



REQUEST FOR PROPOSAL

FOR

ACCESS CENTER AND EMERGENCY SHELTER
OPERATIONAL MANAGEMENT SERVICES

City of Lodi
Community Development Department
Neighborhood Services Division

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COVER LETTER



October 30, 2025

City of Lodi
Community Development Department
Attn: Jennifer Rhyne, Neighborhood Services Manager

To RFP Evaluation Team,

First Step Housing, dba First Step Communities (FSC) is excited to respond to your Request for Proposal for the Access Center and Emergency Shelter Operational Management Services. We have reviewed your RFP and are enthusiastically supportive of your facility design and planned services.

We have tried in our response to answer all your questions and provide details about our experience, qualifications, and approach to providing these critical services to the vulnerable individuals in our homeless community. In our experience the design of bringing sheltering and healthcare together is critical to a successful program that can change lives through achieving successful outcomes for the clients. Our data, which we can share, overwhelmingly supports this.

There are numerous operational alternatives options for us to discuss as the planning stages of a program like this come together. Together we can discuss joint decision-making, including budget options, bringing you and your selected service provider closer together to launch a successful program. Additionally, we would like to talk with you in detail about our extensive collaboration process with other nonprofit and healthcare organizations, as well as our approach to fundraising, public and private, to support a robust operational plan. FSC has helped our current funders start at least six new and exciting programs, ensuring that the funders operational objectives are met or exceeded.

First Step Communities would like to thank you for the opportunity to respond to this RFP and is anxious to qualify for an interview where we can expand upon our proposal and answer all your questions.

I can be reached at swatters@firststepcommunities.org or by phone at (916)769-8877.

Sincerely

A handwritten signature in blue ink that reads "Stephen Watters".

Stephen Watters, Chief Executive Officer

a bridge out of homelessness

www.firststepcommunities.org

PROPOSAL NARRATIVE

IV. PROPOSER INFORMATION

1. Name of Entity or Organization:

First Step Housing DBA First Step Communities

2. Physical Address:

1455 Response Rd, Suite 190, Sacramento, CA 95815

3. Mailing Address (if different than above):

4. Executive Director/CEO

- Name: Stephen Watters
- Title: Chief Executive Officer
- Email: swatters@firststepcommunities.org
- Phone Number: 916-769-8877

5. Contact Person (if different than above)

- Name: Joseph Pacheco
- Title: Executive Director
- Email: jpacheco@firststepcommunities.org
- Phone Number: 916-225-4474

6. Number of years organization has been in business:

10.5

7. Number of years organization has operated as a 501 (c) (3):

10.5

8. Federal Tax ID Number:

35-2537631

9. Has this organization operated under another name? (X) Yes () No

- If yes, list all previous names:
First Step Housing

10. Are you registered with sam.gov? (X) Yes () No

- If yes, please provide UEI number
HDD3WBL2SAW1

11. Number of year's organization has conducted the program for which services are being requested:

10

12. Provide 3 References to speak to your organizations work and successes with homelessness services

1. Emily Halcon, Director Sacramento County Department of Homeless Services and Housing, halcone@saccounty.gov, 916-874-2764.
2. A. Jonathan Porteus, PhD, Chief Executive Officer, WellSpace Health, jporteur@wellspacehealth.org, 916-313-8413.
3. Eric Guerra, Councilmember, City of Sacramento, EGuerra@cityofsacramento.org, 916-808-7006.
4. Vincene Jones, Community Outreach, Stockton Blvd Partnership (PBID), staff@stocktonblvdpartnership.org, 916-801-1827.
5. Holly Calderone, BS, MSW, Mental Health Counselor, Sacramento County, calderoneh@saccounty.gov, 916-203-4888.
6. Erin Burton, Senior Deputy Probation Officer, Sacramento Probation Department, Sacramento County, BurtonE@saccounty.gov, 916-875-1297.

