disability, staff may not make these inquiries. Staff cannot ask for documentation, ask about the nature of the disability, or require the animal to demonstrate.

Please note that service animals are subject to the same licensing and vaccination rules that are applied to all dogs by local animal control and public health requirements, including the City of Tulsa Animal Welfare Department. Program staff may ask a client to provide documentation of their animal's compliance with local law, or if that is not available, arrange for a veterinarian to examine and/or vaccinate the animal.

Agencies make reasonable modifications to allow service animals unless the modification would fundamentally alter the nature of the services or facilities. ADA-covered facilities cannot deny access unless the animal is out of control and the handler does not effectively act to control it, is not housebroken (trained to control waste elimination except in illness or accident) or poses a direct threat to the health or safety of others that cannot be reduced to an acceptable level by modification of other policies or practices. Any determination of direct threat from the animal must be based on individualized assessment of the specific animal’s conduct, not on breed stereotypes or other generalizations.

1.6.3.2 Assistance Animals

Housing and shelter providers may not refuse to make reasonable accommodations in protocols, policies, practices, or services when necessary to give a person with an assistance animal equal opportunity to use and enjoy a dwelling. Providers should engage in an interactive process with the client to discuss proposed accommodations or reasonable alternatives.

If not already known or apparent, providers may request reliable documentation of a disability and the client’s disability-related need for the assistance animal. Providers may not request extensive documentation or medical records.

Housing and shelter providers may refuse to allow a particular assistance animal if it would cause undue financial or administrative burden, fundamentally alters the nature of the housing provider’s services, directly threatens the health or safety of others, or causes substantial physical damage to the property of others.

1.6.4 Best Practices in Serving Transgender and Gender Non-Conforming Persons

The Equal Access Rule, announced in January 2012, codified HUD's commitment to the fair administration of its funded projects "regardless of marriage status, sexual orientation or gender identity." Following that announcement, in September 2016, HUD further required that decisions related to placement and accommodations in single-sex shelters and facilities must be made in accordance with the client's gender identity. The Equal Access Rule prohibits discrimination on both actual and perceived gender identity. The purpose of these best practices is to ensure the safety, dignity, and well-being of transgender and gender non-conforming persons accessing programs.

1.6.4.1 Common Definitions

The best practice is to treat transgender and gender non-conforming clients with respect. Respect is key to ensuring safety and equal access for all clients. Use of language is one way that staff can show respect. Staff should take care to use words that affirm clients' identities and to avoid words that are offensive.

Transgender and gender non-conforming people vary in what terms they use and prefer to use to describe their experiences. If you are unsure if a term is affirming or offensive to an individual client, you may ask the client what terms they prefer.

The following list of common definitions will be helpful when working with transgender and gender non-conforming clients:

- **Assigned sex:** A person's sex as assigned at birth, typically by a doctor or midwife, based on the person's internal and/or external anatomy. One's assigned sex may or may not correspond to one's gender identity or expression.
- **Gender affirmation surgeries:** Also known as "sexual reassignment surgery." A variety of medical treatments that may be recommended by a healthcare provider to a transgender person in order to treat distress caused by the discrepancy between their gender identity and sex assigned at birth. There is not just one surgery but many surgeries. Avoid using the term "sex change surgery."
- **Gender identity:** A person's internal or innate sense of being male, female, or another gender. One's gender identity may or may not match their assigned sex at birth and may or may not be visible based on outward appearance.
- **Gender expression:** A person's external expression of gender identity (note that many times people do not feel they can safely express their gender identity). Gender expression may be exhibited through behavior, clothing, hairstyle, body language, and voice. Gender expression does not always correspond to a person's gender identity and may change over time or even day-to-day.
- **Gender non-conforming person:** An individual who does not conform to traditional gender roles or stereotypes. Traditional roles and stereotypes vary based on different cultural and societal ideals. Individuals may be perceived as having a different gender than their outward appearances (behavior, clothing, hairstyle, body language, voice).
- **Gender transition:** Gender transition is a personal process that a transgender person goes through when they begin to live and identify as the gender they see themselves as. This process includes a social transition, with a person changing their gender expression, such as clothes and hairstyle. It also includes a change in pronouns, and possibly their first name, to be reflective of the gender they are transitioning to. This process may also include support from a therapist and a medical transition, which can be hormone replacement therapy and/or gender affirmation surgeries. Some transgender people may not have access to gender affirmation medical

treatment due to the prohibitive cost, lack of access to providers, physical health issues, lack of health insurance coverage, and/ or personal reasons. The reality is that many transgender people live, present, and are accepted as the gender they see themselves as without gender affirmation medical treatment, hormones, and/or gender affirmation surgeries.

- **Preferred name:** The name with which a person identifies and prefers others to use. A person may or may not do a legal name change.
- **Sexual orientation:** An individual's physical or emotional attraction to the same and/or opposite sex. Sexual orientation is distinct from one's gender expression or identity.
- **Transgender:** An umbrella term for people whose gender identity and/or gender expression is different from their assigned sexes, whether or not they have had any gender-related medical or surgical treatments. Avoid saying "a transgender" and the spelling "transgendered."
- **Transgender man (or "FTM"):** A person who has transitioned from "female to male," meaning a person who was assigned female sex at birth but now identifies and lives as a male. The individual may or may not have undergone medical treatments. Transgender men use male pronouns like "he," "him," and "his." Avoid saying "a transgender" and the spelling "transgendered."
- **Transgender woman (or "MTF"):** A person who has transitioned from "male to female," meaning a person who was assigned male sex at birth but now identifies and lives as a female. The individual may or may not have undergone medical treatments. Transgender women use female pronouns like "she," "her," and "hers." Avoid saying "a transgender" and the spelling "transgendered."

1.6.4.2 Recommended Policies and Procedures

1.6.4.2.1 Respect at All Stages

Program staff take steps to show transgender and gender non-conforming clients that they are welcome and respected. At all times, starting with intake and ending with discharge, program staff refer to clients by clients' preferred names and pronouns. In addition, program staff do not ask probing questions about a client's gender identity or gender expression unless the information is relevant to ensuring that the client has a safe stay or a positive experience in the program. For example, a staff member working with a client to determine sleeping arrangements does not inquire about whether the client has had any gender affirmation surgeries. If the client raises a topic, then the staff member can discuss it with the client, as long as the discussion is respectful and on the client's terms.

If the information is collected, intake forms include a space for "gender identity or preferred gender," "preferred name," and "preferred pronouns," as opposed to "legal name" and "sex." If there are forms that are not within the program's purview to change, staff explain the limitations of the form to the client so that the client understands that the shelter or program staff supports the client's identity. Throughout the process, intake staff should avoid making assumptions about a client's gender based on anything other than the client's description of their own gender. For example, staff should not assume gender based on the client's voice, clothing, appearance, or documentation or ID.

1.6.4.2.2 Confidentiality

When working with transgender and gender non-conforming clients, it is especially important to respect the clients' right to privacy. Disclosing a person's status as transgender may put that client's safety at risk. For example, program staff must be careful to always use the client's preferred name and pronouns, since using a former name or the wrong pronoun could disclose a client's status as a transgender person.

Furthermore, program staff should discuss in a private/confidential space any matters that could disclose a client's transgender status.

If information regarding a client's legal name and/or sex at birth is needed and/or collected, it should be kept confidential unless the client chooses to disclose or requests that staff disclose this information. A breach in this protocol may endanger a transgender person's safety. Only staff who must know, in order to keep the client safe or for essential functions, should be told of the client's transgender or gender non-conforming status, unless the client freely chooses to share this information.

1.6.4.2.3 Harassment

Harassment can be traumatic for any client. Programs should revise their existing harassment policies to explicitly cover harassment related to gender identity and expression. Specific forms of harassment that a transgender or gender non-conforming person may confront based on their gender identity or expression include, but are not limited to, the following:

- Deliberately not using the client's preferred name, misusing a form of address, and/or not using the preferred gender pronoun
- Asking inappropriate personal questions about the client's body, genitals, gender identity or expression, or gender transition, including whether the individual has or plans to have medical or surgical procedures
- Disclosing to others that the client is transgender or gender non-conforming
- Posting offensive pictures, or sending offensive electronic or other communications related to the client, including telephone, internet, and text-messaging harassment
- Making derogatory remarks, jokes, insults, threats, or epithets including negative stereotypes about transgender and gender non-conforming people or homophobic comments in the presence of any client
- Asking a client's former name

In addition to taking initiative to ensure that no staff or clients engage in harassment, programs take all possible steps to ensure that no outside vendors, service providers, or other third parties harass transgender or gender non-conforming clients. If any instance of harassment does occur, program staff and leadership follow the same policies and procedures as with any other client issue and with the same level of urgency as they would use for harassment based on race, color, national origin, religion, sex, age, familial status, disability, ancestry, marital status, sexual orientation, gender identity, or any other category or identity. Policies and procedures should:

- Include specific behaviors that violate standards of respectful behavior, such as language, actions and non-verbal intimidation
- Escalate corrective actions if an individual repeats the same violation of standards after educational opportunities are offered
- Focus corrective actions on aggressors who violate project protocols, not on the subject of their harassment

- If a client continues to disrespect a transgender individual, consider as interim steps:
    - Requiring that the harassing client stay away from the transgender individual
    - Making changes in sleeping arrangements without limiting the freedom of the transgender individual, for example, by moving the harassing client
    - Pursuing other interventions that do not result in the expulsion of the harassing client

In no instances should interim or final steps involve expulsion of the harassed client.

1.6.4.2.4 Protecting Client Choice

In circumstances in which shelters, programs, housing, or other facilities (*e.g.*, showers, bathrooms) are sex segregated, transgender individuals are accommodated based on the gender the individual lives and identifies as. For instance, a transgender woman (MTF) should be placed in women's programs, and a transgender man (FTM) should be placed in men's programs, unless the individual indicates that they wish to be placed elsewhere. Some transgender and/or gender nonconforming individuals may not feel ready to be in the gendered space with which they identify. A failure to appropriately assign transgender and/or gender non-conforming clients could result in violence, harassment, sexual assault, and other types of abuse.

Transgender and gender non-conforming persons are allowed to stay in a sex-segregated program and access sex-segregated facilities that correlate with the gender with which they identify. These choices should not be made by staff and should not be dependent on gender-related medical treatment or status. The majority of transgender clients will choose women's programs and facilities if they live and identify as women, and men's programs and facilities if they live and identify as men. However, a client who feels that they would be unsafe in the program that matches their gender identity should be allowed to stay/participate in another program in which they feel safe.

Programs discuss with transgender and gender non-conforming clients their concerns regarding personal, emotional, and/or physical safety. Review all available options for sleeping arrangements and bathroom and shower facilities, including men's, women's, and gender neutral or single occupant. Conduct these conversations in such a way that they are private and confidential and do not bring unwanted attention to the individual or situation. A client may change their preferred gender or name during their participation in the program. When this occurs, staff discusses options with the client and identify whether any changes in accommodations should be made in order to ensure the client's safety and well-being.

Men's and women's programs post welcoming messages. For example, a women's program could post a sign saying: "We have many types of women here: women of different races, religions, sexual orientations, gender expressions, and gender identities."

1.6.4.2.5 Implementation

Programs should take steps to create an accepting environment. Doing so will also help educate staff and other clients. The following are specific actions that programs can take to demonstrate that their environment is accepting:

- Posting welcoming signs that indicate “transgender people are welcome here” or “we serve many types of women here” and making materials with information about resources available to transgender and gender non-conforming clients freely available and easily accessible to all clients
- Making immediately available and accessible the shelter or program’s non-discrimination policy in clear sight of all clients
- Including this section of Tulsa Homeless Services Standards in the staff and volunteer handbooks, for the easy reference of both new hires and seasoned staff

1.6.5 Protection of Privacy

Clients are entitled to enjoy the maximum amount of privacy under the circumstances.

Clients have the right to have private written and verbal communications, including the right to meet with legal representatives and legal counsel.

Clients are entitled to receive and send mail or any other correspondence without interception or interference, where mail service is available.

1.6.6 Protection Against Unreasonable Searches and Seizures

1.6.6.1 Programmatic or Routine Searches

Routine or programmatic searches are searches or inspections that do not target individual clients but are conducted for all clients on a routine basis according to a program’s written policies and procedures. Programmatic or routine searches include routine bag checks when clients enter program facilities, and room inspections for purposes of pest control. Searches may only be conducted on a programmatic or routine basis when the program has a sufficiently compelling policy reason to conduct such searches, and the search is the least intrusive means to accomplish the goal.

Programmatic or routine searches are permitted only within program facilities, or as a condition to entry to a program facility. Programs must have written policies and procedures regarding when and how program staff will conduct routine searches and what will be done with items of client property that are not permitted in the program facility. Clients must be informed of the program’s policies and procedures regarding routine searches, including storage of items not permitted in the program facility, treatment of illegal or dangerous items, and any consequences to the client, at or prior to entry into the program.

Clients must be permitted to refuse to consent to a routine search and elect to exit the program. If a client possesses items not permitted in the program facility, the client must be given the option to retain the items and decline to enter the facility.

Where feasible, programs should offer to retain and store items for the client and return the items when the client exits the facility. If the client chooses to surrender items not permitted in the facility, and the program cannot legally or safely store items (*e.g.*, weapons, illegal drugs), program staff should contact law enforcement or other appropriate authority to arrange for storage or disposal. The program may not disclose information regarding the client’s possession of illegal or dangerous items, without the client’s prior written consent. Clients must be informed of this course of action prior to surrendering the item.

1.6.6.2 Targeted Searches and Seizures

The following standards apply to congregate living facilities, including site-based emergency shelters and site-based transitional housing. Programs and program staff should not conduct targeted searches of clients or seize client property in other types of facilities (*e.g.,* program offices, facilities providing supportive services), or in permanent housing units occupied by clients. All programs and program staff must respect tenants' rights and protections, when they apply.

Programs must have a policy and procedure governing when and how searches of clients' private possessions may be conducted. These policies and procedures must be in writing and shall be in no higher than a fifth grade reading level, in the frequently encountered languages of limited English proficient groups eligible to be served by the program, and in a fashion readily accessible to accommodate sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters). These policies and procedures either shall be given to clients at intake or made immediately available and accessible.

The program guidelines include the policy and procedures governing how and when searches of clients' private possessions may be conducted. Unless the law requires otherwise, searches will only be conducted when there is "probable cause" to believe that the person has in his or her possession something which may jeopardize the safety of other clients or staff, including a weapon, or illegal material, including illegal drugs. The search policy must include specific factors to be considered in determining "probable cause." The least intrusive means to search will be utilized. The more intrusive the search, the more compelling the circumstances must be to justify the search.

Searches must be made in a reasonable manner with respect for the individual's dignity and privacy. Searches may only be conducted to the extent required in order to find a weapon, illegal material, drugs or alcohol. For example, if a gun is suspected to be in a person s possession, a locker may be searched but not a wallet. Whenever possible, the individual must be given an opportunity to be present during all inspections of his or her belongings.

Before a search is conducted, the program's written search policy shall be given and explained to the person to be searched and the client must be given an opportunity to voluntarily consent to a search. If the person does not consent to the search, and "probable cause" exists to search, the person must be given the choice of being discharged or being searched. Searches of an individual's body must be made by a program staff member of the same gender as the individual being searched.

Unless only one staff person is present at the program, searches must be conducted in the presence of at least two program staff members. If a search is conducted, the following information must be documented in the person's record or if individual records are not kept, in the program's log:

1. The facts establishing reasonable grounds for the search
2. Whether the client consented to the search or was discharged
3. The scope of the search and the manner in which it was conducted
4. The individuals' name(s), gender(s) and role(s) who were present at the search.

Illegal contraband confiscated during a search may be turned over to law enforcement. Oral information identifying from whom the contraband was confiscated may not be communicated to law enforcement unless in response to a subpoena. Written information identifying from whom the contraband was confiscated may not be turned over to law enforcement unless in response to a warrant or subpoena. When the circumstances permit, senior management should supervise interactions with law enforcement.

1.6.7 Confidentiality

Programs respect clients' right to confidential treatment of personal, social, financial, and medical records. Programs must develop and follow written policies and procedures regarding the confidentiality of information about clients. HMIS participating agencies comply with all confidentiality, privacy, and security standards in the Oklahoma Homeless Management Information System Standard Operating Policies and Procedures.

Without a client's lawful consent to disclose information, all information and records obtained in the course of providing behavioral health services is kept strictly confidential, even as to other program staff. Information gathered in the course of other, non-mental health related support services is also kept confidential unless otherwise necessary, following all application privacy, confidentiality, and data security laws and regulations for those services.

Programs ensure that their procedures conform with all applicable legal and statutory requirements including, but not limited to, laws governing health care records and information, information about behavioral health consumers, victims of domestic violence, the federal drug and alcohol confidentiality law, and laws and regulations pertaining to the confidentiality of HIV information. When appropriate, programs should obtain legal counsel regarding the confidentiality of records and the general conditions under which they may be subpoenaed. Additional legal counsel is sought, if necessary, when courts, public officials, investigative units, or law enforcement bodies seek special or unusual information about a client.

Programs comply with mandatory reporting laws and protect clients and the community when a client may be dangerous to self or others. To this end, programs must establish and follow written policies regarding disclosure of sensitive information about the client. Internal policies and procedures are developed for recording and periodically reviewing these cases to determine that appropriate disclosure takes place.

When programs receive a valid request for the release of confidential information, programs obtain the informed, written consent of the client as required by law. Programs provide a copy of the signed consent to the person giving consent and place a copy in the case record. Documentation of a client's consent includes the following elements as well as any other elements that may be required by applicable law:

1. The signature of the person whose information will be released, or the legal guardian of a client who is not able to provide such informed consent
2. The specific information to be released
3. The purpose for which the information is sought
4. The date the consent takes place
5. The date the consent expires
6. The identity of the person to whom the information is to be given
7. The identity of the person within the organization who is releasing the confidential information
8. A statement that the person or family served may withdraw their consent at any time

In the absence of a subpoena or other legal requirement, programs and program staff will not provide information about clients to law enforcement or other outside entities without written consent of the client.

Programs protect the confidentiality and privacy of clients by prohibiting participation in public performances against the wishes of the client or without informed consent of that person (and, for a minor, of the client and the client's parent or guardian); the required or coerced use of public statements that express gratitude to the organization; and the use of identifiable photographs, videotapes, audio-taped interviews, artwork, or creative writing for public relations purposes without the informed consent of that client (and, for a minor, of the client and the client's parent or guardian).

1.6.8 Grievance Procedures

Programs have an internal grievance process that clients can use to resolve conflicts within the program. Programs must have written policies and procedures for resolving grievances, including a statement regarding the client's right to request reasonable accommodation, and make them immediately available and accessible to clients. In addition, each client receives a copy of the grievance policies and procedures, upon intake and upon receiving a warning or discharge notice, in no higher than a fifth grade reading level, in all the frequently encountered languages of limited English proficient groups eligible to be served by the program, and in a fashion readily accessible to accommodate hearing impaired, Deaf, and sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters).

The grievance process focuses on preventing the escalation of conflicts, resolving conflicts, and improving program environments for clients and staff. To the extent possible, the goal of grievance procedures is conflict resolution, rather than determining or assigning fault or blame. To this end, programs strive to maximize the use of informal avenues for resolving disputes whenever possible.

The program's grievance procedures allow clients the opportunity to be represented by a third-party advocate in the grievance process. Reasonable efforts are made to coordinate with the client's advocate in order to schedule the appeal. The program's grievance procedures provide clients the opportunity to present their case before a neutral decision-maker.