13. Describe your organization's history and experience in providing services to individuals experiencing homelessness:

For over ten years, First Step Communities has been a trusted provider of homeless services in Sacramento, partnering with the City and County of Sacramento, the Sacramento Continuum of Care, and the Sacramento Housing and Redevelopment Agency. Our mission is rooted in dignity, safety, and connection; offering pathways out of homelessness through trauma-informed care and responsive programming.

We operate four full-service, congregate low-barrier shelters with navigation centers and wraparound services serving individuals with diverse needs, including those experiencing chronic homelessness, mental health challenges, and substance use disorders. All First Step shelters are low barrier, meaning there are minimal prerequisites for referral entry. Each shelter is designed to foster stability and healing, with culturally competent staff. In addition, our weather respite center provides life-saving shelter during extreme conditions, ensuring that vulnerable community members are protected during extreme weather.

FSC only operates low-barrier shelters and service programs. Our mission is to welcome people with the problems, behaviors and barriers that result in people walking away, or being rejected and ejected from other homeless service programs. Our trauma-informed staff training and operational methods ensure clients are treated with dignity and respect, with a goal of keeping clients in the shelter long enough to gain trust and make meaningful progress toward housing goals.

Our shelter staff receive extensive training in verbal de-escalation, behavioral health symptom recognition, and substance use disorder symptom recognition, and are compensated well above industry standards to attract and retain highly skilled, compassionate professionals. FSC believes that fair and competitive wages are essential to maintaining a stable, motivated workforce capable of delivering consistent, high-quality care. Through this investment in people, and through our trauma-informed policies, we ensure that exiting a client is always the last resort, only considered after every possible intervention has been exhausted.

All four of our existing shelters have collaborative, on-site partnerships with Sacramento County Behavioral Health, whose teams conduct weekly assessments and treatment referrals. Three of our shelters have additional partnerships with healthcare non-profits to bring on-site medical and behavioral healthcare to our shelter clients. Our data show a strong correlation between healthcare services connection and greatly improved client outcomes.

FSC only operates low-barrier shelters and service programs. The FSC team prides ourselves in welcoming people with the problems, behaviors and barriers that result in people walking away, or being rejected from other homeless service programs.

Throughout our decade of service, First Step Communities has demonstrated agility, accountability, and deep community engagement. We've adapted to evolving needs, whether responding to public health emergencies, expanding shelter capacity, or redesigning spaces to

promote dignity and calm. Our staff are trained in trauma-informed practices and cultural responsiveness, ensuring that every guest is met with respect and empathy.

We are proud of our role in Sacramento's homeless response system and remain committed to continuous improvement. Whether through data-informed decision-making, collaborative partnerships, or direct service delivery, First Step Communities continues to be a stabilizing force for individuals experiencing homelessness and a reliable partner for public agencies seeking compassionate, effective solutions.

14. Describe the organization's current approach to outreach and service delivery, particularly for unsheltered individuals or highly vulnerable populations:

First Step Communities employs a trauma-informed, person-centered approach to outreach and service delivery, designed to meet individuals where they are; physically, emotionally, and culturally. Our navigation program is a cornerstone of this work, actively engaging unsheltered individuals across Sacramento through street-based outreach, coordinated entry referrals, and direct service connections.

Our shelter and outreach teams are trained in harm reduction, motivational interviewing, and cultural responsiveness, with a deep understanding of the barriers faced by people experiencing chronic homelessness, behavioral health challenges, substance use, and systemic marginalization. We prioritize relationship-building and trust, recognizing that engagement is often the first step toward stabilization.