Grievances can be submitted through email or written documentation to the CES lead agency, Housing Solutions, at housingsolutions@housingsolutionstulsa.org.

1.6.9 Client Termination

A program may terminate assistance to a client who repeatedly violates program requirements or conditions of occupancy. Termination under this section does not bar the program from providing further assistance at a later date to the same individual or family.

Programs that are providing permanent supportive housing for hard-to-house populations persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. A client’s assistance should be terminated only in the most severe cases. The termination process is designed to allow due process to the client who can appeal the termination decision.

The client must receive a written copy of the program guidelines and the termination due process before the client begins to receive assistance. If a client is already enrolled in a program, a written copy of the guidelines and termination due process must be provided annually.

1.6.9.1 Role of the Case Manager

The case manager will assist the client to avoid jeopardizing their housing placement (where the client is housed) and participation in the program. The case manager will inform the client when their behaviors may lead to termination from the program and will develop a written agreement with the client to resolve the issues that may result in program termination and consequent eviction from the housing unit (if applicable). The case manager's supervisor will facilitate a meeting with the client and case manager to review the remediation plan outlined in the written agreement, explain the consequences of continued non-compliance with program and/or occupancy agreements, with the ultimate consequence for housed clients being termination of rental assistance for violations of program requirements and/or eviction from the premises by the landlord for occupancy agreement violations. This delineation of roles between the case manager's supervisor and the case manager will assist in protecting the established working relationship between the case manager and the client.

If the client refuses to enter into a written agreement and the program and/or occupancy agreement violations persist, the case manager must collect written documentation supporting the reasons for program termination and include the written agreement, if any, noting the degree of implementation and results.

Violations that may result in program termination include:

- Refusal to provide documentation or signature required for program eligibility (*e.g.* annual recertification);
- Abandonment of the unit without notice to the program staff for more than 30 consecutive days (please note that this does not include instances in which program staff are notified of time-limited vacancy from the unit, however, the length of time away from the unit will be dependent upon the specific requirements of the program funding source);
- Violent or threatening behavior, or other behavior that seriously threatens the health and safety of the client, family members in the household, or other tenants;
- Violent or threatening behavior towards the case manager, other program staff, landlord, property manager, other tenants; and
- Legal eviction by a landlord constituting extreme violation of occupancy requirements. Program termination is an option of last resort – programs take a client-centered and trauma-informed approach to supporting clients in addressing nonpayment and late payment of rent and health and safety concerns.

In situations where the client or their family is involved in violent or criminal activity that endangers the safety of the client, family members in the household, or the safety of other tenants, the client may be required to leave the housing unit immediately. In this instance, if it is safe to do so, the case manager will assist the client with locating other housing arrangements or services.

If the violent or threatening behavior is directed towards the case manager, other program staff, landlord, property manager, or other tenants, the program will terminate the client from the program. The program will work with the Coordination Center to transfer the client to another RRH or PSH program if appropriate and if doing so is not likely to put the client, household members, program staff, or tenants at risk of harm.

1.6.10 Eviction Proceedings by a Landlord

If a landlord initiates eviction proceedings against a program client in the absence of a program termination notice, the client must inform the case manager of the eviction proceedings and provide a copy of the landlord's eviction letter and all court summons and eviction notices. The case manager will assist the program client to find another unit, with the assistance of ??Coordination Center??. Legal eviction by a landlord may constitute extreme violation of occupancy requirements and subjects the client to possible termination from the program if the reasons for eviction constitute program violations stated above.

1.6.11 Client Appeal to the Program

A program terminating a client must provide a written letter to the client informing the client of the termination decision along with the reasons for termination, and the date of termination from the program that will result in ending the rental subsidy and/or eviction from the unit if the landlord is a sponsor agency. The letter must provide 30-day notice for termination. The letter must also include a description of the appeal process including the deadline date for the appeal, the person to be contacted to schedule an appeal hearing, and an appeal form to be completed by the program if applicable. The recipient or subrecipient must specify whether supportive services will continue during the 30-day period.

1.6.11.1 Client Appeal to the Continuum of Care

If the client's appeal to the program results in the termination being upheld, the client has the right to appeal to the CoC, whose decision is binding. The appeal must be submitted in writing to the CoC Lead Agency. The client can also request that the program deliver their appeal request directly to the CoC Lead Agency on their behalf. Upon receipt of the appeal request, the CoC Lead Agency must convene an appeals panel within ten business days to render a final decision. The appeals panel must consist of the lead agency designee and at least two neutral CoC members (from agencies other than the program). The client must attend the appeal hearing and be provided a means of transportation to the hearing if requested by the client. The client must be given the opportunity to present their reasons for remaining in the CoC program. Failure on the part of the client to attend will automatically uphold the termination decision unless the client has made good faith efforts to contact the CoC prior to the appeals hearing stating the reasons for not being able to attend.

1.7 Family Policies

1.7.1 Education

Programs assisting families with children or unaccompanied youth:

- Take the educational needs of children into account when placing families in housing and, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education;
- Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures;
- Do not require children and unaccompanied youth to enroll in a new school as a condition of receiving services;
- Allow parents or the youth (if unaccompanied) to make decisions about school placement;
- Do not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school;
- Make immediately available and accessible notices of student's rights at each program site that serves children and families experiencing homelessness in the frequently encountered languages of limited English proficient groups eligible to be served by the program; and
- Designate staff that will be responsible for:
    - Ensuring that children and youth in their programs are in school and are connected to appropriate services in the community, including early childhood programs as available; and
    - Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons, and other mainstream providers as needed.

1.7.2 Admission and Separation

Programs may not use the age or gender of a family member under 18 or the gender or marital status of a parent or parents as the basis for denying admission to a family. Programs that serve families may not deny admission to any member of a family that is being served by the program (with exceptions in domestic violence situations). “Family member” means any member of a household as defined or identified by the household, and is not limited to persons related by birth, adoption, or marriage.

The CoC work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs.

Continuing efforts are made among cold winter shelters to ensure that families are not separated, and the 211 system is used to help identify the needs of families and keep them together.

1.8 Safeguards for Domestic Violence Survivors

All efforts are made to protect the privacy and safety of survivors of domestic violence, dating violence, sexual assault, stalking, and human trafficking (hereinafter "domestic violence survivors").

1.8.1 Privacy and Safety

The location of domestic violence programs shall not be made public.

No program will deny or terminate assistance or evict a client solely because they are a domestic violence survivor or due to acts of violence perpetrated against them.

1.9 Food Services

All programs that provide food services on-site comply with the following standards:

- If a program provides meals, they are well-balanced and nutritious. The meals may be provided either directly or through a contractual arrangement.
- All health codes are observed in the preparation and storage of food.
- Programs providing food services make a reasonable effort to meet all clients' cultural needs as well as medically appropriate dietary needs as prescribed by appropriate medical or dental personnel.
- Programs providing food services on-site provide food buying and menu planning by a staff member, consultant or volunteer knowledgeable in nutrition.

1.10 Transportation Services

All programs providing transportation services with agency vehicles comply with the following standards:

- The program has written policies and procedures that guide the use and maintenance of agency motor vehicles used for client transportation.
- If the program serves people with children, it has sufficient car seats and booster seats for infants and toddlers, and children six years or younger and/or 80 pounds or below must use them in a manner complying with existing law.
- All vehicles (personal and agency) used for transportation are fully and adequately insured, operated only by licensed drivers, and have up-to-date registration. All drivers and passengers use seat belts, as required by law.
- Mass transport vehicles receive, at a minimum, an annual safety inspection by qualified individuals. Documentation of immediate completion of safety repairs is kept on file.
- Programs ensure transportation is provided for those requiring wheelchair accessibility.

1.11 Emergency Procedures

1.11.1 Standards for Program Facilities

There are posted policies and procedures for responding to emergencies. Programs have written protocols to guide staff response to crises including, but not limited to, physical injury, client suicide attempts, overdoses, and domestic or other violence. The protocols should outline the way in which police and fire departments should enter the facility, what they can expect of clients and staff when they enter the facility, and which staff to interact with. This document should be created in cooperation with the police and fire departments and should be part of an ongoing relationship with these departments.

Programs have fire safety systems including a posted evacuation plan and map in each room and all items required by building, safety, and health codes. Programs have at least one designated individual person on site at all times who has had training and orientation on emergency procedures.

Programs have first aid equipment and supplies for medical emergencies available at all times. These supplies are checked regularly to ensure they are up to date and their location in the facility is clearly marked. Programs have a phone available 24 hours per day to contact the fire department, paramedics, police and site supervisor personnel, and posts a list of such emergency numbers.

Programs promptly and appropriately respond to the medical problems of clients and staff. Universal precaution practices are used to prevent transmission of diseases and are implemented under the presumption that blood and body fluids from any source are to be considered potentially infectious. Supplies necessary for maintaining universal precautions, such as sharps containers, are available.

A map designating the location of the gas main will be conspicuously posted and known to the program's on-site emergency response designee. A gas shut-off tool must be attached near the gas main. Instructions for using the gas shut-off tool must be posted next to the tool in the frequently encountered languages of limited English proficient groups eligible to be served by the program.

1.11.2 Disaster Preparedness and Response

Agencies should participate in community-wide disaster preparedness efforts, including training and drills and comply with the City of Tulsa/Tulsa County Emergency Operations Plan.

2 Coordinated Entry

Coordinated Entry Systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. Such systems help communities systematically assess the needs of program participants and effectively match each individual and family with the most appropriate resources to address that individual or family's particular need. Under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act) and the interim rule for the Continuum of Care Program, each CoC must establish and operate a centralized or coordinated assessment system (24 CFR 587.7 (a)(8)).

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This, combined with the lack of well-developed coordinated entry processes, can result in severe hardships for people experiencing homelessness. Coordinated Entry Systems help communities prioritize assistance based on vulnerability and acuity of service needs to ensure that people who need assistance the most can receive it in a timely manner. A Coordinated Entry System also provides information about service needs and gaps to help communities plan and identify needed resources.

A Coordinated Entry System (CES) is intended to increase and streamline access to housing and services for individuals and families experiencing homelessness, match appropriate levels of housing and

services based on their needs, and prioritize individuals and families with severe service needs for the most intensive interventions.

U.S. Department of Housing and Urban Development (HUD) defines a centralized or coordinated assessment/entry system as "a centralized or coordinated process designed to coordinate program participants' intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3) Participation in the coordinated intake system is required for HUD CoC and ESG grantees.

Tulsa's coordinated entry system is designed to meet the requirements of the HEARTH Act, under which, at a minimum, Continuums of Care must adopt written standards that include:

1. Policies and procedures for providing an initial housing assessment to determine the best housing and services intervention for individuals and families;

2. A specific policy to guide the operating of the centralized or coordinated assessment system on how its system will address the needs of individuals and families fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter services from non-victim service providers;

3. Policies and procedures for evaluating individuals' and families' eligibility for assistance;

4. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

5. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance; and
6. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

2.1 Common goals

1. The process will be easy for the individual or family, and provide quick and seamless entry into homelessness services;

2. Individuals and families will be referred to the most appropriate resource(s) for their individual situation;

3. The process will prevent duplication of services;

4. The process will reduce length of homelessness; and
5. The process will improve communication among agencies.

2.2 Guiding principles

The goal of the CES is to provide each individual or family with adequate services and support to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles:

1. **Adopt Community Standards:** Allow flexibility for customization beyond baseline standard.
2. **Individual choice:** Individuals will be given information about the programs available to them and have choice about which programs they want to participate in. Individuals are also engaged as key and valued partners in implementation and evaluation to obtain their feedback on the effectiveness of the system.
3. **Promote person-centered practices:** Every individual should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan.
4. **Housing First:** In alignment with HUD and federal guidance, Housing Solutions utilizes Housing First philosophy and practices.
5. **Prioritize the most vulnerable:** Acuity and vulnerability serve as the primary factor for prioritization. Limited resources should be directed first to individuals or families that are most vulnerable. Less vulnerable individuals or families are assisted as resources allow.
6. **Collaboration:** Because this is being implemented community-wide, it requires a great deal of collaboration in the Tulsa CoC among providers, mainstream assistance agencies, funders, and other key partners. Collaboration will be fostered through open communication, transparent work by a strong governing council (AWH4T), consistently scheduled meetings between partners, and regular reporting on the performance of coordinated entry.
7. **Accurate data:** Data collection is a key component of the CES processes. Data from both the screening and assessment processes reveals what resources are needed most. To capture this data accurately, participating providers enter screening and referral data into the 360 Degree Referral System and common assessment and housing placement data into Homeless Management Information System (with the exception of special populations outlined later in this document).
8. **Transparency:** Engage others in open communication and discussion about coordinated entry. Make thoughtful decisions that are inclusive of differing views, expertise and experiences and informed by data. Communicate systemic decisions directly, openly, and clearly.
9. **Performance-driven decision making:** Decisions about and modifications to the CES processes will be driven primarily by the need to improve system performance on key outcomes. These outcomes include reducing entries into homelessness for the first time, reducing the length of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve processes-oriented outcomes, including reducing the amount of wait time for services and/or housing.

2.3 System Overview

2.3.1 Local Vision for Coordinated Entry

All individuals and families experiencing or at risk of homelessness in Tulsa County geographic area will have fair and standardized access to the most appropriate housing intervention and services. Services are provided in a person-centered, culturally competent setting that supports participant choice and dignity.

2.3.2 System Design

The Tulsa City/County Coordinated Entry System (CES) described in these standards will coordinate and strengthen access to housing for individuals and families who are at risk of or experiencing homelessness. Tulsa institutes consistent, uniform and standardized referral processes to determine, secure and prioritize immediate and long-term housing needs. When serving individuals and families, the key question becomes not whether this individual or family is eligible for our program, but “What housing

and service assistance options are best for this individual or family among the various options available in the CoC?"
The Coordinated Entry System is designed to:

1. Support anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with support and housing services that best meet their individual needs;

2. Ensure clarity, transparency, consistency and accountability for individuals and families experiencing homelessness, referral sources, and services providers throughout the access, screening and assessment, prioritization and referral processes;

3. Ensure that individuals and families gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;

4. Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;

5. Ensure that individuals and families who are the most vulnerable have priority access to available eligible housing resources; and
6. Ensure that individuals and families who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

The coordinated entry system serves all individuals and families who are experiencing or at risk of homelessness as defined under the federal HEARTH Act and its implementing regulations in Tulsa County; the entire geographic area of the Tulsa City/County CoC.

AWH4T uses a decentralized "no-wrong-door" system of access, so that persons in need can enter the system at multiple participating agencies in different geographic locations. The CES strives to be inclusive and continuously seeks partnerships with public service institutions (health departments, county clinics, human services), faith-based organizations, other institutions (hospitals and jails), and mainstream resources to serve as access points.

At various provider access points, individuals and families experiencing a housing crisis complete a screening tool that considers the individual or family's need for specialized services and the ability to prevent or divert the individual or family from experiencing homelessness. Should homelessness not be avoidable, a standardized common assessment tool is used to determine the individual or family's vulnerability. The common assessment tool is integrated into the Homeless Management Information System (HMIS) and may be conducted at partner agencies, including shelters, drop-in centers, transitional housing programs, outreach programs, telephonically, or wherever people who are experiencing homelessness first enter Tulsa's coordinated entry system.

Housing programs, including permanent supportive housing, rapid re-housing, transitional housing, and safe-haven housing fill available spaces in their programs from a By-Name-List of eligible individuals and families generated from HMIS. To ensure the most vulnerable are housed first, the By-Name-List is prioritized based on common assessment scores and length of time homeless. This coordination improves the targeting of housing resources and reduces the need for people to separately seek assistance at various partner providers.

2.3.3 Disclaimer

The AWH4T CES' four core functions (access, assessment, prioritization and referral) are designed to ensure individuals and families experiencing homelessness have fair and equal access to housing programs and services within the Continuum of Care. It is not a guarantee that the individual or family will meet final eligibility requirements for a service or housing program.

2.4 Key Terms

- **360 Degree Referral System:** The web-based software powered by UniteUs used to make and receive referrals to community resources.
- **Access points:** Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process.
- **Built for Zero:** The Built for Zero Initiative is a rigorous national change effort designed to help a core group of committed US communities end chronic and veteran homelessness. AWH4T was selected to participate in 2015.
- **By-Name-Lists:** List of individuals and families experiencing homelessness in the service area prioritized for housing interventions. Housing Solutions maintains individual By-Name-Lists for individuals, families, Veterans, chronically homeless and youth.
- **Case conferencing:** Regular meetings in which partner provider staff track, engage, and connect individuals and families experiencing homelessness to permanent housing. Meetings are held regularly for Chronic Individuals, Veterans, Youth, and Families.
- **Case conferencing lead (CCL):** Partner provider staff who attend case conferencing on regular basis and are assigned to prioritized individuals or families. The CCL works with the individual or family to gather required documents, assess individual and family preference and eligibility for housing services, and coordinate with partner providers to facilitate referrals.
- **Chronic By-Name-List (CHBNL):** The community list of individuals and families experiencing chronic homelessness, prioritized based on acuity.
- **Common assessment:** A standard set of questions used by all CES partner providers by which individuals and families experiencing homelessness are quickly assessed and prioritized based on their unique circumstances and needs. The Tulsa CES utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment.
- **Housing Solutions:** The local non-profit organization serving as the Lead Agency for AWH4T, the Tulsa City/County Continuum of Care.
- **Coordinated entry:** The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following: "a centralized or coordinated process designed to coordinate client intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."
- **Coordinated outreach:** AWH4T's Coordinated Outreach Task Force providing regular, targeted street outreach and comprised of a diverse group of AWH4T and external partner provider staff. Includes partner providers providing regular street outreach to individuals and families experiencing unsheltered homelessness.
- **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.
- **Family By-Name-List (FBNL):** The community list of families experiencing homelessness, prioritized based on acuity.

- **Inactive status:** Individuals and families become inactive if there is no contact with the assigned Case Conferencing Lead (CCL) or other providers within 90 days.

- **Participating provider:** An organization that provides housing or services to people experiencing or at risk of homelessness.
- **Prioritization:** People experiencing (or at-risk of) homelessness will be prioritized in a transparent, consistent manner that takes into account the individual's vulnerability and needs. Prioritization will be a transparent process for the benefit of both providers and those seeking assistance.
- **Screening tool:** The common screening tool designed to connect unique populations to specialized services, prioritize prevention referrals, pursue diversion opportunities and refer individuals and families to emergency resources.
- **Street outreach:** Mobile assessors contact and engage persons experiencing homelessness living on the streets and connect them to housing and other community services. Outreach workers are trained in administering the common assessment tool and enter those customers in HMIS for prioritization and housing referral through Coordinated Entry.
- **Veterans By-Name-List (VBNL):** The community list of Veterans experiencing homelessness, prioritized based on acuity.
- **Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT):** A survey administered both to individuals and families to determine risk and prioritization when providing assistance to persons experiencing or at risk of homelessness.
- **Youth By-Name-List (YBNL):** The community list of transitional-age-youth experiencing homelessness, prioritized based on acuity.

2.5 Process Workflow

2.5.1 Step One: Access and Screen

Individuals and families access coordinated entry through any of the partner providers, 360 Degree Coordination Center (2-1-1), Tulsa Day Center for the Homeless, or through coordinated street outreach.

Partner providers may conduct the screening onsite or connect the individual or family to 2-1-1 coordination center or Tulsa Day Center for the Homeless for screening. Individuals and families are screened for specialized services (youth and DV) and prevention/diversion supports. Individuals and families in need of prevention supports are prioritized and referred to eligible prevention providers. The prescreen/diversion tool is completed and documented in the 360 Degree Referral System.