Key elements of our approach include:

- **Low-Barrier Access:** We reduce entry requirements and documentation burdens to ensure services are accessible to those who may be excluded from traditional systems. Within our ranks at FSC, our rallying cry is "If not us, then who?"
- **Client Centered, Client Guided:** We emphasize dignity, safety, and choice at every stage, with the goal of fostering stability and long-term housing outcomes.
- **Healthcare Connections:** Case Management staff facilitate Medi-Cal enrollments, primary healthcare and behavioral healthcare connections. We welcome collaborative healthcare partners to provide on-site care within our shelter walls.
- **Continuum of Care Integration:** As an active partner in Sacramento's Continuum of Care, we align our shelter efforts and partnerships to leverage resources of complimentary service providers, ensuring that individuals are prepared for, and are prioritized appropriately, for permanent housing solutions.
- **Case Management is Key:** Throughout our company, client case management services are centrally managed by our Sr. Director of Client Services. This ensures the continuity and quality of care at all First Step Communities' shelters. Our skilled case management team uses trauma informed, evidence-based practices to motivate clients toward self-sufficiency and housing.

Our shelter teams will develop social activities designed to foster interpersonal connection. Social research clearly demonstrates that social connections to other people significantly reduce substance use urges. Additionally, our team will facilitate day habilitation programming designed to prepare clients for employment, renting an apartment, and/or contemplation of seeking help for medical issues.

Our approach at the Lodi Access Center will duplicate our successful operational strategies from our existing shelter programs. FSC will quickly achieve full integration into the San Joaquin CoC, establish referral and collaboration protocols with County healthcare and behavioral healthcare. Our shelters and outreach programs operate in tandem, allowing for seamless transitions from street to shelter and beyond.

Our goal with the Lodi Access Center day use facility will be to maximize public use of the space. Our service plan includes staff to ensure sanitation and manage the facility. The day use center will have a dedicated navigator who will perform assessments, shelter referral, housing navigation assistance and other service connections for people who may need assistance. Additionally, FSC will foster collaboration with any and all complementary service providers to bring their services directly to the clients of the day center. The Lodi Access Center day use facility is similar to several supplemental programs, Neighborhood Sanitation and warming/cooling center, that we operate at the North A Street Shelter Campus.

V. PROPOSAL NARRATIVE

1. Service Summary

Provide a summary of the proposed services to be delivered, including a high-level description of work to be performed and the key outcomes your organization expects to achieve.

First Step Communities (FSC) proposes to operate the City of Lodi Access Center and Emergency Shelter as a 24/7, low-barrier facility providing comprehensive, trauma-informed care to individuals experiencing homelessness. The Access Center will offer 60 fixed beds for overnight shelter, with future capacity to flex up to 208 beds as community needs evolve. The program will serve as a central access point for stabilization, health and behavioral health care, and housing navigation, ensuring that each participant has a clear and supported path toward permanent housing and self-sufficiency.

Under FSC's management, the Access Center will operate with a Housing First philosophy, meaning that clients will not be required to meet preconditions such as sobriety or service participation to receive shelter and care. The Center will accommodate people, pets, and possessions, removing nearly all key barriers to entry and encouraging engagement from individuals who may otherwise remain unsheltered.

Daily operations will include wraparound services such as 24/7 supervision, safety, and guest support with comprehensive intake, assessment, and individualized case management. Services will include behavioral health screening, crisis intervention, and linkage to treatment, along with job readiness, Ready to Rent, and Anger Management training to promote long-

term stability and independence. Medical and sobering services will be provided onsite by San Joaquin County Behavioral Health Services and San Joaquin Health. FSC will also coordinate with community-based organizations for housing, employment, and benefits assistance, as well as meals, hygiene, and basic needs support through a commercial kitchen, dining hall, and laundry facilities.

FSC's multidisciplinary team will include Program Managers, Case Managers, Peer Support Specialists, and Shelter Monitors, all trained in trauma-informed care, de-escalation, harm reduction, and cultural competency. Staff will work collaboratively with the County's onsite behavioral health and medical teams to ensure coordinated care and warm handoffs for clients requiring specialized support.

FSC will use the Homeless Management Information System (HMIS) and participate in the San Joaquin County Coordinated Entry System (CES) to ensure seamless referrals to rapid rehousing, permanent supportive housing, and other regional housing programs. Through these systems, client progress will be tracked, and outcomes will be monitored for accuracy and compliance with HUD and CoC standards.