Individuals and families that are literally homeless and cannot be diverted from homelessness receive referrals to needed support services and emergency shelter.

2.5.2 Step Two: Assessment

Individuals or families that are literally homeless and cannot be diverted through the screening are assessed using the common assessment tool, the VI-SPDAT. Trained staff utilize the population appropriate VI-SPDAT version and obtain ShareLink Authorization for Use and Disclosure (Attachment C). Upon completion of the common assessment, trained staff begin the process of documenting HUD chronicity and gathering disability documentation, as required. The common assessment and authorization are documented in the Homeless Management Information System (HMIS).

2.5.3 Step Three: Prioritization and By-Name-List(s)

The individual or family is added to the appropriate By-Name-List in HMIS. For more information about how individuals and families are added to the By Name Lists, see the By Name List section of this manual. By-Name-Lists prioritize individuals and families based on a three-tiered system:

1. VI-SPDAT score;
2. Length of Time Homeless; and
3. History of victimization, veteran status, or currently unsheltered.

2.5.4 Step Four: Case Conferencing

As individuals and families move to the top of the list, they are staffed at community case conferencing meetings (Fresh Start). During case conferencing, a lead is identified and assigned to the individual or family. The case conferencing lead (CCL) is expected to report updates on the individual's or family's housing preferences, last contact, recommended housing plan match (PSH, RRH, SSVF, HUD-VASH, etc.), and document-ready status.

2.5.5 Step Five: Referral

Once the individual or family has been matched based on eligibility, they are referred to an available housing resource as they become available. The CCL works with the individual or family to complete or update the required documents and submit to the housing supports.

2.5.6 Step Six: Placement

Once the individual/household enrolls in the permanent housing program, they are removed from the By-Name-List(s) and program entry is documented in HMIS by the provider. The CCL, either directly or through targeted coordination with provider case management, work with the housing provider to assist the individual or family in moving-in. Once an individual or family moves into permanent housing, the move-in is documented in HMIS by the provider. Individuals and families may continue to be staffed in case conferencing if there are unmet supports critical to housing stability.

2.6 Roles and Responsibilities

2.6.1 AWH4T Governing Entity

AWH4T is the designated Governing Board for the CoC. AWH4T is responsible for compliance with HUD requirements under the CoC Interim Rule that include:

1. Establishing a coordinated entry system;
2. Meeting the HUD coordinated entry requirements, described above, in the CoC Interim Rule, and in any other HUD Notice, and in the Annual CoC Notice of Funding Availability;
3. Establishing written standards for CoC assistance; and

4. Coordinating with ESG recipients in establishing the coordinated entry system and CoC written standards.

2.6.2 CES Task Force

The AWH4T Coordinated Entry Task Force includes participation from the following participating provider agencies. Task force membership remains open to community members and participating agencies.

1. Department of Veteran Affairs Center
2. Tulsa Day Center for the Homeless
3. Housing Solutions
4. Youth Services of Tulsa
5. Domestic Violence Intervention Services
6. Volunteers of America
7. Tulsa County Social Services
8. Tulsa Housing Authority
9. Family & Children's Services
10. Surayya Anne Foundation
11. Tulsa CARES
12. Restore Hope Ministries
13. Mental Health Association Oklahoma
14. Salvation Army, Center of Hope

The responsibilities of the CES Task Force are as follows:

1. Serving as a forum for CoC member, provider, and community participation in planning, implementing and operating the coordinated entry system;
2. Developing specific, program, policy, and technology options and solutions for recommendation to and approval by AWH4T;
3. Coordinating with the staff of the CoC and CES Lead Agency designated for the coordination of the program;
4. Coordinating with the CoC's technology providers, to include the Homeless Management Information System (HMIS) and any other technology approved and adopted by AWH4T to support the system, such as the 360 Degree Referral System;
5. Monitoring the overall implementation of coordinated entry and working with the CES Lead Agency and Data Quality and Management Committee to coordinate annual work plans for improvement; and
6. Developing annual plans for marketing with the Communications Committee and the CES Lead Agency.

2.6.3 AWH4T and CES Lead Agency

Housing Solutions serves as Lead Agency for the AWH4T CoC and the CES. Housing Solutions works in coordination with AWH4T partners agencies to address the broad array of individual and family needs through referral to providers of necessary services.

1. Serving as the primary community contact for coordinated entry;
2. Developing and monitoring the implementation plan and timelines;
3. Ensuring a consistent and accurate flow of information between AWH4T Leadership Council, and CES Taskforce;
4. Providing regular and adequate reporting from the 360 Degree Referral System and HMIS to meet operational and evaluation needs;
5. Ensuring all participating provider staff within the CES have completed the required training;
6. Attending all HUD and other Technical Assistance Coordinated Entry and CE Lead trainings;
7. Providing updates on Coordinated Entry System changes to the local community and stakeholders;
8. Working collaboratively with the non-HMIS participating providers;
9. Maintaining records of all Partner Provider Agreements and Staff Agreements for coordinated entry;
10. Supporting participating staff and providers in complying with Coordinated Entry System standards;
11. Conducting marketing and outreach activities as required by policy and annual marketing and communication plan;
12. Ensuring the CES has established an after-hour plan for accessing emergency services. Ensures all relevant stakeholders are aware of the plan; and
13. Complying with all HMIS policies and procedures.

Housing Solutions, as the CES Lead is not responsible for changing data for other HMIS-using providers or pulling reports for other HMIS-using providers, unless there is an Agency Partnership Agreement between the partner providers that is submitted to, and approved by, Housing Solutions and A Way Home for Tulsa Leadership Council.

2.6.4 Partner Providers

All programs that receive HUD CoC and ESG funding are required by their funding sources to participate in coordinated entry. All other programs, providers, or agencies serving the community are welcomed and encouraged to become partners in coordinated entry. Partners with programs not required by their funder to participate in CES will sign a Partner Provider Agreement (Attachment A) agreeing to participate in coordinated entry. In general, partner providers are responsible for:

1. Ensuring that persons seeking assistance have prompt access to screening and assessment in a safe environment;

2. Carrying out screening and assessment of individuals and families, responding to their immediate needs, using tools and technology, and supporting referral of persons per protocols;
3. Attending trainings;
4. Following standards;
5. For receiving providers – accepting and promptly acting on individual and family referrals through CES;
6. Participating in case conferences requested to resolve housing placement issues or concerns; and
7. Complying with fair housing legal requirements in all housing transactions and tenant selection plans and procedures.

All providers that receive ESG funding for a homelessness prevention project are required to participate in coordinated entry (HUD Notice CPD- 17-01). Homelessness prevention projects that are not ESG funded are encouraged to use the CE System to prioritize prevention funding. CES utilizes the 2-1-1 360 Degree Coordination Center as a centralized access point for prevention services. The Coordination Center screens, prioritizes, and makes referrals to prevention services including ESG funded prevention programs and the Veteran Affairs' Supportive Services for Veteran Families (SSVF) program. Participating prevention service providers prioritize the processing of referrals based upon prevention screening scores.

2.6.4.1 New Participating Providers

A Way Home for Tulsa welcomes other community providers to participate in the CE system. AWH4T develops marketing and recruitment strategies annually to engage needed providers to coordinated entry based on need and demand for services by the individuals and families served. All interested providers are encouraged to contact Housing Solutions Coordinated Entry System Coordinator for the Coordinated Entry System to begin the on-boarding process.

2.7 Non-Discrimination Policy

The AWH4T CoC CES permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. AWH4T takes all necessary steps to ensure that CES is administered in accordance with the Fair Housing Act which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status, ancestry, marital status, sexual orientation, gender identity, and familial status. This also includes protection from housing discrimination based on source of income. The CES Partner Provider Agreement requires participating providers to use CES in a consistent manner with the statutes and regulations that govern their agencies and service and housing programs. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population. The CES may allow filtered searches for subpopulations while preventing discrimination against protected classes.

Participating providers must comply with the non-discrimination and equal opportunity provisions of Federal civil rights laws, including the following:

1. Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
2. Section 504 of the Rehabilitation Act – prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
3. Title VI of the Civil Rights Act – prohibits discrimination on the basis race, color, or national origin under any program or activity receiving Federal financial assistance;
4. Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance; and
5. Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodations, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Programs treat all persons equally, courteously, and professionally during all points in the occupancy cycle, providing them with the same information, asking them for the same kind of information, and making decisions regarding their tenancy using the same criteria. Programs do not to target certain groups of clients to any specific areas of the community.

The Tulsa CoC is committed to using a Housing First approach and reducing barriers for accessing housing and services. Individuals are not screened out of the assessment process due to perceived or actual barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability or related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

2.7.1 Complaints

All locations where persons are likely to access or attempt to access the coordinated assessment system will include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. The requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

To file a non-discrimination complaint, contact:

Olivia Denton Koopman
Director of Data & Analytics
Housing Solutions
2915 E. 5th St., Tulsa, OK 74104
housingsolutions@housingsolutionstulsa.org

2.8 Access Points

Access points are locations where people experiencing homelessness can complete the assessment survey to participate in coordinated entry. The Tulsa CoC Coordinated Entry System provides access to

screening, assessment, housing, and services from multiple locations throughout the CoC service area including emergency shelters, street outreach workers, drop-in centers, housing and homelessness service providers, and the 2-1-1 360 Degree Coordination Center. CES access is designed to promote inclusion and partnership throughout the community, thus expanding the number of resources and connections to individuals and families at-risk of or experiencing homelessness.

Access points are sited in proximity to public transportation and other services to facilitate participant access, but a person with a mobility or other impairment may request a reasonable accommodation to complete the coordinated assessment process at a different location. Reasonable accommodations requests should be made to the 360 Degree Coordination Center via 2-1-1, which will arrange alternative transportation or an alternative location for people who have disabilities or who are otherwise unable to reach any CoC provider.

2.8.1 Participating Providers

The Tulsa CoC CES uses a “no-wrong-door” model of access with centralized supports to make services accessible to individuals and families in need. This benefits persons in need because they can contact the system at any one of multiple access points in different geographic locations and by different modes of contact (phone, in person, text, etc.). This design benefits the system by increasing opportunity for engagement and participation from providers with varying levels of capacity, thus expanding the service system. The principles of this approach are:

- An individual and family can receive integrated services through any of the participating programs;
- An individual and family gains equal access to information and advice about housing and resource assistance for which they are eligible, in order to assist them in making informed choices;
- Participating providers have a responsibility to respond to the range of needs pertaining to homelessness and housing, and act as the primary contact for persons who apply for assistance unless or until another provider assumes that role;
- Participating providers will guide the individual and family in applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific services required by a presenting individual or family; and
- Participating providers will work collaboratively to use available community resources to achieve the best possible outcomes for individual or family, particularly for those with high, complex or urgent needs.

Access Points		
360 Degree Coordination Center (2-1-1)	Centralized access point for assistance, screening, and common assessment tool by phone or text.	24 hours a day, seven days a week
Tulsa Day Center for the Homeless	Centralized access point for screening and common assessment, and referrals in person.	Monday – Friday 9:00a – 4:00p
Partner Providers	Participating providers offer screening and common assessment or assist individuals and families to connect to one of the centralized points of access.	During provider's defined regular business hours
Street Outreach	AWH4T Coordinated Street Outreach and individual partner provider outreach offer screening and common assessment to individuals and families.	Weekly
Specialized Access Points		
Domestic Violence Intervention Services	Specialized access point for individuals and families fleeing or attempting to flee domestic violence.	24 hours a day, seven days a week at 918-743-5763
Youth Services of Tulsa	Specialized access point for unaccompanied youth.	During provider's defined regular business hours
360 Degree Coordination Center (2-1-1)	Specialized access point for prevention.	24 hours a day, seven days a week

2.8.1.1 Mainstream Resources

The AWH4T CoC encourages providers of mainstream resources to participate in coordinated entry through AWH4T Leadership Council or at-large memberships, marketing dissemination, and by becoming access points for the Coordinated Entry System. CES participating providers and access points provide referrals and assist with access to mainstream resources, and health and behavioral health care including, but not limited to, Medicaid and Medicare, and community based emergency assistance services such as Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Women Infant and Children (WIC), Social Security Income (SSI) /Social Security Disability Income (SSDI), Unemployment, Veteran Administration (VA), Child Care Waiver, and Subsidized Public Housing and Housing Choice Vouchers. Staff at participating provider agencies are aware of all mainstream benefits available in the community and make appropriate referrals.

2.8.1.2 Street Outreach

Mobile street outreach is one of the most important aspects of coordinated entry and serves as an access point for the system. Dedicated staff from various AWH4T participating providers help to ensure that all those experiencing homelessness are being engaged and assessed in a coordinated manner. The main

goal of street outreach is to develop trust and rapport and meet an individual or family where they're at to create accessibility and reduce potential barriers. Through street outreach, unsheltered individuals and families are able to access CES through completion of the common assessment tool with a member of the AWH4T Coordinated Outreach Team. Outreach staff administer the common assessment and obtain HMIS and other referral system use and disclosure releases and enter data into HMIS. If the common assessment tool is not able to be completed in the field, the outreach worker must ensure that the individual or family is informed of where they can go to complete the common assessment and are given a flyer with assessment site locations.

2.8.2 Requirements

The minimum requirements for a program to participate as an access point are:

- Agree to follow CES standards;
- Have at least one staff person trained and authorized to utilize the 360 Degree Referral System and HMIS;
- Have at least one staff person trained to administer the screening tool, VI-SPDAT, Family VISPDAT, and Transitional Age Youth VI-SPDAT assessments;
- Be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance;
- Ensure effective communication with individuals with disabilities and provide appropriate auxiliary aids and services necessary to ensure effective communication (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters);
- Provide referrals to community resources, as appropriate, to individuals and families completing the screening and common assessment tool; and
- Process referrals received through the 360 Degree Referral System.

2.8.3 Emergency Services

Access to emergency services, such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs is not prioritized through the Coordinated Entry System. All persons in need of emergency services should be connected to those services as requested.

CES utilizes the 2-1-1 24-hour access point as the after-hours service for individuals and families experiencing homelessness in need of emergency services. Staff at the 2-1-1 Coordination Center field calls from the entire CoC geographic region in Tulsa County and throughout Eastern Oklahoma. 2-1-1 staff conduct real time warm transfers of victims of domestic violence to specialized service providers and provide referrals to other appropriate emergency services as needed. 2-1-1 also serves as primary access point for prevention and diversion screening and common assessment.

will maintain connections with the emergency care system using the following techniques:

1. Encouraging emergency service providers to operate as coordinated assessment access points;

2. Encouraging emergency service providers that do not operate as access points to promptly forward information about homeless residents who have been served at night or on the weekend to an appropriate coordinated assessment access point, so that those residents can be integrated into the coordinated entry system as soon as the access point opens for business;
3. Ensuring that all emergency services connected with the CoC, including all domestic violence hotlines, emergency service hotlines, drop-in service programs, emergency shelters, domestic violence shelters, special population shelters, and other short-term crisis residential programs, can receive and care for residents even during hours when access points may be closed for business.

2.8.4 Cultural and Linguistic Competence

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to survivors of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All assessment staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

All staff administering assessments use culturally and linguistically competent practices in order to reduce barriers for underserved populations, including but not limited to immigrants and refugees, youth, individuals with disabilities, and LGBTQ individuals. AWH4T shall further these practices by:

1. Incorporating cultural and linguistic competency training and person-centered approaches into the required annual training protocols for participating projects and staff members;

2. Using culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services; and

3. Providing staff access to and training in the procedures for obtaining interpretation and accessibility services.

2.8.5 Marketing and Advertising

All marketing materials and outreach strategies utilized for CES must ensure that all people in different populations and subpopulations in the Tulsa County area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to coordinated entry processes, regardless of the location or method by which they access the system. AWH4T is required to advertise, conduct outreach activities, promote an after-hours plan for emergency services and provide appropriate accommodations to ensure that coordinated entry is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, ancestry, or marital status.

A Way Home for Tulsa's CES may use the following strategies to market and advertise the system to the end user: participating provider website promotions and linkages (including 2-1-1 360 Degree Referral Coordination Center and the ability to "push" information via text messages); handouts and flyers, social media campaigns, and education and engagement of frontline workers, case managers, stakeholder and the general public; publication of cultural and linguistically appropriate and accessible materials; ongoing recruitment and outreach to community organization for participation in the; promotion of the CES after-hours 2-1-1 360 Degree Referral Coordination Center access point for connection to emergency services

to other crisis response systems, including shelters, law enforcement, emergency rooms, and crisis lines. Housing Solutions provides support and infrastructure for AWH4T Leadership Council to implement annual marketing strategies.

2.8.6 Safeguards for Domestic Violence Survivors

All participating providers, including non-victim service providers, must provide safe and confidential access to the CES for all people, including those who are fleeing, or attempting to flee, domestic violence (including dating violence, sexual assault, trafficking, and/or stalking). This includes providing a private space for data collection and a process for a non-identifiable referral to the Non-HMIS List if requested.

All persons accessing the CES are asked, via the common screening tool, if they are fleeing or attempting to flee domestic violence. If persons are identified as fleeing or attempting to flee domestic violence, the participating provider, including non-victim service providers, must provide immediate referral to and assistance accessing emergency services, such as domestic violence hotlines and shelters. The persons have the right to decline any and all referrals to, or assistance with access to, emergency services. Declining referrals or assistance with access will not negatively impact the persons' access to the Coordinated Entry System.

All staff conducting assessments at DV-dedicated and non-DV-dedicated access points will be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations.

All staff conducting assessments are trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations.

2.8.7 Training and Authorization of Users

The CoC and CES Lead Agency, Housing Solutions, will provide quarterly training opportunities, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct screening and/or assessments. Training opportunities will be advertised and solicited directly to service providers in the CoC geographic area.

The purpose of the quarterly CES training is to provide all staff participating in CES and understanding of the coordinated entry system goals, guiding principles, standards, four core functions, and the tools and technology. CES training will include:

1. Instructions on CES standards;
2. Instructions on all coordinated entry system tools and documents used in preventions/diversion screens, common assessment and referrals to services and housing;
3. Non-discrimination policy as applied to the CES;
4. Instructions for use of electronic systems/platforms used to support the four core functions of CES (access, assessment, prioritization, and referral) including HMIS and the 360 Degree Referral System; and
5. Overview of key components of CES to include housing first philosophy and trauma-informed care and strategies to implement these approaches.

All training is tailored to the individual needs of the service providers. Training protocols may vary on provider. The general CES training curriculum will be reviewed and updated by the Coordinated Entry Task force annually.

Housing Solutions' Data and Analytics staff will monitor the quality and consistency of assessments entered into HMIS and provide feedback, training, and adjustments to policies and procedures as necessary to address issues that may arise. Additionally, Housing Solutions' Data and Analytics staff may revoke the right of any individual user or agency to participate in HMIS and/or coordinated assessment if the individual or agency violates user agreements or policies and procedures.

2.9 Assessment

The Tulsa CoC CES uses a phased approach to screening and assessing individuals and families seeking housing assistance, progressively collecting only information needed related to the individual or family's current housing crisis to prioritize and refer individuals and families to eligible housing and support services.

2.9.1 Confidentiality and Consent

Maintaining the confidentiality of an individual's or family's sensitive information is an important way of gaining the trust of those accessing CES and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives. All participating providers and staff are expected to adhere to the following privacy protocols:

1. Individual/family consent will be obtained in order to share and store information for the purposes of assessing and referring through the coordinated entry process. Written consent is obtained through the Service Point Authorization of Use and Disclosure, and Release of Information, prior to administering the common assessment. This disclosure allows individual and family data to be shared between AWH4T HMIS-participating organizations that are presently either a registrant in HMIS or that otherwise may be contacted by a participating organization with whom individual and family records may be shared in an effort to coordinate desired services and supports including case conferencing. Individuals and families who choose not to provide authorization for use and disclosure or release should not be denied access to services based upon this choice.
2. Individuals/families are free to decide what information they provide during the coordinated entry process.
3. Providers are prohibited from denying assessment or services to an individual/family if they refuse to provide certain pieces of information, unless that information is necessary to establish or document program eligibility per the applicable program regulation.
4. Providers and projects are prohibited from denying services if the individual/family refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of personally identifying information as a condition of program participation.
5. Records containing personally identifying information must be kept secure and confidential. The address of any family violence project must not be made public.
6. CES does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may be obtained for purposes of determining program eligibility.
7. Individuals/families must be informed of the ability to file a non-discrimination complaint.
8. An individual/family may not be denied access to the coordinated entry process on the basis of the person's status or history as a victim of domestic violence, dating violence, sexual assault, stalking, or trafficking. No provider will enter any information for any individuals and families

fleeing domestic violence into HMIS so long as that individuals and families is considered to be in danger from an abuser.

9. Photos should be taken at the time of assessment but are not required. Photos are encouraged for by-name and by-face identification for outreach. If a photo is taken and uploaded into HMIS, a photo release must be signed by the individual prior to the photo being taken.

2.9.2 Data Security Protections

The Tulsa CoC Coordinated Entry System uses both a 360 Degree Referral System and HMIS database to operate its referral process. The CoC maintains HMIS Data Security Standards and Protections. HMIS is an internet-based database that is used by homeless service organizations across Oklahoma to record and store individual/family level information about the numbers, characteristics and needs of those at risk of and those currently experiencing homelessness. The recommendation is to use the Unite Us 360 Degree Referral System to support prevention and diversion and referral processes and utilize HMIS as the primary tool for prioritization and housing program entry. The “By Name” or “Prioritization” List is generated and reported from HMIS, and in order to access that list, a reporting license is required. Housing Solutions serves as the HMIS administrator.

There are several other documents relating to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Service Point Memorandum of Agreement, Service Point User Agreement, and Service Point Business Associate Agreement. Housing Solutions maintains HMIS Data Security and Privacy Standards that meet all HUD regulations. It is the responsibility of those with an HMIS license to protect the data coming out of the system and not share any personally identifying information with those who do not have an HMIS permissions or where a Service Point Authorization for Use and Disclosure has not been obtained. This includes information from the By-Name-Lists. See the Data Security Policy in the HMIS Policies and Procedures for more detailed information regarding the protection of individual data and personally identifying information.

2.9.3 Conducting the Screening

The first step for all individuals and families seeking housing assistance is a screening tool to identify and refer specialized services, prevention referrals, and attempt diversion opportunities. The CES Screening Tool (Attachment D) is the common tool developed and adopted by the CoC. The CES Screening Tool (referred to as screening tool) is designed to ask only the questions necessary to inform the screener of eligibility and make appropriate intervention referrals on behalf of the individual or family.

When an individual or family contacts an access point for housing assistance, the screening tool is completed and used to identify and refer unique populations to specialized access points, prevention services, and diversion opportunities. This tool can be completed in person or over the phone.

2.9.3.1 Guiding Principles for this Process

1. The screening tool will be the same regardless of access point;

2. Completion of the screening tool is not required to access emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs;

3. Staff administering the screening tool are trained in trauma-informed approaches;

4. The screening tool is offered and conducted with a person-centered approach, allowing the individual or family to decline to answer questions;
5. The individual or family must provide verbal authorization prior to administering the screening tool;
6. The individual or family must provide authorization prior to sharing any of their data;
7. The screening tool is completed in the 360 Degree Referral System; and
8. Referrals are made in real-time using the 360 Degree Referral System.

2.9.3.2 Step 1: Consent

Opportunity for consent is included in the script imbedded in the screening tool. Providers will use the script and obtain and document verbal consent in the assessment.

2.9.3.3 Step 2: Screen

The screening tool is administered in the 360 Degree Referral System.

2.9.3.4 Step 3: Refer

Providers make referrals to community resources and supports as needed to all individuals and families screened. Individuals and families experiencing homelessness who are unable to be diverted are referred to emergency shelter/services and continue to the common assessment tool procedures of this document.

- **Prevention.** Individuals and families in need of eviction prevention assistance are prioritized and referred to homelessness prevention providers using the 360 Degree Connection Center (2-1-1).
- **Diversion.** Individuals and families who do not need or are unable to be referred to prevention providers are screened for diversion opportunities. Referrals to community supports that may divert the individual or family from entering or remaining homeless are made by the provider in the 360 Degree Referral System.

Individuals and families at-risk of homelessness and unable to be referred to resources or supports through diversion are provided information on emergency resources and encouraged to contact an access point if their circumstances change to be re-assessed.

Individuals and families who are homeless and unable to be referred to resources or supports to be diverted out of homelessness are provided referrals to emergency shelter and services and proceed to the common assessment tool.

When an individual or family is determined to be under the age of 18 during the screening process, the provider will refer to and offer assistance to connect to Youth Services of Tulsa for specialized services.

2.9.4 Conducting the Common Assessment

The Tulsa CoC CES utilizes the VI-SPDAT as the common assessment tool.

There are three versions of this tool designed for specific populations:

- **VI-SPDAT**: Single adults and households without children under the age of 18 (Attachment E)
- **TAY-VI-SPDAT**: Youth age 18-24 (Attachment F)
- **VI-F-SPDAT:** Families with at least one adult and one child under the age of 18 (Attachment G)

The common assessment tool is offered following completion of the screening tool and only to individuals and families that are literally homeless. CES requires that the common assessment be offered as soon as possible, or within 14 business days of the date the screening tool is completed.

2.9.4.1 Guiding Principles for this Process

1. The common assessment tool will be the same regardless of access point;
2. Completion of the common assessment tool is not required to access emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs;
3. The individual or family must provide written or verbal authorization prior to administering the common assessment tool;
4. Partner providers will use the population-appropriate version of the common assessment tool;
5. The common assessment tool should be conducted in a setting that promotes safety and privacy; and
6. The individual or family must provide consent prior to sharing any data in HMIS.

2.9.4.2 Step 1: Consent

The first step in administering the common assessment tool is obtaining authorization to share the assessment in HMIS. The ShareLink Authorization for Use and Disclosure (Attachment C) is the shared release required for data sharing in HMIS. Providers must obtain consent from the individual or family before sharing any data in HMIS. When an individual or family consents to the shared release, providers document the release in HMIS.

2.9.4.2.1 No Consent

Individuals and families may decline to share information in HMIS. In this case, the VI-SPDAT should not be entered into HMIS. Providers will follow the steps for the Non-HMIS List for eligible individuals and families.

2.9.4.3 Step 2: Assess

The common assessment tool is administered and entered directly into HMIS.

All of the questions on the assessment are designed to be answered with one-word “yes” or “no” answers. There is no need for respondents to go into detail describing their situation or past history. Respondents should be told that it is important to answer the questions honestly and accurately in order to match them to the best services for them.

All coordinated entry participants are free to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance. The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

2.9.4.4 Step 3: Refer

Providers make referrals to community resources and support as needed to all individuals and families screened. It is very unlikely that a housing placement will be available immediately or even in the near term, due to the overwhelming need in our community. Thus, it is important to provide information about resources that can meet immediate needs, such as shelter, food, and health care. CES currently prioritizes the following populations. Individuals and families in these populations are referred to the By-Name-List and prioritized for referral to available housing resources:

- Chronic Individuals
- Veterans
- Youth
- Families

2.9.4.4.1 Not Eligible for Prioritization

If the individual or family is not eligible for prioritization, the provider refers the individual or family directly to eligible supports and services in the community that may address their need(s), including emergency shelter and mainstream resources, and encourage the individual or family to contact any of the coordinated entry access points if their circumstances change.

2.9.5 Updates to Assessments

The VI-SPDAT is re-administered annually to capture changes in circumstances, or when an individual or family experience a significant change in their circumstances. This may include, but is not limited to, a significant change in:

- Amount of income or benefits,
- Health or disabling condition,
- Ability to care for oneself or dependents,
- Family composition, and/or
- Exposure to imminent danger or risk of severe physical harm.

2.9.6 Safeguards for Domestic Violence Survivors

Individuals and families fleeing or attempting to flee domestic violence (DV) may access the coordinated entry dedicated DV access point directly or through identification and referral to specialized services during the screening at any of the coordinated entry partner providers.

Individual and family safety is the highest priority. In order to offer equal access while prioritizing safety, the domestic violence service provider will determine when to administer the coordinated entry common assessment process for individuals and families seeking housing assistance. The common assessment tool is completed on paper only, does not include any personally identifiable information, and is not entered into HMIS. The provider completing the assessment will include the name of the provider, the appropriate staff contact, and an alternate staff contact.

If the individual or family is eligible for prioritization, the provider reviews the Rights and Responsibilities of Persons Served (Attachment H) with the individual or family and seeks verbal or written consent of their understanding of these rights and responsibilities. The common assessment tool is assigned a unique identifier and submitted to Housing Solutions Lead Agency Coordinator. Housing Solutions Lead Agency Coordinator maintains the de-identified information on the Non-HMIS list. As resources become available for the individual, the Lead Agency Coordinator works closely with the provider to coordinate the referral.

If the individual or family is not eligible for prioritization, the provider administering the common assessment tool should refer the individual or family directly to eligible supports and services in the community that may address their need(s), including emergency shelter and mainstream resources, and encourage the individual or family to contact any of the coordinated entry access points if their circumstances change.

Individuals or families fleeing domestic violence may choose not to seek services from the domestic violence service provider. In these cases, the individual or family access coordinated entry in accordance with the processes described in this document.

2.10 By-Name-List

2.10.1 Prioritization

The Tulsa CoC CES prioritizes individuals and families for Permanent Supportive Housing, Transitional and Safe Haven Housing, and Rapid Re-Housing. Prioritization within CES is meant to quickly connect individuals and families most vulnerable to available resources.

The Tulsa CoC CES prioritizes individuals and families on population specific HMIS By-Name-Lists for Chronic (CHBNL), Veterans (VBNL), Families (FBNL), and Youth (YBNL) or on a Non-HMIS list. An individual or family is added to a By-Name-List through standardized HMIS reporting or by the Lead Agency Coordinator at case conferencing. Individuals and families are prioritized on the By-Name-Lists based on three tiers:

1. Tier 1: VI-SPDAT Score
2. Tier 2: Length of time of current homelessness
3. Tier 3: History of victimization (domestic violence), veteran status, or currently unsheltered

Veterans unable to be served by SSVF or VA homeless services will receive prioritization within Tier 2.

2.10.1.1 Guiding Principles for this Process

1. Prioritization is maintained on the By-Name-List;
2. Prioritization is defined and applied consistently for all populations;
3. Prioritization is consistent with AWH4T Service Standards;
4. Prioritization is not required to access emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs; and
5. Prioritization is required for Prevention, Safe Haven, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing CoC and ESG projects.

2.10.2 HMIS By-Name-Lists

Individuals and families are added to the HMIS By-Name- List(s) through weekly standardized reporting in HMIS based on established data indicators.

Conditions to add to CHBNL:

1. Disabling condition field is marked as “yes”; and
2. Total number of months homeless on the street, in ES, or SH in the past three years is at least 12.

Condition to add to VBNL: Military Service field is marked as “yes.”

Condition to add to YBNL: Individual or Head of Household age is between 18 and 24.

Condition to add to FBNL: Household includes at least one adult and one dependent under the age of 18.

2.10.3 Non-HMIS Lists

Individuals and families who choose not to share information in HMIS may be added to the Non-HMIS list through the Lead Agency Coordinator during case conferencing.

A completed VI-SPDAT must be documented in HMIS or provided to the Lead Agency Coordinator to add to Non-HMIS List(s).

Verification of Chronic Homelessness (Attachment I) must be documented in HMIS or provided to the Lead Agency Coordinator to add to the Non-HMIS Chronic List.

If a provider is unable to obtain authorization to share information with the Lead Agency, the provider will assign the common assessment tool a unique identifier and submit to the Lead Agency Coordinator. The Lead Agency Coordinator will maintain the de-identified information on the Non-HMIS List(s).

2.10.4 No VI-SPDAT

Individuals and families may decline to complete the common assessment. This does not disqualify them from potential housing opportunities. In the event that an individual or family declines to complete the common assessment, they can be added to the By-Name-List or Non-HMIS list through the Lead Agency Coordinator. Such clients are discussed at case conferencing to identify outreach, engagement, and services needed to build relationships of trust.

2.10.5 Safeguards for Domestic Violence Survivors

The Tulsa CoC will maintain a separate By-Name-List outside of HMIS for survivors referred by domestic violence service providers. No client data will be entered into HMIS, in order to maintain confidentiality and safety for survivors and compliance with federal law. Anytime there is an opening in a permanent housing program, CES staff will reference both the HMIS By-Name-List and the By-Name-List outside of HMIS to determine the most highly prioritized eligible individual/household.

2.10.6 Removal from By-Name Lists

Individuals and families may be removed from a By-Name-List for a variety of reasons weekly as HMIS reports are updated. When this happens, the individual or family is moved to inactive status. Individuals and families can move from inactive to active anytime they re-engage with coordinated entry.

Conditions for removal:

- Become inactive;
- No longer meet population definition for list participation;
- Permanent housing placement;
- No longer reside in service area; or

- No longer in need of housing assistance.

2.10.7 Case Conferencing

CES utilizes case conferencing (Fresh Start) to prioritize and match individuals and families to housing resources and share housing vacancies. Through the case conferencing process, individuals and families are assigned a case conferencing lead (CCL). The CCL works with the individual or family to gather required documents, assess individual and family preference and eligibility for housing services, and coordinate with partner providers to facilitate referrals. The CCL provides updates at case conferencing on last contact, recommended housing plan match (PSH, RRH, TH/SH, etc.) and document-ready status.

In the event a CCL determines the VI-SPDAT score does not reflect the actual vulnerability of the individual or family, the CCL may advocate for the individual or family to receive higher or lower intensity resources during case conferencing.

Case conferencing occurs regularly for each By-Name-List. Contact the Lead Agency Coordinator for the current schedule. The meeting structure is as follows:

1. Identify vacancies/openings;
2. Ensure all individuals and families are matched to a CCL;
3. Ensure all individuals and families are matched to a program type;
4. Case conference top 15 most vulnerable persons/households;
5. Determine who is document-ready and able to be referred.

2.11 Housing Referrals

2.11.1 Housing Program Eligibility Details and Unit Availability

Participating providers maintain their basic program eligibility in the 360 Degree Referral System. The eligibility criteria are used to ensure, to the greatest extent possible, that only eligible individuals and families are referred to an available program or unit. It is the responsibility of the participating providers to submit updates to program eligibility when changes occur. Any changes in eligibility or capacity must be reported to the Coordinated Entry System Coordinator as early as possible, or within two (2) business days of the change effective date. Housing providers (PSH and TH/SH) are responsible for maintaining updated inventory in HMIS.

2.11.2 Matches to Housing Opportunities

When a PSH or TH/SH unit or RRH financial assistance becomes available, individuals and families matched and eligible for the program are referred for the specific program opening.

2.11.2.1 Guiding Principles for this Process

- Individuals and families are referred to providers based on prioritization and eligibility;
- Data is tracked by the Lead Agency using HMIS data standards.

- Individuals and families are not declined based on perceived or actual barriers; and
- Partner providers comply with the non-discrimination policy for the CES.

2.11.3 Safeguards for Domestic Violence Survivors

When an anonymous client from a domestic violence service provider receives a housing referral, coordinated entry staff will contact the service provider. It is the responsibility of the service provider to reach out to the client and connect them with the housing provider. The standard policies regarding the length of time to look for someone and the individual's/household's right to decline a referral still apply.

2.11.4 Provider Responsibilities

Referral to a receiving program does not signify admission to that program. Rather, the receiving program will carry out its own intake process, including but not limited to an application, verification process, and admission decision. The CES aims to reduce the amount of time between unit availability and referral through the pre-referral work and the case conferencing process.

2.11.4.1 Making the Referral

1. **Immediately upon assignment of CCL:** Individuals and families are matched to program types and work with the assigned CCL to gather housing-ready documents completed and uploaded into HMIS.
2. **Within 48 hours of unit availability:** Housing provider references the By-Name-Lists to identify the matched individual or family with the highest priority and notifies the CCL of opening.
3. **Within five business days:** CCL works with the provider to contact the individual or family, making at least five attempts at different times of day via different avenues of communication. If contact is not made within seven business days, the provider repeats Step 2 with the next highest priority.
4. **Within one business day:** Once contact is made, individual or family can either accept or decline the referral.
5. **Immediately:** If referral is declined, the provider repeats Step 2 of this process with the next highest priority. The individual or family maintains their place in the By-Name-List(s) when they reject referral options.
6. **Within two business days:** If the referral is accepted, CCL notifies the provider. Provider and CCL work collaboratively to update/gather any remaining documentation needed. The referral is made once the provider has all required referral documentation.

2.11.4.2 Receiving the Referral

1. **Within five business days:** Once the referral is made, the receiving program attempts to contact the individual or family to schedule an appointment. If the provider is unable to make contact with the individual or family after a minimum of five attempts at different times of day via different avenues of communication, the provider repeats Step 2 of the Making the Referral process.
2. **Within one business day:** If the individual or family misses the appointment, the provider attempts to schedule a 2nd appointment. If the provider cannot make contact or the individual or family miss the 2nd scheduled appointment, the provider notifies the CCL, declines the referral and starts over with Step 2 of Making the Referral.

3. **Within 30 days:** If the individual or family is accepted, the receiving program records project start date in HMIS and works with the individual or family and CCL to arrange move-in.

4. **Within one business day of move-in:** The provider records housing move-in date in HMIS.

Partner providers are expected to accept all eligible referrals from coordinated entry. Partner providers may have site specific or other funder required considerations that warrant a provider to decline a referral. In the event that a referral is declined, the partner provider will document the reason for declining the referral and submit to the Lead Agency Coordinator. It is the responsibility of the provider to notify the individual or family and the CCL of the denial.

The two reasons why a partner provider operating a CoC- or ESG-funded program may reject a client referred by the Coordinated Entry system are if:

1. That individual or family is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or
2. The program lacks the capacity to safely accommodate that client.

Declined referrals will be tracked and monitored by the Lead Agency Coordinator. The Lead Agency Coordinator will seek clarification on program eligibility and requirements for housing providers who frequently decline referrals. Rates of declined referrals will be reviewed regularly as part of the evaluation procedures.

2.12 Emergency Transfer Plan

2.12.1 Emergency Transfer Qualifications

A client qualifies for an emergency transfer if:

1. The client is a survivor of domestic violence, dating violence, sexual assault or stalking;

2. The client expressly requests the transfer; *and*

3. Either:

    a. The client reasonably believes there is a threat of imminent harm from further violence if the client remains in the same dwelling unit; or

    b. If the client is a survivor of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

2.12.2 Emergency Transfer Process

Participants may submit an emergency transfer request directly to program staff. The program must communicate with the Coordination Center to inform them that an emergency transfer request has been made and whether the request is for an internal transfer (a transfer where the client would not be categorized as a new applicant), external transfer, or both. Participants may seek an internal and external emergency transfer at the same time if a safe unit is not immediately available. If the participant receives tenant-based rental assistance, the program will take reasonable steps to support the participant in securing a new safe unit as soon as possible and a transfer may not be necessary.