The key outcomes expected from the program include:

- Safe emergency shelter and stabilization for at least 60 individuals nightly.
- Integrated access to behavioral health and medical services for all participants.
- Goal of 40% of all clients leaving for permanent housing solutions.
- Reduced unsheltered homelessness within the City of Lodi.
- Enhanced collaboration among County health departments, nonprofits, and housing providers.
- Continuous improvement driven by data analysis correlating services provided and outcomes.

Through its proven operational model, experienced leadership, and deep partnerships with local agencies, FSC will deliver a comprehensive, compassionate, and data-driven program that not only provides immediate shelter but also addresses the root causes of homelessness, supporting long-term stability, recovery, and housing success for every individual served.

2. Organizational Experience

Describe your organization's experience with programs or services similar to those described in the RFP. If the scope of work is new to your organization, describe the relevant expertise, partnerships, or resources that will support successful implementation.

First Step Communities (FSC) has over a decade of proven experience operating 24/7 low-barrier shelters and access centers that mirror the City of Lodi's proposal. Since 2015, FSC has designed, launched, and operated multiple full-service shelters and transitional programs in partnership with local governments, behavioral health agencies, and healthcare providers. We currently operate four fully occupied shelters with 400+ guests nightly.

Not only do we operate shelters, we achieve much higher rates of client success within each shelter. In 2024, First Step shelters served 19% of all Sacramento shelter residents. By contrast, FSC was responsible for 25% of all shelter residents who achieved permanent housing. Our clients achieve these levels of success despite our shelters accepting clients with the highest need challenges.

FSC's low-barrier shelter model accommodates people, pets, and possessions, reflecting the same inclusive design proposed for the Lodi Access Center. This approach increases client engagement and long-term housing stability by removing traditional entry barriers and allowing individuals to access services without preconditions. Each FSC-operated site offers wraparound services that support stabilization and self-sufficiency, including individualized case management, behavioral health navigation, employment readiness, life skills training, and rapid rehousing support.

FSC's operational expertise includes managing 24/7 facilities with up to 400 clients per day, maintaining high standards of safety, cleanliness, and trauma-informed care. Our staff receive ongoing training in de-escalation, harm reduction, motivational interviewing, and Housing First principles. All programs operate under well-developed policies and procedures that ensure consistent service delivery, compliance with municipal and county regulations, and effective coordination with public and private partners.

FSC's success is demonstrated through measurable outcomes: across sites, between 40-60% of program participants transition to stable housing or other positive exits, and client retention exceeds regional averages. These outcomes are achieved through FSC's strong collaborations with Sacramento County Behavioral Health, Elica Health Centers, Willow Clinic (UC Davis School of Medicine), Women's Empowerment of Sacramento, and Life Practice Counseling. They bring integrated medical, mental health, and substance use disorder services directly onsite; an experience directly aligned with the Access Center's model of co-located behavioral health and medical care.

While the Lodi Access Center represents an expansion into San Joaquin County, the scope of work is not new to FSC. FSC's leadership and operations team have extensive experience managing large-scale, multi-agency shelter systems in coordination with local jurisdictions and County Behavioral Health departments. FSC's CEO, Stephen Watters, and Executive Director, Joseph Pacheco, have 60 combined years of leadership experience and a record of building sustainable, high-performing service models that align with community priorities and funding agency expectations. In addition to these key personnel, FSC is supported by long-tenured staff across all departments, each with clearly defined roles and responsibilities.

To ensure successful implementation, FSC will build upon its existing operational frameworks, staffing models, and proven program infrastructure while working closely with San Joaquin County Behavioral Health Services and San Joaquin Health. This partnership-based model

has been the foundation of FSC's success and will ensure the City of Lodi's Access Center achieves its goals.

3. Collaborative Partnerships

Describe current and past collaborations with other nonprofits, government agencies, faith-based organizations, and community stakeholders relevant to homelessness, housing, health, or supportive services.