2.12.2.1 Internal Transfer

Where the participant requests an internal emergency transfer, the program should take steps to immediately transfer the participant to a safe unit if a unit is available. Requests for internal emergency transfers should receive at least the same priority as the program provides to other types of transfer requests.

If a safe unit is not immediately available, program staff will inform the participant that a unit is not immediately available and explain the participants' options to:

1. Wait for a safe unit to become available for an internal transfer,
2. Request an external emergency transfer, and/or
3. Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

2.12.2.2 External Transfer

If a participant requests an external emergency transfer, the participant has priority over all other applicants for housing assistance, provided the household meets all eligibility criteria required by the program. After the agency communicates the participant's emergency transfer request to the Coordination Center, the Coordination Center will facilitate referral of the participant to the next available appropriate unit through the CES.

The household retains their original homeless or chronically homeless status for purposes of the transfer.

2.12.3 Documentation and Record Keeping

To request an emergency transfer, the participant should submit a written request to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the participant is requesting an emergency transfer. No other documentation is required.

Programs must retain records of all emergency transfer requests and their outcomes for a period of five years following the grant year of the program in which the household was a participant. CoC-funded programs must report emergency transfer requests to HUD annually.

2.12.4 Emergency Transfer Confidentiality Measures

Programs will ensure strict confidentiality measures are in place to prevent disclosure of the location of the client's new unit to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the client.

Any information provided by a client when requesting an emergency transfer, including the fact that domestic violence occurred, must be kept in strict confidence by the program. No employees or contractors may have access to confidential information unless explicitly authorized by law. The information must not be entered into any shared database or disclosed to anyone unless the disclosure is:

1. Requested or consented to in writing by the individual in a time-limited release;

2. Required for use in an eviction proceeding or hearing regarding termination of assistance; or
3. Otherwise required by applicable law.

Besides the program staff person receiving the request and anyone else at the agency who absolutely must know in order to fulfill obligation to report to HUD (if applicable), no one must know about any details related to the emergency transfer. The landlord does not have a right to know the details related to the emergency transfer either.

2.12.5 Family Separation

Where a family receiving tenant-based rental assistance separates as part of the emergency transfer, the family member(s) receiving the emergency transfer will retain the rental assistance when possible. The program will work with AWH4T and the household to support an effective transfer in situations where the program is not a good fit for the family member(s) receiving the emergency transfer.

2.13 Administrative Structure

2.13.1 System Oversight

Oversight of the CES, including implementation of the common assessment, By-Name-Lists, prioritization and referrals, will be provided by the CES Task Force. The Lead Agency, Housing Solutions, will staff implementation of the CES and report back on progress to the CES Task Force.

2.13.2 Evaluation

At least once per year, the CES Task Force will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with the CES. The CES Task Force will solicit feedback addressing the quality and effectiveness of the entire coordinated entry experience for both participating projects and for households. All feedback collected will be private and must be protected as confidential information.

The CES Task Force employ multiple feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback. Each year, the CES Task Force will use at least two of the following methods:

- HMIS data analysis of at least a representative sample of participating providers and households;
- Surveys designed to reach at least a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households; or
- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CES Task Force will examine how the coordinated entry system is affecting the CoC's HUD System Performance Measures and will consider what changes are necessary to the processes, policies, and procedures in light of the analysis.

2.13.3 Participant Grievances

This policy refers to individual and family grievances regarding the Coordinated Entry System only. If an individual or family has a grievance regarding a particular partner provider or representative of that agency, they should follow that participating provider's grievance procedure.

The CES partner provider completing the screening tool, common assessment, and/or receiving the referral should address any complaints by individuals and families as best as they can in the moment. As a first step, the individual or family and the participating provider will try to work out the problem directly. If this does not resolve the issue, the individual or family may begin the grievance procedure.

The individual or family has the right to request a reasonable accommodation and to be assisted by an advocate of their choice (*e.g.*, provider staff person, case manager, co-worker, friend, family member, etc.) at each step of the grievance process. The individual or family has the right to withdraw their grievance at any time. Any grievance paperwork filed by an individual or family should note their name(s) and contact information so the AWH4T Coordinator (CoC lead) can make contact to discuss the issues. There are two levels of review available for each grievance:

2.13.3.1 Level 1

The first person to review the grievance is the A Way Home for Tulsa Coordinator (CoC lead). The person with the grievance should contact the A Way Home for Tulsa Coordinator (CoC lead) with a statement describing the alleged violation of the Coordinated Entry System policies and procedures, and any actions taken on behalf of the individual/family or partner provider to resolve the issue. The statement may be written or, if oral, then recorded by A Way Home for Tulsa Coordinator (CoC lead). A Way Home for Tulsa Coordinator (CoC lead) will contact the partner provider in question to request a response to the grievance. Once the A Way Home for Tulsa Coordinator (CoC lead) has gathered relevant information about the situation, they will decide if the grievance is warranted and determine what, if any, action needs to be taken. If both the individual/family and the provider agree, the process ends, and the resolution is implemented. If the individual/family or the provider disagrees, the grievance moves to the next level.

2.13.3.2 Level 2

The A Way Home for Tulsa Leadership Council Chair reviews the grievance if there is dissatisfaction with the A Way Home for Tulsa Coordinator (CoC lead) resolution. The Leadership Council Chair may designate one or more Leadership Council members or other entity to review the situation. After gathering relevant information, the Leadership Council Chair or designated Leadership member(s) or other entity will inform the individual/family and participating provider what will happen to resolve the grievance. This is the final step in the process and the decision of the A Way Home for Tulsa Leadership Council is final.

2.13.4 Provider Grievances

It is the responsibility of all boards, staff, and volunteers participating providers to comply with the protocols and regulations of the Coordinated Entry System. Anyone filing a complaint concerning a

violation or suspected violation of the standards must be acting in good faith and have reasonable grounds for believing a partner provider is violating the Coordinated Entry System standards.

To file a grievance regarding the actions of a partner provider, contact Housing Solutions (CoC lead) with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and the steps taken to resolve the issue locally. Housing Solutions (CoC lead) will contact the partner provider in question to request a response to the grievance. Once the all documentation has been received, they will decide if the grievance is warranted and determine if further action needs to be taken. If the partner provider filing the grievance, or the partner provider against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the A Way Home for Tulsa Leadership Council Chair. This must be done by providing a written statement regarding the reasons for the appeal. The A Way Home for Tulsa Leadership Council Chair will bring the matter to the Leadership Council members for discussion and a final decision.

2.13.5 Termination

Any participating partner provider may terminate their participation in the CES by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD / AWH4T approval to terminate participation.

3 Purpose and Goals of the Coordinated Outreach Service Standards

The primary purpose of the AWH4T Coordinated Outreach Services Standards is to improve service coordination and collaboration across partner agencies serving the unsheltered population. These standards establish a shared understanding of what coordinated outreach looks like, how it should be conducted, and what desired outcomes are for outreach across AWH4T member organizations. Other key goals for the coordinated outreach standards include:

- Community alignment and outreach services that promote dignity;
- Everyone who conducts street outreach will have a basic understanding of how to do so in a client-centered manner;
- 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;
- Shared definitions will exist across all agencies along with shared data goals and guidelines;
- 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;
  Communication will be open, clear, and consistent for street outreach staff from across organizations to work together;
- There will be consistency in outreach and access to comprehensive services for a wide group of unsheltered persons without duplication of efforts;
- Data quality for street outreach efforts will be improved in HMIS as a result of having a clear prescribed method on what, when, and how often street outreach workers will enter data; and

AWH4T will be able to evaluate and improve how our local homeless response system is workingto meet the needs of clients affiliated with street outreach efforts.

The AWH4T Coordinated Outreach Service Standards is a living document, designed to be regularly updated and evaluated in alignment with the Strategic Plan to reflect the emerging needs, challenges, and trends regarding street outreach within the community

3.1 Defining Street Outreach

Street outreach in the A Way Home for Tulsa Continuum of Care is defined as a professional homeless services intervention focused on supporting unsheltered individuals to gain access to housing. Street outreach is conducted by various partner agencies that coordinate to deliver a robust and timely response to persons experiencing unsheltered homelessness in our community. Street outreach providers adhere to a Housing First service model and this approach is documented in written policies and procedures. AWH4T coordinated outreach is client-centered, consistent, comprehensive, and fully integrated into the coordinated entry system to achieve the best possible outcomes on the fastest possible timeline.

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 clients with safe housing options whenever possible. In addition to housing-focused case management, street outreach facilitates access to voluntary, individualized, 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 interactions with individuals experiencing unsheltered homelessness, therefore regular follow-up is key to success. Each interaction should be seen as an opportunity for outreach staff to support the client in connecting with housing and services.

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

3.2 Defining Coordinated Outreach

The coordinated outreach process will be spearheaded by Housing Solutions' Outreach Team. This team will establish regular communication between direct service providers, including case conferencing, taking action on immediate needs affecting direct service work, and geographic coverage collaboration across agencies providing street outreach services.

The following agencies make up the coordinated outreach effort – Outreach Contacts.

3.2.1 Service-Level Coordination Among Street Outreach Providers

The Housing Solutions Outreach Team will convene and lead the general service-level coordination of street outreach staff from across organizations, including monthly meetings of Coordinated Outreach Leads. The objective of this meeting will be to share experiences among peers and learn about local trends, including new encampments, geographic areas needing focus, developments in coordinated entry, and new available resources.

The Housing Solutions Outreach team will also lead the response to the Tulsa Police Department's community alerts by addressing them directly and/or requesting the support of other outreach teams as needed. When facing a crisis situation where an individual may be a threat to themselves or the public, the Tulsa Police Department will remain on the scene to work together with the outreach team in de-escalating the situation.

The Housing Solutions Outreach Team will be responsible for staying abreast of available shelter and temporary or permanent housing options and matters regarding the Coordinated Entry System. It is the Housing Solutions Outreach Team's responsibility to disseminate this information to outreach team staff and provide updates on these topics at each Coordinated Outreach Lead meeting.

3.2.2 Street Outreach and the Coordinated Entry System

Street outreach staff shall complete all necessary assessments and documentation to refer an unsheltered household to housing and services through the coordinated entry system. Please refer to the AWH4T Services Standards for the Coordinated Entry System.

Coordinated outreach leads shall participate in coordinated entry case conferencing and work together with site-based access points in ensuring continuity of services.

When an unsheltered household is prioritized within the top 25 households on one of the coordinated entry by-name lists, coordinated outreach leads will direct outreach staff to locate the individual, secure homelessness and disability documentation as needed, and provide transportation.

3.2.3 Geographic Coverage and Overlap

All AWH4T organizations engaging in outreach activities shall strategize and collaborate in order to ensure complete geographic coverage of Tulsa County. Geographic coverage strategies will account for each agency's outreach funding stream and any resulting restrictions.

When more than one street outreach team serves overlapping geographic areas, those teams shall coordinate to reduce duplication of service. This coordination will occur through a regular case conferencing meeting hosted by the Housing Solutions Outreach Team and will include considerations for the different types of outreach that may be provided. This meeting may remain separate or may be incorporated into the monthly Coordinated Outreach Lead meetings, depending on the needs of outreach staff and privacy considerations for unsheltered persons.

3.2.4 Individual Client Care Coordination

Street outreach staff shall work effectively with other homeless service providers. Whenever street outreach staff are reallocating contact with an unsheltered person to another street outreach staff or any other staff or program from the same or different organization, 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. Street outreach staff will use their judgement and discretion to decide how long the warm handoff should be based on each unsheltered person's situation and needs and given the limitations of staff's caseload and funding stream requirements.

The following agencies provide supportive services to unsheltered persons experiencing homelessness. Please refer to points of contact listed to coordinate access to services in cases where a street outreach client is unable to visit their offices – Outreach Contacts

3.2.5 Hours of Operation

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

Street outreach teams shall 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 to meet the needs of the unsheltered population being served. Late evening outreach may be needed to address inclement weather and to conduct the annual Point-in-Time Count. Coordination of outreach schedules will occur through a regular case conferencing meeting hosted by the Housing Solutions Outreach Team and will include considerations for the different types of outreach that may be provided. This meeting may remain separate or may be incorporated into the monthly Coordinated Outreach Lead meetings, depending on the needs of outreach staff and privacy considerations for unsheltered persons.

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.

4 Drop-In Centers

4.1 Assessment and Intake

Drop-in centers will offer a basic intake within 24 hours of the first point of contact with a client, subject to immediate client needs and in alignment with trauma-informed care principles. If the client declines to complete the intake, the drop-in center will document this decision and the client's reasoning. Intake documents will include:

1. Completed common assessment (VI-SPDAT/VI-F-SPDAT/TAY VI-SPDAT); and
2. Signed acknowledgement of receiving program guidelines.

4.2 Service Requirements

Drop-in centers provide services in a safe, welcoming, minimally intrusive environment that is designed to foster trust and personal engagement. These programs offer the following services:

- Information and referral
- Food or snacks
- Bathrooms
- Seating accommodations
- Access to internet, telephones or charging capacity

Drop-in centers may also provide, either directly or by referral:

- Crisis intervention
- Emergency services
- Legal and advocacy services
- Mental health and substance abuse counseling
- Case management
- Service coordination (including developing an individualized housing and service plan that outlines a path to permanent housing stability)
- Facilities for personal hygiene (showers and laundry)
- Employment and education assistance
- Public assistance eligibility assistance
- Classes in living skills
- Preventive health education, including information about prevention of HIV/AIDS, Tuberculosis and Sexually Transmitted Disease
- Parenting education

- Community space
- Meeting space
- Linkage to medical service
- Domestic violence counseling
- Transportation
- Mail, voicemail, computer access
- Clothing
- Client storage

Staff are available during drop-in center operating hours to provide ongoing services and overall supervision.

4.3 Best Practices

To meet the difficult challenge of engaging clients experiencing homelessness, effective staff must be flexible, empathetic, respectful, non-judgmental, committed, and persistent and should have specialized knowledge of the issues facing the people they serve, be aware of the availability of services and systems of care such as housing, medical, behavioral health, and substance use disorder treatment. Drop-in center staff should be trained on assertive engagement, a synthesis of evidence-based practices including motivational interviewing, strength-based practice, and assertive community treatment and incorporates concepts around trauma-informed care, harm reduction, anti-oppression, and unconditional positive regard to create opportunities for meaningful engagement.

4.3.1 Harm Reduction

Drop-in programs operate using a harm reduction model. Harm reduction refers to policies, programs and practices that aim to reduce the harm associated with substance abuse in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of substance use itself, and the focus on people who continue to use substances. Harm reduction incorporates a spectrum of strategies from safer use, to managed use, to abstinence, to meeting clients “where they’re at,” addressing conditions of use along with the use itself. Clients will be at different stages of recovery, and interventions must be tailored to those stages.

Harm reduction complements approaches that seek to prevent or reduce the overall level of substance consumption. It is based on the recognition that many people continue to use substances despite even the strongest efforts to prevent the initiation or continued use of substance. Harm reduction accepts that many people who use substances are unable or unwilling to stop at any given time. Access to good treatment is important for people with substance abuse problems, but many people are unable or unwilling to get treatment. Harm reduction interventions are facilitative rather than coercive and are grounded in the needs of individuals.

The Harm Reduction Coalition, a national advocacy and capacity-building organization that works to promote the health and dignity of individuals and communities who are impacted by drug use, considers the following principles central to harm reduction practice:

- Accept, for better and or worse, that licit and illicit substance use is part of our world and choose to work to minimize its harmful effects rather than simply ignore or condemn it.
- Understands substance use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence and acknowledge that some ways of using are clearly safer than others.
- Establish quality of individual and community life and well-being – not necessarily cessation of all substance use – as the criteria for successful interventions and policies.
- Call for the non-judgmental, non-coercive provision of services and resources to people who use substances and the communities in which they live in order to assist them in reducing attendant harm.
- Ensure that substance users and those with a history of substance use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms substance users themselves as the primary agents of reducing the harms of their substance use and seek to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with substance-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

4.3.2 Client-Centered, Flexible Approach

Drop-in centers will deliver voluntary services to reflect the core principles of Housing First, using a client-centered, flexible, harm reduction approach.

Rather than…	Use this…
Client must be sober to use facilities or be on premises. Clients prescribed medications for mental health conditions must take those as instructed in order to remain on site.	Clients engaging in behavior that is disruptive to other clients or staff will be requested to terminate that behavior or go to another area of facility. Staff are trained in harm reduction and to recognize signs of health crisis related to substances.

Rather than…	Use this…
No pets or animals of any kind.	The program supports client use of service animals as required by the Americans with Disabilities Act. [If the program cannot accommodate pets, include information about kennels or other support.]
Possession of alcohol, drugs, drug paraphernalia or weapons will result in immediate dismissal.	The program provides amnesty bins at entry that clients may use to store personal items without repercussions. Clients may access their bin as requested and take items with them upon exit.
Clients unable to follow program guidelines will be expelled.	Program staff are trained in de-escalation and conflict resolution tactics. Staff will expel clients only as a last resort.

4.4 Facility Management

4.4.1 Codes and Ordinances

The drop-in center conforms to all applicable state and local building, fire and health regulations, including wheelchair accessibility standards. The drop-in center does not exceed the maximum occupancy issued to it by the Fire Department and conspicuously posts the maximum occupancy issued to them by the Fire Department. The drop-in center conforms to all pertinent requirements of the Americans With Disabilities Act (ADA) and the Federal Fair Housing Amendments Act (FHAA).

4.4.2 Layout and Furnishings

The drop-in center is well arranged and carefully planned to provide as safe and secure an environment as possible.

The drop-in center should provide a private/quiet space that allows children to do their homework (as relevant) and clients to study and work. The drop-in center includes some outdoor space for client use only. The outdoor area is enclosed and appropriately screened to ensure privacy.

The drop-in center provides the necessary equipment and furnishings to support drop-in center activities. All drop-in center equipment and furnishings are maintained so they are clean, safe and appropriate for their intended function.

If a drop-in center provides food on site, tables and chairs must be provided in the dining area.

4.4.3 Amenities

The drop-in center has a heating and ventilation system that is in proper working order and maintains a minimum temperature appropriate for the population served.

The drop-in center takes incoming emergency phone messages and messages from other service providers such as case managers or advocates, for clients during business hours and has a process for making these messages available to them. Messages are taken without confirming whether or not the individual is a client of the agency. The drop-in center has or provides access to a phone that clients can use within reasonable limits. This phone is made as private as possible.

4.4.4 Toilet Facilities

The drop-in center has a sufficient supply of functional, clean wash basins and private toilets that include stalls have doors on the stalls with functional locks. The drop-in center provides separate bathrooms for male and female in ratios appropriate to the capacity of the drop-in center. The drop-in center provides toilets and wash basins accessible to clients with disabilities.

The drop-in center provides toilet tissue, soap, and a means for washing and drying hands. If the drop-in center provides showers on site, towels and soap must be provided. The drop-in center provides containers for disposal of feminine hygiene products. Drop-in centers supply deodorant, shampoo, toothbrushes, toothpaste, condoms, feminine hygiene products, and diapers.

The drop-in center allows guests to use bathrooms and showers (if applicable) that correspond to their gender identity. If the guest has concerns, the drop-in center provides bathroom and shower facilities based on a guest's concerns regarding safety and social comfort and provides, if possible, gender-neutral bathrooms and showers for all guests to use. However, the drop-in center does not require this as the only option for transgender and gender non-conforming guests because restricting choices in this way may draw unwanted attention to the individual or situation. Drop-in centers may wish to post signs in bathrooms reminding all guests to please let other guests use the restroom in peace, as each of us can decide for ourselves which restroom we belong in.

4.4.4.1 Weapons

Drop-in centers prohibit possession of weapons by everyone (clients, staff, volunteers, guests, etc.) at the facility. The program makes immediately available and accessible its policy regarding the discovery of weapons, including a list of items considered to be weapons.

Work tools and any other devices, which may be used in a manner that could cause serious bodily injury, must be checked in at the front desk and appropriately stored, before the client is allowed in other areas of the drop-in center.

Items which require check-in must be tagged with the client's name and date of check-in. All check-in items must be immediately stored in a locked box, closet or cabinet, which is to be located in a secure area of the facility. Clients may retrieve the items whenever they are ready to leave the facility.

4.4.5 Storage of Personal Possessions and Medications

Drop-in centers which hold funds or possessions on behalf of clients have a written policy and established procedure for securing and returning clients' belongings. The policy specifies how the stored items will be safeguarded, the drop-in center's liability for items that are lost or stolen, and the length of time funds or possessions will be held. Drop-in centers must explain this policy to clients before holding any funds or possessions for them, and drop-in centers must make immediately available and accessible this policy in

the frequently encountered languages of limited English proficient groups eligible to be served by the program.

If the drop-in center holds possessions on behalf of a client, those funds or possessions are returned the same day if possible, and no later than two business days after the demand for return.

Drop-in centers comply with local and federal laws and regulations regarding the storage of record-keeping concerning medications. Drop-in centers have established procedures for preserving clients' confidentiality in the storage of and keeping of records concerning medications.

4.4.6 Communicable Diseases

All drop-in center clients should be given information about and, if appropriate, referred to City-/County-sponsored disease testing (*e.g.*, for TB and HIV/AIDS) and child immunizations.

Staff use universal precautions when disposing of items such as diapers, tissues, band-aids, etc. Gloves and plastic bags are used when handling and disposing of these items.

The program notifies clients anytime there is a possibility that they were exposed to a communicable disease that is spread through casual contact. Notification must include posting a written warning about possible exposure in a conspicuous location, in no higher than a fifth grade reading level, in the frequently encountered languages of limited English proficient groups eligible to be served by the program, and in a fashion readily accessible to accommodate hearing impaired, Deaf, and sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters). The warning includes the date of the exposure, the disease, the onset time of the disease, its symptoms and how it is treated.

The program consults a medical professional when deciding if a client or potential client is infected with a contagious communicable disease that might endanger the health of other clients.

The program maintains written policies regarding mandatory implementation of universal precautions, control of tuberculosis, (per the Oklahoma State Department of Health's guidelines), and notification of clients of possible exposure to a communicable disease.

The program maintains written policies on client confidentiality issues regarding communicable diseases, including HIV/AIDS.

Program admission and exit policies and daily operation procedures adhere to protocols established by the Center for Disease Control.

4.4.7 Pest Control

The drop-in center works actively to prevent insect and rodent infestations and to eliminate them if they occur. In kitchen, dining areas, and food storage areas, (if applicable) the drop-in center takes precautions such as wiping up spills and crumbs frequently; storing food at least six inches off the floor and away from the walls; checking incoming boxes for insects and rodents excluding clients' personal belongings; filling in all crevices and cracks in walls; elevating garbage containers off the floor; having annual pest control inspections; and installing self-closing doors, where appropriate, on the outside of the facility.

Drop-in centers should have monthly pest control inspections. The drop-in center notifies clients of any pest-control maintenance activities. Notification must be given 24 hours in advance. The material safety data sheets are requested from any exterminators hired and kept on file.

4.5 Client Expulsion

Drop-in centers have written policies and procedures for expelling an individual or family from the facility that:

1. Are clear and simple, avoiding overly rigid and bureaucratic rules;
2. Require that all reasonable efforts are made to provide an appropriate referral;
3. Are immediately available and accessible in no higher than a fifth grade reading level, in all appropriate languages, or in a fashion readily accessible to accommodate hearing impaired, Deaf, and sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters);
4. Include a definition of the reasons or conditions for which an individual or family may be expelled;
5. Delineate a clearly defined process for expulsion including due process provisions; and
6. Describe the conditions or process for re-admission to the facility.

5 Emergency Shelter

5.1 Eligibility and Screening

All shelters will have written policies and procedures for admission eligibility and allowable length of stay. Policies and procedures as well as clients' rights and responsibilities in accessing shelter services are to be clearly explained to clients upon admission.

Notwithstanding restraints on program capacity and resource limitations, shelters shall follow a Housing First model with low barrier admission policies. A shelter may turn away a prospective client if:

1. The shelter has no availability;
2. The household includes a child under the age of 18 and the provider operates a single adult shelter;
3. The shelter serves minors and the prospective client is a registered sex offender; or
4. An agreement with a legal guardian or appropriate authorities has not been secured for an unaccompanied minor.

A shelter may not turn away an individual or family qualifying under Category 4 of HUD's definition of homeless related to persons fleeing domestic violence except directly to a mutually agreed upon, more specialized referral via a warm hand-off with a phone call and transportation or via other mutually agreed upon safe transition protocol.

The age and gender of a child under 18 cannot be used as a basis for denying any family's admission to a shelter.

Having an outstanding warrant does not disqualify a person from entering a shelter. Shelters may provide a voluntary program to help resolve outstanding warrants.

Shelters are prohibited from denying assistance to clients if they refuse to permit the shelter to share their information with other providers. In cases where a client does not consent to having their information shared, the information must still be collected by the shelter to determine eligibility, but it must not be shared via the HMIS if the program client objects.

5.2 Assessment and Intake

Shelters will offer a basic intake within 24 hours of the first point of contact with a client, subject to immediate client needs and in alignment with trauma-informed care principles. If the client declines to complete the intake, the shelter will document this decision and the client's reasoning. Intake documents will include:

1. Completed common assessment (VI-SPDAT/VI-F-SPDAT/TAY VI-SPDAT); and
2. Signed acknowledgement of receiving program guidelines.

Comprehensive assessments of admitted shelter program clients shall be conducted within one week of basic intake. Such assessments focus on:

1. Completed common assessment (VI-SPDAT/VI-F-SPDAT/TAY VI-SPDAT) for those who have not completed one;
2. Immediate health and safety needs relevant to providing temporary accommodations; and
3. Information relevant to securing housing, including client preferences; factors that would cause a landlord to reject the person's application (past evictions, criminal history, etc.); factors that directly led to housing instability or homelessness in the past (failure to pay rent, lease violations, etc.); and other information necessary to link clients to financial assistance and housing-related resources.

5.3 Emergency Shelter Services

Shelters shall make every effort to ensure that their services are accessible and appropriate for individuals and families with the highest level of vulnerability and the highest barriers to housing that are likely to be homeless longest. Staff supervision, whether paid or volunteer, must be provided during the hours of operation.

5.3.1 Temporary and Basic Shelter Services

All temporary and basic shelters must comply with the following standards, except where the standard is designated as applying to only a certain shelter type.

Temporary and basic shelters provide services coordinated to meet the immediate safety and survival needs of the individual or family served, including shelter, food, clothing and other support services. These services are provided in a minimally intrusive environment.

At a minimum, temporary and basic shelters provide the following services directly on-site:

1. Sleeping accommodations;
2. Personal hygiene supplies and facilities, including toilets and wash basins;
3. Showers and/or bathtubs (temporary shelters may provide referrals to other facilities for these services).

In addition to these services, temporary and basic shelters provide either directly or by referral the following services:

1. Food;
2. Information and referral;
3. Crisis intervention;
4. Mailing address;
5. Linkage to medical services;
6. Clothing; and

7. Laundry facilities, either on-site or located within walking distance.

The use of services beyond the provision of food and shelter should be encouraged.

5.3.2 Service-Enriched Shelter Services

In addition to meeting basic needs, service-enriched shelters are designed to increase the client's coping and decision-making capacities and assist in planning for the client's reintegration into community living. Staff are aware of and know how to access other community resources that can help clients achieve their housing placement and stabilization goals. Staff helping to re-house clients are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local supportive housing, etc.) directly or through the CES to help clients achieve their housing goals.

Service-enriched shelter programs are characterized by:

1. Comprehensiveness, by directly providing a range of services or by serving as part of a network that provides a range of services;

2. Immediacy, by providing for timely intervention and avoidance of delays in implementing a workable plan; and

3. Continuity and linkage to after care (to tile extent possible when funding is available), by providing services in cooperation with other resources and ensuring appropriate follow-up after the child, adult, or family has left the program.

In addition to providing the services of a basic shelter above, service-enriched shelters make available, either directly or by referral, the following services:

1. Crisis intervention;

2. Assessment for child abuse and/or neglect (in family shelters);

3. Service coordination (including developing an individualized housing and service plan that outlines a path to permanent housing stability);

4. Emergency and ongoing identification of medical and health needs and referral for care;

5. Public assistance eligibility assistance;

6. Educational and employment assistance; and

7. Exit planning and relocation assistance.

In addition to these services, service-enriched shelters also provide some or all of the following services, as indicated by the service population:

1. Education related to activities of daily living (life skills);

2. Preventive health education, including information about prevention of HIV/AIDS, Tuberculosis and Sexually Transmitted Disease;

3. Substance abuse and mental health counseling;
4. Support groups;
5. Structured social/recreational activities;
6. Parenting education;
7. Job referral and placement;
8. Childcare;
9. Transportation;
10. Legal services;
11. Domestic violence counseling; and
12. Other appropriate services as necessary for the service population.

If the shelter provides referrals for mental health, substance abuse, health care, or developmental disability services, this same referral information must be offered to every client. Then, the program providing these services may separately ask questions about the issues relevant to the provision of that service.

Any services related to an individual's disability may not be required as a condition of receiving shelter unless the shelter is specifically designated for individuals with disabilities and has a mandatory service component according to its funding criteria.

Ongoing assessment of adjustment to community living arrangements is conducted throughout the individual's or family's term of residence in the program. Service-enriched shelters develop exit plans with the individuals served and provide or offer referrals for identified services that address their ongoing needs. Exit planning is initiated at intake.

5.4 Client-Centered, Flexible Approach

Clients are encouraged to take advantage of housing-focused case management services to return to permanent housing as rapidly as possible. Case managers will deliver voluntary services to reflect the core principles of Housing First, using a client-centered, flexible, harm reduction approach.

Rather than…	Use this…
Clients must maintain enrollment in substance treatment program.	Clients may enroll and remain in shelter regardless of substance use or sobriety. Staff use a client-centered, harm reduction approach when addressing substance use with clients.

Rather than…	Use this…
Client must be sober to use facilities or be on premises. Clients prescribed medications for mental health conditions must take those as instructed in order to remain on site.	Clients engaging in behavior that is disruptive to other clients or staff will be requested to terminate that behavior or go to another area of facility. Staff are trained in harm reduction and to recognize signs of health crisis related to substances.
Minimum income must be maintained to remain in program.	Clients may enroll and remain in shelter.
Attendance at weekly case management meetings is required to stay in shelter.	Case management is strongly encouraged to assist clients in housing location and to work toward personal goals. Refusal of case management services will not result in termination or negative consequences. Clients may choose which services meet their needs.
No pets or animals of any kind.	The shelter supports client use of service animals as required by the Americans with Disabilities Act. [If the shelter cannot accommodate pets, include information about kennels or other support.]
Clients must make measurable progress on stated goals in order to stay in shelter.	Clients may remain in shelter regardless of adherence to service plans.
Clients must arrive by 8 PM each night to keep their bed. No schedule changes can be made without prior approval.	Clients may arrive at any time of night to accommodate work schedules or other personal needs or preferences.
Clients must leave by 8 AM to seek employment, housing, education, or work on other goals.	Client choice is respected, and the shelter facility is open 24 hours for current clients. Shelter computers may be used to seek employment, housing, education, or other personal use.
Possession of alcohol, drugs, drug paraphernalia or weapons will result in immediate dismissal.	The shelter provides amnesty bins at entry that clients may use to store personal items without repercussions. Clients may access their bin as requested and take items with them upon exit.
Random searches may be conducted by staff at any time. This includes security searches of your person and/or your belongings.	Clients' autonomy will be respected. We respect privacy of your belongings and will not enter your private space or locker except in the case of emergency.

Rather than…	Use this…
Clients must pass background checks to stay in shelter.	Clients' prior criminal convictions, charges, or arrests will not be a barrier to staying in the shelter (except where the prospective client is a registered sex offender and and the admitting program facility shelters minors). Staff will not request this information unless in context of case management in which it is directly relevant. Arrests, charges, or convictions that occur during a client's stay in shelter will not be held against them (except where the prospective client is a registered sex offender and the admitting program facility shelters minors).
Clients must save 30% of their income for future housing.	A voluntary savings program is encouraged, with clients suggested to save 30% of their income for future housing. Case management staff can assist with accessing resources to open a bank account if desired.
For single-sex or sex-segregated facilities: Staff will make bed assignments to men's or women's areas according to client sex listed on identity documents.	Clients choose to stay in men's or women's area according to client's self-identified gender identity. Staff will not ask about client's sex assigned at birth or on identity documents at intake, and staff will accept a client whose gender expression does not fit stereotypical gender expression.
All clients must pass a TB test before allowed to stay in the shelter.	TB testing is offered in a mobile clinic van outside the shelter on a biweekly basis. Clients should obtain a TB test as soon as possible after entering the shelter to ensure the health of all clients.
Clients must take all belongings with them upon exiting the shelter in the morning.	The shelter provides large lockers and locks for use during stay, to allow clients to safely store belongings.
Clients unable to follow program guidelines will be discharged.	Shelter staff are trained in de-escalation and conflict resolution tactics. Staff will discharge clients only as a last resort.
Case managers require clients to apply for all mainstream benefits for which they are eligible.	Clients are encouraged to apply for all mainstream benefits for which they are eligible. The shelter partners with local Medicaid offices to offer application assistance on site on a weekly basis, as well as referrals to attorneys to assist with SSI and SSDI applications and appeals.

Rather than…	Use this…
Housing plans offered by case management dictate strict adherence to set activities related to application for housing.	Financial assistance and supportive services are offered in a manner which gives minimum assistance initially and increases assistance over to if needed to resolve the housing crisis. Type, duration, and amount of assistance is based on individual assessment of needs and support systems.

5.5 Facility Management

All shelters, temporary, basic, and service-enriched, must comply with the following standards, except where the standard is designated as applying to only certain shelter types.

5.5.1 Codes and Ordinances

The shelter conforms to all applicable state and local building, fire and health regulations, including wheelchair accessibility standards.

The shelter does not exceed the maximum occupancy issued to it by the Fire Department for the entire shelter nor for the individual rooms used as sleeping quarters.

The shelter conspicuously posts the maximum occupancy issued to them by the Fire Department for the entire shelter and for the individual rooms used as sleeping quarters.

The shelter conforms to all pertinent requirements of the Americans With Disabilities Act (ADA) and the Federal Fair Housing Amendments Act (FHAA).

5.5.2 Layout and Floor Plan

The shelter is well arranged and carefully planned to provide as safe and secure an environment as possible. The shelter provides adequate separation of families, couples and single adults, and adequate separation of single women and single men. Shelters should provide accommodations which protect the family unit whenever possible, allowing parents and children to be accommodated together.

In some cases, typical sleeping arrangements may not be safe for transgender or gender non-conforming guests. If there is any question of safety, provide transgender and gender non-conforming guests the option of sleeping within sight and hearing of staff. If available, a single room may also be offered. Be aware that these arrangements may draw unwanted attention to the situation, so it's important to allow transgender and gender-nonconforming guests to decide for themselves the most appropriate option.

Room accommodations, bathrooms, lounges and other common spaces in the shelter should be wheelchair accessible. Wheelchair access should be provided to all common areas and to not less than 10% of the sleeping units.

The shelter should provide a private/quiet space that allows children to do their homework and clients to study and work. The shelter includes some outdoor space for client use only. The outdoor area is enclosed and appropriately screened to ensure privacy.

If the shelter provides clients with separate rooms with doors, clients must be able to secure the door while in the room, and staff must have keys to all rooms.

If a shelter provides food on-site, the sleeping area must be separate from the dining area.

Service-Enriched Shelter Standard: The shelter includes rooms for providing on-site services, as applicable.

5.5.3 Furnishings

The shelter provides the necessary equipment and furnishings to support shelter activities. All shelter equipment and furnishings are maintained so they are clean, safe and appropriate for their intended function.

At a minimum, shelters provide clients with a clean bed, mat, or cot that is a minimum of 27 inches in width or a double bed for an adult couple. Winter shelters and rotating church shelters, at a minimum, provide clients with a mat. The shelter should use vinyl mattress covers or mattresses that are resistant to bacteria, fluids, and pests and sanitize them between clients. The shelter implements routine procedures for disinfecting the bed, mat, or cot and its cover with each change of client.

Clean bed linens are to be provided to new clients at intake. Clients are expected to maintain cleanliness of linens when facilities are available onsite, otherwise clean linens will be provided by the facility at least once a week. Each client is supplied with sheets, a pillow and pillowcase and at least one blanket. Bed linens, blankets and towels are laundered as often as necessary for cleanliness and freedom from odors. The shelter has sufficient numbers of each item to allow for changes when necessary.

Bedrooms should have individual lockable storage lockers for the client's belongings. Each locker should be large enough to accommodate winter clothing.

If a shelter provides food on site, tables and chairs must be provided in the dining area.

5.5.4 Amenities

The shelter has a heating and ventilation system that is in proper working order and maintains a minimum temperature appropriate for the population served.

Natural lighting is provided wherever possible. Windows should allow a natural lighting ratio of 1 foot of window space to every 10 square feet of room area. Exceptions allow for the kitchen to be provided with adequate artificial light.

The shelter takes incoming emergency phone messages and messages from other service providers such as case managers or advocates, for clients during business hours and has a process for making these messages available to them. Messages are taken without confirming whether or not the individual is a client of the agency. The shelter has or provides access to a phone that clients can use within reasonable limits. This phone is made as private as possible.

5.5.5 Bath and Toilet Facilities

The shelter has functional, clean bathing facilities that have shower stalls with functional locks for the privacy and safety of all guests. Temporary or winter shelters may provide referrals to places that have bathing facilities on site. If the shelter provides services to persons with infants and young children, it must provide adequate space and equipment such as bathtubs, portable tubs, and basins for the bathing and changing of infants and young children.

The shelter has a sufficient supply of functional, clean wash basins and private toilets that include stalls have doors on the stalls with functional locks. The shelter provides separate bathrooms for male and female in ratios appropriate to the capacity of the shelter. The shelter provides toilets and wash basins accessible to clients with disabilities.

The shelter provides toilet tissue, soap, and a means for washing and drying hands. If the shelter provides showers on site, towels and soap must be provided. The shelter provides containers for disposal of feminine hygiene products. Shelters should supply deodorant, shampoo, toothbrushes, toothpaste, condoms, feminine hygiene products, and diapers.

The shelter allows guests to use bathrooms and showers that correspond to their gender identity. If the guest has concerns, the shelter provides bathroom and shower facilities based on a guest's concerns regarding safety and social comfort. Shelters provide, if possible, gender-neutral bathrooms and showers for all guests to use. However, shelters do not require this as the only option for transgender and gender non-conforming guests because restricting choices in this way may draw unwanted attention to the individual or situation. Shelters and programs may wish to post signs in bathrooms reminding all guests to please let other guests use the restroom in peace, as each of us can decide for ourselves which restroom we belong in.