First Step Communities (FSC) has built an extensive network of partnerships because collaboration is central to FSC's operating model, which is reflected in the daily work with local governments, County Behavioral Health departments, FQHC's, community-based organizations, and faith partners. These collaborations ensure that individuals receive comprehensive support addressing housing, health, behavioral health, employment, and community reintegration needs. FSC has extensive experience managing government funding.

FSC's strongest partnerships are with the City and County of Sacramento, where FSC operates several 24/7 shelter campuses, including the Roseville Road Campus, North A Street Shelter, Stockton Blvd Safe Stay, and The Grove Emergency Bridge Housing. Through contracts with Sacramento County's Department of Human Assistance and Department of Behavioral Health, FSC provides emergency shelter, transitional housing, and supportive services for adults and transition-age youth (TAY). Each site is fully integrated with County referral systems, ensuring coordination with behavioral health teams, outreach navigators, and rapid rehousing providers.

FSC works closely with County Behavioral Health, Health Centers, Wellness Without Walls, and Willow Clinic to deliver onsite and mobile healthcare services. These partnerships ensure residents have access to primary care, behavioral health treatment, and medication management. Through collaboration with Elica, FSC connects clients to FQHC-based primary care, while Wellness Without Walls and Willow Clinic provide mobile medical services that reach unsheltered individuals in encampments and transitional settings. A developing collaboration with WellSpace Health is expanding FSC's ability to integrate behavioral health, primary care, and recuperative services across shelter campuses. This partnership bridges FSC clients to permanent medical homes and strengthens access to ongoing care after shelter exit.

FSC also partners with Life Practice Counseling Group, Community HealthWorks, and Women's Empowerment of Sacramento to connect clients to mental health counseling, health insurance enrollment, and workforce readiness services. On the housing and employment front, FSC collaborates with the Sacramento Housing and Redevelopment Agency (SHRA), Sacramento Employment and Training Agency (SETA), and Sacramento Steps Forward, aligning shelter operations with the Continuum of Care and Coordinated Entry System to ensure clients are prioritized for housing vouchers, Permanent Supportive Housing, and employment programs that promote long-term stability.

At the regional level, FSC is an active partner in collaborative initiatives with UC Davis Health, Community HealthWorks, and WellSpace Health, exploring innovative service models that integrate housing stabilization, primary care, and behavioral health under one continuum. These partnerships have been critical in FSC's ability to respond quickly to community crises, including pandemic response, extreme weather sheltering, and the rapid activation of temporary emergency sites.

Faith-based partnerships are also central to FSC's community engagement model. Organizations such as Sacramento ACT and local interfaith coalitions provide volunteer support, hygiene supplies, and meal programs.

As FSC prepares to operate the City of Lodi Access Center, it is well-positioned to replicate these partnership-driven models. In collaboration with San Joaquin County Behavioral Health Services and San Joaquin Health, FSC will integrate medical, behavioral health, and respite care services, demonstrating ongoing commitment to ensure that homelessness is rare, brief, and that every person served is treated with safety, dignity, and compassion.

4. Operational Methodology

Provide an overview of your approach to operating the City's Access Center and Emergency Shelter, including how you plan to scale services to meet evolving needs.

First Step Communities (FSC) will operate the 60-bed City of Lodi Access Center and Emergency Shelter using a low-barrier, trauma-informed, and harm-reduction methodology designed to meet the immediate needs of Lodi's most vulnerable unhoused adults. Our approach emphasizes safety, dignity, and pathways to permanent housing, ensuring that every individual who enters the program receives compassionate, individualized support toward long-term stability.