5.5.6 Security

The building and grounds are routinely and regularly monitored. Building or shelter security is maintained, and when appropriate to the population served and the type of facility, clients are encouraged to form client patrols.

Shelters should permit clients to have visitors as appropriate to the shelter population and type of facility. Shelter clients are responsible for the behavior of their visitors and may experience the consequences of their guests' negative behaviors as specified in the shelter guidelines.

5.5.6.1 Weapons

Shelters prohibit possession of weapons by everyone (clients, staff, volunteers, guests, etc.) at the facility. The program makes immediately available and accessible its policy regarding the discovery of weapons, including a list of items considered to be weapons.

Work tools and any other devices, which may be used in a manner that could cause serious bodily injury, must be checked in at the front desk and appropriately stored, before the client is allowed in other areas of the shelter.

Items which require check-in must be tagged with the client's name and date of check-in. All check-in items must be immediately stored in a locked box, closet or cabinet, which is to be located in a secure area of the facility. Clients may retrieve the items whenever they are ready to leave the facility.

5.5.7 Storage of Personal Possessions and Medications

In shelters, bedrooms should have individual, separate lockable storage lockers for the adult client's belongings. Each locker should be large enough to accommodate winter clothing. Service enriched shelters should allow clients to store personal belongings for up to 72 hours after clients have left the shelter.

Shelters which hold funds or possessions on behalf of clients have a written policy and established procedure for securing and returning clients' belongings. The policy specifies how the stored items will be safeguarded, the shelter's liability for items that are lost or stolen, and the length of time funds or possessions will be held. Shelters must explain this policy to clients before holding any funds or possessions for them, and shelters must make immediately available and accessible this policy in no higher than a fifth grade reading level, in the frequently encountered languages of limited English proficient groups eligible to be served by the program, and in a fashion readily accessible to accommodate hearing impaired, Deaf, and sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters).

If the shelter holds possessions on behalf of a client, those funds or possessions are returned the same day if possible, and no later than two business days after the demand for return.

Shelters comply with local and federal laws and regulations regarding the storage of record-keeping concerning medications. Shelters have established procedures for preserving clients' confidentiality in the storage of and keeping of records concerning medications.

5.5.8 Maintenance and Housekeeping

Shelters have a written building maintenance policy that includes a clearly identified person to whom the clients can report maintenance problems. Routine maintenance is performed by qualified personnel or qualified personnel supervise maintenance work performed by clients.

The shelter has a housekeeping plan to ensure a safe, sanitary, clean and comfortable environment. The plan includes:

1. A cleaning schedule for all parts of the facility, including, but not limited to, the floors, walls, windows, doors, ceilings, fixtures, equipment, and furnishings;
2. A schedule for collecting and discarding trash inside the facility; and
3. A clearly identified person(s) responsible for the tasks on the housekeeping plan.

Trash inside the facility is contained in appropriate trash receptacles. Trash receptacles are emptied on a regular basis.

Adequate, properly maintained supplies and equipment for housekeeping functions are available. These supplies are properly labeled and are kept in a separate cabinet away from any food and out of the reach of children.

A material safety data sheet is maintained where the chemicals that the sheets apply to are stored for all chemical products used on site. An additional copy of the sheets must be maintained in a location that

can be accessed easily by staff and clients in the event of an emergency and must be available upon request.

5.5.9 Communicable Diseases

All shelter clients should be given information about and, if appropriate, referred to City-/County-sponsored disease testing (*e.g.*, for TB and HIV/AIDS) and child immunizations.

Staff use universal precautions when disposing of items such as diapers, tissues, band-aids, etc. Gloves and plastic bags are used when handling and disposing of these items.

The program notifies clients anytime there is a possibility that they were exposed to a communicable disease that is spread through casual contact. Notification must include posting a written warning about possible exposure in no higher than a fifth grade reading level, in a conspicuous location, and in the frequently encountered languages of limited English proficient groups eligible to be served by the program and in a fashion readily accessible to accommodate hearing impaired, Deaf, and sight impaired individuals (*e.g.*, Braille, audio, large type, assistive listening devices, and sign language interpreters). The warning includes the date of the exposure, the disease, the onset time of the disease, its symptoms and how it is treated.

The program consults a medical professional when deciding if a client or potential client is infected with a contagious communicable disease that might endanger the health of other clients.

The program maintains written policies regarding mandatory implementation of universal precautions, control of tuberculosis, (per the Oklahoma State Department of Health's guidelines), and notification of clients of possible exposure to a communicable disease.

The program maintains written policies on client confidentiality issues regarding communicable diseases, including HIV/AIDS.

Program admission and exit policies and daily operation procedures adhere to protocols established by the Center for Disease Control.

5.5.10 Pest Control

The shelter works actively to prevent insect and rodent infestations and to eliminate them if they occur. In kitchen, dining areas, and food storage areas, the shelter takes precautions such as wiping up spills and crumbs frequently; storing food at least six inches off the floor and away from the walls; checking incoming boxes for insects and rodents excluding clients' personal belongings; filling in all crevices and cracks in walls; elevating garbage containers off the floor; having annual pest control inspections; and installing self-closing doors, where appropriate, on the outside of the facility.

Shelters should have monthly pest control inspections. The shelter notifies clients of any pest-control maintenance activities. Notification must be given 24 hours in advance. The material safety data sheets are requested from any exterminators hired and kept on file.

5.5.11 Provisions for Babies and Young Children

If the shelter provides services to people with children, it must provide age appropriate cribs or beds, storage space for toys, and appropriate feeding equipment for infants and young children. If the shelter provides services to people with infants, it must provide refrigeration and cooking equipment capable of being used for the storage and preparation of infant formula, baby food and milk.

All children's furniture and equipment meet national safety standards. Donated furniture and equipment also must meet these same standards.

5.6 Exits from Shelter

Clients only move to another emergency shelter when:

1. They desire and choose;
2. Accommodations more appropriate to meet their health and safety needs are available (*e.g.*, recovery housing, domestic violence shelter, youth shelter); and
3. No permanent housing solution (with or without supportive services) is currently available that is a similar or better match for their preferences and needs.

Exits to other homeless situations are avoided, even when program guidelines are violated.

People who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program, hospital, or other emergency responder.

5.6.1 Client Suspension or Termination

Suspension or termination from the shelter will only occur in extreme circumstances, for actual threat or injury to other clients, staff, or property. Shelter staff will make every effort to accommodate clients regardless of any infraction and to resume assistance to the client in the future. The shelter will have written policies and procedures for expelling individuals that:

1. Define reasons or conditions of expulsion;
2. Include timely due process provisions;
3. Are clear and simple to understand;
4. Describe the conditions or process for re-admission to the shelter including the appeal and complaints procedure; and
5. Require reasonable efforts be made to provide an appropriate referral.

6 Supportive Housing: Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing

6.1 Housing First in Supportive Services

A Way Home for Tulsa's aims to increase the supply of healthy and safe housing and supportive housing that is affordable and available to extremely low income and/or special needs households. All supportive housing programs follow best practice models to provide transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH). TH, RRH, and PSH programs follow a Housing First philosophy, moving households directly into housing without prerequisites and doing whatever it takes to keep them housed, including rehousing households when necessary. Housing programs offer robust supportive services to help households maintain their housing and all services are voluntary and client driven. The policy below supplements the Housing First protections outlined in sections 1.4 Admission Procedures, Eligibility, and Documentation, 1.5 Protocols, Policies, and Procedures, and 1.6 Procedures

to Protect Client Rights and details the A Way Home for Tulsa's efforts to implement Housing First in TH, RRH, and PSH programs.

TH, RRH, and PSH programs provide strength-based case management, building on the assumption that every client has the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth, and to use social supports as a source of resilience.

TH, RRH, and PSH programs utilize an assertive approach characterized by program staff assuming the responsibility to do whatever needs to be done to assist a client in meeting their individual goals, services and treatment needs. Staff consistently provides the energy, persistence, and unconditional support that clients need to develop, try and evaluate effective strategies and interventions to meet their individual aspirations, treatment and rehabilitation. This philosophy plays out differently in each program as the resources and the interventions vary program to program. The idea behind it, which applies throughout TH, RRH, and PSH programs, is that staff engage with clients creatively.

6.1.1 Voluntary Participation in Services

All TH, RRH, and PSH programs and supportive services provided are voluntary, and participation in supportive services is not required to maintain housing or program enrollment. A Way Home for Tulsa recognizes that it is providing housing and services for hard-to-house populations of persons experiencing homelessness and makes every effort to exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination. A program client's assistance is terminated only in the most severe cases. Specifically, TH, RRH, and PSH programs will not terminate clients for:

- Failure to participate in supportive services;
- Failure to make progress on a client's service plan;
- Loss of income or failure to increase income;
- Being a victim of domestic violence; or
- Any other activity not covered under a typical lease agreement in the general geographic area in and around Tulsa County.

Since supportive services are proactively offered as a benefit and resource to clients to help them attain and maintain housing, clients are not required to participate as a condition of their tenancy. Instead, program staff continually implement engagement strategies and use evidence-based practices, such as motivational interviewing, to encourage participation. In addition, program staff works with clients to design individualized service plans that support each client's unique strengths, needs, and interests. *See Client-Centered Housing Stability Planning, Section 5.1.2.*

6.1.2 Client-Centered Housing Stability Planning

A housing stability plans provides a roadmap for the client and the case manager. It breaks down the housing goal into attainable steps to make the process more manageable and clarifies goals and responsibilities, so everyone knows who is working on what and why. Supportive housing programs employ client-centered housing stability planning principles, where:

1. The central focus is on resolving the crisis of homelessness by helping clients obtain and move into permanent housing;
2. The approach is Housing First, so program staff do not expect or require that the client meet certain behavioral or economic preconditions (*e.g.,* income threshold or sobriety);
3. Client choice drives the process and the client's strengths are recognized and used to empower the client throughout the process; and
4. The approach is individualized for each client and varies in intensity and length depending on the client's needs and strengths.

The process evolves as the client progresses. For a client that is not housed, the goal is to assist the client to develop a strategy and a plan to end the crisis of homelessness. For a housed client, the ongoing goal is to put in place appropriate supports to stabilize and maintain housing by making linkages to mainstream and community resources that to help the client stabilize and provide a network of support to avoid future housing crises.

Housing stability planning requires the program to identify:

1. Barriers to housing and steps to mitigate or resolve them;
2. Client's strengths and steps needed to build on those strengths; and
3. Available resources and path to obtain those resources.

Programs should document all steps client and case manager will take to move toward permanent housing, include both short- and longer-term goals and timelines, and build in flexibility to respond to progress and changing circumstances.

6.1.2.1 Step 1: Assessment of Housing Barriers and Strengths

Supportive housing programs set an expectation of housing focus. At intake, discuss permanent housing as the goal of the program. Make housing-focused culture evident from agency bulletin boards, materials, intake paperwork, etc. Start discussions about housing and development of a housing plan right away following enrollment.

Explain the process of housing stability planning: how goals and actions will be set, how often meetings will take place, the approach to monitoring progress. Provide as much information as possible about roles and expectations and be responsive to client concerns.

The assessment should be designed to collect information from clients regarding their past living situations to identify and address barriers to housing stability:

- What was the last place where the client lived that worked well? What about that situation made it work well?
- Has the client had a lease before? How did that go?
- Does the client have past evictions?

- Has the client lived in subsidized housing before?
- Has the client tried applying for a new lease recently? What was the outcome?
- Does the client have any concerns about moving into their own place?

Client preferences should guide the plan. Since in a tight housing market, there are generally going to have to be some compromises and some trade off made, the assessment process should include a discussion of some of those limitations and identify what is most important to the client and what is negotiable. Consider pets, reasonable accommodations, proximity to family, friends, or other supports that may be important to maintaining housing:

- What type of housing arrangement would the client prefer now? In the future?
- Where would the client like to live?
- Is there anywhere the client wants to avoid, *e.g.*, due to domestic violence or recovery from substance abuse?
- Where does the client have a network of family and/or friends?

The core of the housing assessment identifies the client's primary barriers and strengths that could help them obtain or maintain housing. Identifying barriers to housing helps to focus planning and goal setting on overcoming the most pressing of these barriers. At minimum the assessment should identify:

- What are the client's resources, including income, work experience, and social network?
- How can actions or circumstances which led to the client's housing crisis be resolved or mitigated?
- What other barriers interfere with the client's ability to regain stable housing?
- What supports will the client need to move into and maintain stable housing?
- How well can the client solve problems and access services, independently and/or with support?

Client Assessment Checklist:

- ❑ Explain the process and goals
- ❑ Discuss the client's housing history and preferences
- ❑ Run a credit report
- ❑ Check public records of evictions
- ❑ Contact previous landlords
- ❑ Identify the client's strengths and barriers

6.1.2.2 Step 2: Goal Setting and Action Planning

Supportive housing programs use the findings of the assessment of strengths and barriers to conduct a client-centered process to set goals related to:

- Obtaining housing, including resolving tenant screening barriers;
- Meeting lease requirements;
- Increasing/maintaining income, obtaining employment, and developing budgeting skills;
- Acquiring independent living skills that support housing stability;
- Addressing service needs for mental health or substance abuse issues that may cause barriers to permanent housing; and
- Reducing debt, repairing credit history, increasing independence.

Client preference is a primary consideration when selecting a housing unit. Program staff should discuss specific preferences with each client such as preferred location, unit size, proximity to amenities and any desired unit characteristics. All clients should have the opportunity to view a potential unit before determining if they want to live there. Program staff may need to work with clients to set expectations in light of the particular limitations of the program in which they are participating. Master leasing programs are sometimes unable to offer the same breadth of choice, and that should be discussed with clients at the outset of the program to support housing discussions.

Program staff share information about all options based on client's housing history and preferences. The client sets goals and priorities – even if options are limited. Program staff assists the client to identify steps to obtain and maintain stable housing. Clients have input and final decision-making for all goals, actions steps, and timelines.

Goal Setting Checklist:

- ❑ Include both short- and long-term goals
- ❑ Break goals down into steps that can be accomplished between meetings
- ❑ Action steps to achieve goals should be:
  - Clear and easy to understand;
  - Measurable; and
  - Accomplishable in a short period of time (*e.g.,* a week).
- ❑ Indicate what support is needed to achieve each goal
- ❑ Specify tasks to be completed by the client and by the case manager

6.1.2.3 Step 3: Supporting Long-Term Housing Stability

Supportive housing programs provide tenant education and supports to ensure lease compliance. For rapid rehousing, increasing income should be the central focus if client cannot remain housed with current income. For all supportive housing programs, maximizing the amount of income available for rent to support stable housing includes connecting clients with mainstream benefits to help cover household expenses such as food, utilities, and healthcare and identifying community resources that can provide free or low-cost goods and services.

Tenant Supports and Lease Compliance Checklist:

- ❑ Explain lease requirements and consequences of violations and evictions
- ❑ Provide a simplified breakdown of most important lease components
- ❑ Make a do's and do not's list to better understand common lease violations
- ❑ Discuss how to build respectful relationships with the landlord and neighbors
- ❑ Provide information on submitting a maintenance request and how to follow up
- ❑ Practice responses to complaints from other tenants or requests for a repair
- ❑ Mediate issues and suggest methods for achieving compliance with the lease
- ❑ Provide expedited access to legal assistance for tenancy issues that may arise

Budgeting and Increasing Income Checklist:

- ❑ Coordinate closely with employment service providers
- ❑ Help the client write a resume
- ❑ Help the client identify potential references
- ❑ Set up practice interviews for the client
- ❑ Connect the client with a life skills program, depending on job readiness
- ❑ Connect the client to a credit counselor to try to reduce monthly debt payments

Overcoming Barriers to Mainstream Benefits Checklist:

- ❑ Assist the client with completing forms, gathering documents, and preparing for appointments
- ❑ Provide translation for appointments
- ❑ Help obtain necessary identification or documents
- ❑ Provide a place to store documents
- ❑ Act as contact or representative payee if possible and appropriate
- ❑ Follow up to ensure the client maintains benefits

6.1.2.4

6.1.2.5 Step 4: Monitoring Progress and Follow-up

The housing stability planning process should be ongoing and should adapt with progress and with changed circumstances as necessary.

Monitoring Progress Checklist:

- ❑ Periodically review income, housing costs, and other expenses with the client
- ❑ Review current circumstances and any changes with the client
- ❑ Catch problems early on with home visits
- ❑ Maintain frequent contact with the landlord after move-in
- ❑ Offer peer support groups
- ❑ Provide case manager "drop-in" hours, not just appointments

6.1.3 Tenant Rights and Legal Protections

The ultimate goal of TH, RRH, and PSH housing programs is to assist persons experiencing homelessness in Tulsa County to attain and maintain long-term stability in permanent housing. In order to assist clients to maintain housing, TH, RRH, and PSH program staff will:

1. Ensure that tenants have a lease that does not curtail their rights, as outlined in Oklahoma's Okla. Stat. Ann. Tit. 41, § 101 to 136 – Residential Landlord and Tenant Act;
2. Educate clients about their lease or occupancy agreement terms, provide legal assistance, and support clients to exercise their full legal rights and responsibilities;
3. Advocate on behalf of clients to landlords, such that landlords and providers in Housing First models abide by their legally defined roles and obligations;
4. Ensure Fair Housing and Equal Opportunity practices, including prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, and familial status;
5. Support clients with disabilities and those needing reasonable accommodations under Fair Housing and ensure that clients with disabilities are offered clear opportunities to request reasonable accommodations during applications, screening processes, and tenancy and make sure that building and apartment units include special physical features that accommodate disabilities.

6.1.4 Harm Reduction

TH, RRH, and PSH programs operate using a harm reduction model. Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with substance abuse in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the

prevention of substance use itself, and the focus on people who continue to use substances. Harm reduction incorporates a spectrum of strategies from safer use, to managed use, to abstinence, to meeting clients "where they're at," addressing conditions of use along with the use itself. Clients will be at different stages of recovery, and interventions must be tailored to those stages.

Harm reduction complements approaches that seek to prevent or reduce the overall level of substance consumption. It is based on the recognition that many people continue to use substances despite even the strongest efforts to prevent the initiation or continued use of substance. Harm reduction accepts that many people who use substances are unable or unwilling to stop at any given time. Access to good treatment is important for people with substance abuse problems, but many people are unable or unwilling to get treatment. Harm reduction interventions are facilitative rather than coercive and are grounded in the needs of individuals.

The Harm Reduction Coalition, a national advocacy and capacity-building organization that works to promote the health and dignity of individuals and communities who are impacted by drug use, considers the following principles central to harm reduction practice:

- Accept, for better and or worse, that licit and illicit substance use is part of our world and choose to work to minimize its harmful effects rather than simply ignore or condemn it.
- Understands substance use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence and acknowledge that some ways of using are clearly safer than others.
- Establish quality of individual and community life and well-being – not necessarily cessation of all substance use – as the criteria for successful interventions and policies.
- Call for the non-judgmental, non-coercive provision of services and resources to people who use substances and the communities in which they live in order to assist them in reducing attendant harm.
- Ensure that substance users and those with a history of substance use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms substance users themselves as the primary agents of reducing the harms of their substance use and seek to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with substance-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

6.1.5 Stages of Change

TH, RRH, and PSH programs apply the Transtheoretical Model, which describes five stages of change, which are designed to help professionals understand clients, in particular those with addiction problems, and motivate them to change.

6.1.5.1 Stage 1: Precontemplation (Not Ready)

People at this stage do not intend to start the healthy behavior in the near future (within six months) and may be unaware of the need to change. People here learn more about healthy behavior: they are encouraged to think about the pros of changing their behavior and to feel emotions about the effects of their negative behavior on others. Precontemplators typically underestimate the pros of changing, overestimate the cons, and often are not aware of making such mistakes.

One of the most effective steps that programs can help with at this stage is to encourage them to become more mindful of their decision making and more conscious of the multiple benefits of changing an unhealthy behavior.

6.1.5.2 Stage 2: Contemplation (Getting Ready)

At this stage, clients are intending to start the healthy behavior within the next six months. While they are usually now more aware of the pros of changing, their cons are about equal to their pros. This ambivalence about changing can cause them to keep putting off taking action. People here learn about the kind of person they could be if they changed their behavior and learn more from people who behave in healthy ways.

Programs can influence and help effectively at this stage by encouraging them to work at reducing the cons of changing their behavior.

6.1.5.3 Stage 3: Preparation (Ready)

People at this stage are ready to start taking action within the next 30 days. They take small steps that they believe can help them make the healthy behavior a part of their lives. For example, they tell their friends and family that they want to change their behavior.

People in this stage should be encouraged to seek support from friends they trust, tell people about their plan to change the way they act, and think about how they would feel if they behaved in a healthier way. Their number one concern is: when they act, will they fail? They learn that the better prepared they are, the more likely they are to keep progressing.

6.1.5.4 Stage 4: Action

People at this stage have changed their behavior within the last six months and must work hard to keep moving ahead – to strengthen their commitments to change and to fight urges to slip back.

People in this stage progress by being taught techniques for keeping up their commitments such as substituting activities related to the unhealthy behavior with positive ones, rewarding themselves for taking steps toward changing, and avoiding people and situations that tempt them to behave in unhealthy ways.

6.1.5.5 Stage 5: Maintenance

People at this stage changed their behavior more than six months ago. It is important for people in this stage to be aware of situations that may tempt them to slip back into doing the unhealthy behavior — particularly stressful situations.

6.2 Safeguards for Domestic Violence Survivors

6.2.1 VAWA-Required Forms and Notices

The Violence Against Women Act (VAWA) mandates that recipients of HUD funding provide each household applying for assistance with a Notice of Occupancy Rights and Certification Form at each of the following times:

1. The household is denied assistance;
2. The household is admitted to the program;
3. The household receives notification of eviction; and/or
4. The household is notified of termination of assistance.

A Way Home for Tulsa encourages all agencies to provide these documents to their clients.

The Notice of Occupancy Rights must include:

1. VAWA protections, including survivor rights of confidentiality and the prohibited bases for denial or termination of assistance or eviction; and
2. Limitations of VAWA protections, including a housing provider's compliance with court orders and right to evict or terminate assistance to tenants for any violation not premised on an act of domestic violence, dating violence, sexual assault, or stalking.

The Certification Form must provide space for the applicant to state:

1. That they are a survivor of domestic violence, dating violence, sexual assault or stalking;
2. That the incident that is the ground for protection meets the applicable definition for such incident under 24 CFR 5.2003; and
3. The name of the individual who committed the violent act, if the name is known and safe to provide.

6.2.2 VAWA-Required Contract Terms

For recipients of HUD funding, VAWA mandates that the following terms be incorporated into each rental contract that will be entered into as well as each existing rental contract which will be renewed following the expiration of a current term (including those which automatically renew). A Way Home for Tulsa encourages all agencies to incorporate these terms into rental contracts.

6.2.2.1 Required Terms for Agreements Between Agencies and Landlords

Any agreement between HUD recipients and property owners / landlords must include provisions stating that:

1. The owner/landlord will comply with 24 CFR part 5, subpart L; and

2. Any lease between the owner/landlord and the client or agreement between recipient and client will incorporate the provisions required by 24 CFR 5.2005(b) and (c), specifically:

    a. The client cannot be denied or terminated assistance or evicted from housing due to their status as a survivor of domestic violence or due to criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking acts threatened or committed against them in the home; and

    b. An incident of threatened or actual domestic violence, dating violence, sexual assault, or stalking against the client cannot be grounds for claiming the client has engaged in a "repeated and serious violation of a lease" or as good cause for terminating their assistance, tenancy, or occupancy rights.

Any lease between a landlord and client or agreement between recipient and client may specify that the protections under 24 CFR part 5, subpart L only apply during the period of assistance under the HUD-funded program.

Tenant-Based Rental Assistance (TBRA) programs must include terms to ensure that:

1. The owner/landlord will provide the Notice of Occupancy Rights and Certification Form to the client with any notification of eviction; and

2. The recipient is bound by 24 CFR 5.2007(c) to keep in strict confidence any information provided by the client, including the fact that domestic violence occurred, when requesting an emergency transfer.

Non-TBRA programs must include a provision stating that any agreement between the program and client will permit the client to terminate the agreement without penalty if the recipient determines that the client qualifies for an emergency transfer.

6.2.2.2 Required Terms for Leases Between Landlords and Program Clients

Any lease between a property owner / landlord and a client must include provisions stating that:

1. The landlord will comply with 24 CFR part 5, subpart L; and

2. Per 24 CFR 5.2005(b) and (c):

    a. The client cannot be evicted from housing due to their status as a survivor of domestic violence or due to criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking acts threatened or committed against them in the home; and

    b. An incident of threatened or actual domestic violence, dating violence, sexual assault, or stalking against the client cannot be grounds for claiming the client has engaged in a "repeated and serious violation of a lease" or as good cause for terminating their tenancy.

The lease may specify that protections under 24 CFR part 5, subpart L only apply during the period of assistance under the HUD-funded program.

6.2.2.3 Required Terms for Agreements Between Recipients and Program Clients

Any agreement between a HUD-funded recipient and client must include provisions stating that:

1. The recipient will comply with 24 CFR part 5, subpart L; and
2. Per 24 CFR 5.2005(b) and (c):
    a. The client cannot be denied or terminated assistance or evicted from housing due to their status as a survivor of domestic violence or due to criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking acts threatened or committed against them in the home; and
    b. An incident of threatened or actual domestic violence, dating violence, sexual assault, or stalking against a client cannot be grounds for claiming the client has engaged in a "repeated and serious violation of a lease" or as good cause for terminating their assistance, tenancy, or occupancy rights.

The lease may specify that protections under 24 CFR part 5, subpart L only apply during the period of assistance under the HUD-funded program.

Non-TBRA programs must also include a provision stating that the client may terminate the agreement without penalty if the recipient determines that the client qualifies for an emergency transfer.

6.2.3 Bifurcating Leases

Housing providers may bifurcate TBRA leases to evict, remove, or terminate assistance to a household member who engages in DV-related criminal activity without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.

TBRA and any utility assistance shall continue for the family member(s) who are not evicted or removed.

Non-TBRA clients who have not already established independent program eligibility at the time of bifurcation have 90 days to establish their eligibility or locate other housing.

In PSH, if the family's eligibility was based upon the evicted or removed family member's disability or chronic homeless status, the remaining family members may stay in the project through the end of the lease.

6.3 Transitional Housing

TH is designed primarily for households who thrive in a structured environment and who need fixed, medium-term assistance while they learn job skills or complete a vocational/educational program. In TH, clients are typically limited to 24 months (although some programs can be longer), and clients are reassessed at set intervals. Households typically contribute 30% of their adjusted income towards rental costs. This model is often appropriate for master leasing arrangements.

6.3.1 Target Populations for Assistance

A Way Home for Tulsa TH programs serve a range of populations, including single adults, youth and families with children. Regardless of target population, program design and services should further the

goal of transitioning clients to permanent housing. In alignment with national priorities and evidence-based practices, TH programs prioritize and target the following populations:

1. Transitional age (18-24) youth, including single youth, pregnant youth, and/or youth-led households with children;
2. Persons with experience of domestic violence or other forms of severe trauma; and
3. Individuals and heads of household struggling with substance abuse, or early in recovery from substance abuse.

6.3.2 Structure of Assistance

TH programs facilitate the movement of homeless individuals and families to permanent housing within 24 months of entering TH. Upon exit from TH, clients are able to maintain housing stability in permanent housing.

6.3.3 Housing Requirements

All units housing clients must meet HUD Housing Quality Standards. Every TH client must enter into a lease or occupancy agreement, so that clients retain full tenants' rights during their residency in the program. Rents collected from clients of TH may be reserved in whole or in part to assist the clients to move to permanent housing.

6.3.4 Service Requirements

TH programs are characterized by:

1. Client-centered services, by directly providing a range of services or by serving as part of a network that provides a range of services tailored to each client's level and type of need;
2. Immediacy, by providing for timely intervention and avoidance of delays in implementing a workable plan for transition to a permanent housing situation; and
3. Continuity and linkage to after-care (to the extent possible when funding is available), by providing services in cooperation with other resources and ensuring appropriate follow-up after the household has left the program.

TH programs must develop service plans with clients and provide referrals with warm hand-offs for identified services that address each client's ongoing needs. Service planning should be initiated at intake and focus on identifying and transitioning clients to the most appropriate permanent housing situation. Ongoing assessment of progress on the client's service plan should be conducted throughout the household's term of residence in the program.

TH programs, either directly or by referral, must make services available to all clients that are tailored to support each client in transitioning to permanent housing. The level and type of services offered should meet each client's identified needs, including but not limited to any of the following:

- Crisis intervention
- Legal assistance
- Service coordination
- Emergency and ongoing identification of medical and health needs and referral for care
- Public benefits eligibility assessment and application assistance
- Educational and employment assistance
- Exit planning, housing search, and relocation assistance
- Education related to activities of daily living (life skills)
- Preventive health education, including information about prevention of HIV/AIDS, Tuberculosis and Sexually Transmitted Diseases
- Substance abuse and mental health counseling
- Support groups
- Structured social/recreational activities
- Parenting education

- Job referral and placement
- Childcare
- Transportation
- Domestic violence counseling
- Other appropriate services as necessary for the service population

6.4 Rapid Rehousing

RRH programs are designed to serve clients for a shorter period of time, after which housing assistance transitions off and they remain in their housing unit. The maximum term of assistance is typically 24 months, but many clients receive assistance for a much shorter period of time. Services are provided on an as-needed basis and are focused on income generation activities that help support housing stability. In RRH programs, clients typically contribute a percentage of the rent and the level of contribution often increases over time. Recertification of eligibility and rent calculation occur at frequent intervals – typically every three months.

This type of housing is well suited for households experiencing episodic homelessness who have participated recently in the workforce or have the skills/experience to eventually sustain rental costs on their own. This type of housing can also be used to “bridge” someone needing longer term assistance who is likely to receive a long-term housing “slot” within six to nine months but is currently unhoused.

6.4.1 Target Populations for Assistance

A Way Home for Tulsa RRH programs target the following populations:

1. Veterans;
2. Youth and families with children;
3. Individuals and families fleeing domestic violence;
4. Non-Chronically-Homeless individuals; and
5. Chronically Homeless not requiring permanent supportive housing.

6.4.2 Structure of Assistance

The structure of RRH assistance is guided by a philosophy that encourages programs to provide the least amount of assistance to individuals and families to ensure their housing stability. Program staff together with the client, determine how long or often to provide a subsidy (unless determined by specific grant requirements, regulations, etc.) while at the same time ensuring that program resources are used as efficiently as possible.

After receipt of assistance, household is able to remain stably housed. At the conclusion of assistance, providers are encouraged to follow up with the household for up to six months to monitor and evaluate whether they have remained stably housed and provide supportive services as necessary.

Rental subsidies are provided for a maximum of 24 months and decline in steps based upon a fixed timeline, determined by the program. Providers may revise the fixed timeline as needed to accommodate the client's circumstances. Initial assistance can be as much as 100% of rent. Client will pay a percentage of their rent based on the program's assessment of the client's financial and family situation, with rental assistance decreasing monthly over time (schedule to be determined by program).

RRH clients must enter into a lease for an initial term of at least one year. The lease must continue automatically upon expiration on a month-to-month basis and be terminable only for cause.

An assessment tool is used to determine the need for ongoing assistance every 90 days. Additionally, RRH programs must re-evaluate, not less than once annually, that a client lacks sufficient resources and support networks necessary to retain housing without assistance and that the client is receiving the types and amounts of assistance that they need to retain housing.

6.4.3 Housing Requirements

RRH programs will endeavor to offer as much client choice as possible regarding type and location of housing and will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence. All units housing clients must meet HUD Housing Quality Standards.

RRH programs should not issue rental checks to anyone other than a property owner or property management company. Programs should verify property ownership by calling the Tulsa County Assessor. Provide the Assessor with the address of the unit the client is interested in renting and verify the name of the property owner. RRH programs should also call the landlord to verify the rental agreement.

A check or payment should not be made to the household or another party unless a utility reimbursement is to be paid, in which case the following must be followed:

- Direct payment to the program client; or
- Payment to the utility company on behalf of the client so long as:
    a. Written permission is obtained from the program client; and
    b. Written notification to the client of the amount paid to the utility company.

RRH programs should mail payment to the property owner and/or property management company. Should the landlord, property owner and/or property management company need the check immediately they may pick it up from the agency. A client should not pick up or deliver the payment to the property owner and/or property management company.

RRH programs should consider requiring two signatures for amounts over an identified threshold. All other standard financial procedures should apply including review of canceled checks and review of stale checks that have not been cashed.

6.4.4 Service Requirements

RRH programs provide intensive case management services throughout each client's stay in RRH to assist households to successfully retain housing and move off the subsidy and into self-sufficiency.

Services may be provided at the program offices, and staff will conduct home visits when appropriate. Services may include, but are not limited to:

Housing Support

- Intake and assessment
- Rental assistance
- Legal assistance
- Assistance with housing applications
- Information and training regarding tenants' rights and responsibilities
- Education and assistance around landlord-tenants' rights and responsibilities
- Mediation and negotiation with landlords
- A minimum of one monthly face-to-face case management meeting
- A minimum of one quarterly home visit

Socialization and Daily Functions

- Daily living skills training
- Budgeting and money management skills and training
- Skills and training in maintaining a household
- Eligibility screening for, and assistance applying for and retaining mainstream resources
- Vocational and employment assistance or training and referral
- Supportive employment and referral for employment
- Interpersonal communication skills
- Transportation, including accompaniment to appointments, home visits
- Childcare
- Parenting information and education
- Conflict resolution and crisis intervention
- Helping clients connect to meaningful daily activities
- Social, cultural, or recreational activities

- Opportunities for peer-to-peer education and support
- Support groups and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning

Wellness

- Service coordination
- Mental health counseling and education
- Substance abuse education and counseling
- Effective use of health care (medical/dental/mental health/psychiatric)
- Preventive health services

6.5 Permanent Supportive Housing

PSH is designed for people who need long term support, who typically face significant, long-term barriers to housing. Such barriers may include long-term homelessness, physical disabilities, mental health disabilities, multiple periods of homelessness, history of serious substance abuse, and/or histories of trauma. As such, there is no time limit on how long a client can receive assistance PSH. Compliance with services is not required, but it is expected that clients will be engaged through intensive and creative service programming. In PSH programs, clients contribute a percentage of their income towards rent. The calculation of rent follows HUD guidelines, but is typically equal to 30% of adjusted income. Recertification of eligibility and income typically occurs annually (unless the program requires more frequent recertification, or a client reports a change in income).

6.5.1 Target Populations for Assistance

A Way Home for Tulsa PSH programs target the following populations:

1. Chronically homeless individuals and families;
2. Homeless individuals with disabilities;
3. Homeless families with disabled heads of household;
4. Homeless youth with disabilities; and
5. Elderly homeless adults.

6.5.2 Structure of Assistance

PSH is community-based permanent housing with intensive case management. After entering the PSH program, the household remains stably housed, either remaining in PSH or exiting to another permanent housing location. Some clients in PSH may choose to move into other subsidized housing with a lower level of supportive services.

There can be no predetermined length of stay in a PSH program. Each client must enter into a lease for an initial term of at least one year. The lease must continue automatically upon expiration on a month-to-month basis and be terminable only for cause.

6.5.3 Housing Requirements

PSH programs endeavor to offer as much client choice as possible regarding type and location of housing. All units housing clients must meet HUD Housing Quality Standards. PSH programs provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence. Where possible, PSH services are provided in community settings that are readily accessible by public transportation and convenient to shopping and other community services.

6.5.4 Service Requirements

PSH programs provide intensive case management services throughout each client's stay in PSH to assist households to maintain housing stability. Services may be provided at the program offices, and staff will conduct home visits when appropriate.

Case managers offer case management contact with clients at least four times per month. PSH programs, through collaborative arrangement or by referral, must offer services to all clients that are tailored to each client's needs. The level and type of services offered should fully meet each client's identified needs, including but not limited to any of the following:

Housing Support

- Intake and assessment
- Rental assistance
- Legal assistance
- Assistance with housing applications
- Information and training regarding tenants' rights and responsibilities
- Education and assistance around landlord-tenants' rights and responsibilities
- Mediation and negotiation with landlords

Socialization and Daily Function

- Daily living skills training
- Budgeting and money management skills and training
- Skills and training in maintaining a household
- Eligibility screening for, and assistance applying for and retaining mainstream resources (SSI, TANF, Medcaid, Veterans benefits, etc.)

- Vocational and employment assistance or training and referral
- Supportive employment and referral for employment
- Interpersonal communication skills
- Transportation, including accompaniment to appointments, home visits
- Childcare
- Parenting information and education
- Conflict resolution and crisis intervention
- Helping clients connect to meaningful daily activities
- Social, cultural, or recreational activities
- Opportunities for peer-to-peer education and support
- Support groups and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning

Wellness

- Service coordination
- Mental health counseling and education
- Substance abuse education and counseling
- Effective use of health care (medical/dental/mental health/psychiatric)
- Preventive health services

6.5.5 Moving On

Over time, as mental health, physical health, or other challenges lessen, the supportive service needs of PSH clients may be better met through mainstream services rather than the intensive supportive services provided in PSH. However, in many cases the need for financial housing assistance remains. Programs should use creative strategies and incentives to encourage individuals and families to consider moving on if they feel ready. However, no one should feel pressured or coerced to leave their unit.

The primary goal is to provide clients with disabilities the opportunity and support they need to be able to live, work and receive services in the most integrated setting possible in a community of their choice. Policies should further tenants' rights to choose where and with whom to live, as well as whether to engage in services. Tenants should be offered a variety of housing options, to the extent possible, and should not be required to accept an accommodation if the individual chooses not to do so.

Program staff should schedule regular and frequent meetings with tenants specifically focused on transition planning, setting expectations and addressing fears. Work with the tenants to gradually

decrease services and supports or create “trial scenarios” so that tenants can practice readiness while still in housing (i.e., using community services, handling conflicts with neighbors/landlords independently, creating a budget and managing finances, managing medications, etc.).

Program staff should work with tenants to create a formal and comprehensive transition plan that identifies tenant strengths, living skills and the supports necessary to help them meet transition goals. It is important that this planning process include the perspective of both the client and case manager. This document should guide the pre-transition planning process and hold both tenants and case managers accountable for their respective roles in the process.

Moving on should be approached with holistic, comprehensive pre-transition services in place – including living skills training, employment, and community integration supports – as well as individualized aftercare supports to ensure a successful transition over the long-term. Staff should make sure clients understand that services will not stop the minute they leave supportive housing and clearly communicate the kind of supports available to them, at what frequency and for how long. In cases where clients are moving from supportive housing to a less intensive service environment, clients should be well-informed about what those services will look like and how to access them.