The 60-bed shelter will provide interim housing with minimal entry requirements, ensuring accessibility for individuals who may be excluded from traditional programs due to behavioral health challenges, lack of identification, or pet ownership. FSC's shelter model includes 24/7 staffing to maintain safety and build trust, with trained staff available to assist residents at all hours. Each participant will be connected to on-site case management to support housing navigation, benefits enrollment, and personal goal setting. Working closely with San Joaquin County Behavioral Health Services and San Joaquin Health, FSC will facilitate referrals and care coordination for both physical and behavioral health needs. The shelter will also offer pet-friendly accommodations, recognizing the essential bond between many unhoused individuals and their companion animals. Operating within a Housing First framework, FSC's shelters focus on stabilizing individuals before transitioning them to permanent housing. All staff are trained in de-escalation, cultural responsiveness, and trauma-informed care, creating a supportive and respectful environment where clients can begin to rebuild their lives.

The day-use access center will complement the shelter by offering walk-in services to unsheltered individuals who may not yet be ready or eligible for overnight stays. This

component will provide basic amenities such as showers, restrooms, laundry facilities, and charging stations, as well as direct access to outreach staff who assist with shelter assessments, referrals, and service coordination. The center will also support Coordinated Entry assessments and navigation for housing, employment, and health care. Through community partnerships, FSC will bring rotating services on-site; including legal aid, substance use counseling, probation support, and peer mentorship, creating an integrated service hub for the Lodi community. This access center will act as a gateway to deeper engagement, allowing individuals to build rapport with staff and progressively access more intensive supports.

FSC's operational philosophy is rooted in five guiding principles:

- Low-barrier access – Reducing entry requirements to ensure services reach those most in need.
- Harm reduction – Meeting individuals where they are without requiring sobriety or rigid compliance.
- Collaborative care – Leveraging partnerships with medical, behavioral health, and housing providers.
- Data-informed practice – Using HMIS data and client feedback to evaluate, refine, and improve outcomes.
- Cultural humility – Ensuring equitable, inclusive services for BIPOC, LGBTQ+, and other marginalized groups.

By combining shelter and day services within one coordinated system, FSC will create a continuum of care that meets individuals at every stage of readiness, offering both immediate relief and sustainable pathways out of homelessness.

5. Tasks and Implementation

Specify the key tasks and activities your organization will undertake to accomplish the program's goals. Explain how and when these activities will be implemented and monitored for Success.

To accomplish the program's goals of providing safe, low-barrier shelter and pathways to permanent housing, First Step Communities (FSC) will implement a structured set of tasks and activities across operations, services, staffing, and evaluation. The organization's proven operational model combines 24/7 facility management, individualized case planning, and collaborative partnerships to ensure that all services are effective, accountable, and outcomes-driven.

FSC will maintain continuous 24/7 shelter operations to ensure safety, cleanliness, and client engagement. Each guest will have access to individual sleeping units, restrooms, showers, laundry facilities, and daily meals. Staff will enforce trauma-informed safety protocols and established crisis response procedures to maintain a calm, supportive environment. The shelter will operate under a low-barrier model that accommodates individuals with behavioral

health challenges, pets, and limited documentation, ensuring accessibility for those most in need.

Upon entry, staff will conduct daily intakes and assessments using standardized tools to evaluate housing readiness, health needs, and service eligibility. Priority access will be provided to vulnerable populations, including medically fragile individuals, transitional age youth, and those with behavioral health needs. Within 72 hours of intake, each participant will be assigned a Case Manager who will develop an individualized service plan focused on housing, employment, benefits enrollment, and healthcare access. Case managers will facilitate referrals to external providers for mental health, substance use treatment, and legal assistance as needed.

FSC will coordinate with a network of community partners to provide on-site and off-site support. Partner agencies such as Elica Health Centers and Life Practice Counseling Group will offer rotating services on-site, while coordination with city and county housing programs will ensure smooth transitions into permanent housing. FSC will participate fully as a member of the Continuum of Care (CoC) and actively utilize the Coordinated Entry System (CES) to align housing placements and service coordination.

To ensure high-quality service delivery, FSC will provide ongoing staff training and supervision. Team members will receive instruction in trauma-informed care, harm reduction, motivational interviewing, and de-escalation. Weekly team meetings and individual supervision sessions will reinforce program fidelity and address operational challenges as they arise.

All program activities will be tracked through the Homeless Management Information System (HMIS) to monitor client progress and outcomes. Internal audits, data reviews, and client feedback tools will measure service effectiveness, compliance, and satisfaction.

Implementation will begin with site setup, staff onboarding, and community outreach in weeks 1–2, followed by client intake and initial housing navigation in weeks 3–4. By months 2–3, on-site partnerships will expand, and individualized service plans will be refined. FSC leadership will conduct weekly management meetings, monthly data reviews, and quarterly performance evaluations to monitor progress.

Program success will be measured through key indicators including shelter utilization, client retention, completed service plans, income growth, healthcare connections, housing placements, satisfaction surveys, and compliance with all city and county benchmarks. Through these structured activities and continuous evaluation, FSC ensures that every action supports stabilization, dignity, and lasting housing solutions.

6. Shelter Operations Capability

Demonstrate your organization's capacity to develop, implement, and manage an emergency shelter. Include a brief summary of your organizational infrastructure, staffing, and internal Systems.

First Step Communities (FSC) has a decade-long record of successfully developing, implementing, and managing low-barrier, 24/7 emergency shelters and transitional housing programs across the Sacramento region. Since 2015, FSC has provided safe shelter, wraparound case management, housing navigation, and stabilization services to thousands of individuals experiencing homelessness each year. With the launch of four large-scale, multi-partner facilities, FSC now serves up to 400 individuals daily, demonstrating consistent fiscal accountability, operational excellence, and strong contract compliance with city and county agencies. FSC is ready to begin and sustain all operations put forth in this City of Lodi RFP and is prepared to execute our detailed operational implementation plan.

FSC's proven track record includes the start-up and continuous operation of:

- Roseville Road Campus – A tiny home shelter with a capacity of up to 145 individuals, including pets.
- North A Street Shelter – A low-barrier congregate shelter serving 80 individuals, plus a public access Sanitation Program offering restrooms and phone charging.
- Stockton Blvd Safe Stay – A tiny-cabin shelter providing a safe space for up to 175 individuals and accommodating pets.
- The Grove Emergency Bridge Housing – A tiny-cabin community for Transitional Age Youth (TAY) ages 18–24, with a capacity of 50 individuals.

The organization's leadership structure ensures clear accountability and operational excellence. FSC is led by Chief Executive Officer Stephen Watters and Executive Director Joseph Pacheco, who have successfully overseen the organization's growth from a small startup to a regional leader in homelessness services. The Chief Operating Officer, Benjamin Worrall, MSW, oversees all site logistics, staffing, training and safety systems; the Program Management Team ensures program fidelity and staff supervision; and the Finance and Administration Department manages budgets, payroll, procurement, and compliance with city, county, and state contracts.

FSC's leadership team's extensive experience brings and stability and strength to all operations. Partnering closely is the Sr. Director of Client Services who oversees case management across all sites and brings over 27 years of experience in behavioral health as a licensed psychiatric technician. The Director of Human Resources, Jason Coleman PHR, leads FSC's HR department and has modernized our standardized policies and prepared the organizational for growth through 2026. Additional key leadership includes Program Directors at our other shelters, as well as a Chief Financial Officer, IT Specialist, Public Information Specialist, and Operations Data Specialist who support agency-wide functions.

FSC employs a multidisciplinary staffing model that includes Program Managers, Case Managers, Shelter Monitors, Peer Support Specialists, and Administrative staff, all of which provide a more than adequate staffing structure. All employees are trained in trauma-informed care, harm reduction, motivational interviewing, de-escalation, and Housing First principles.

FSC's internal systems form a robust backbone for accountability and data-driven decision-making. The agency uses Homeless Management Information System (HMIS) for client tracking and reporting, QuickBooks for financial management, and cloud-based tools for documentation and communication. Policies and procedures are detailed in a comprehensive Operations Manual, and internal audits, data reviews, and leadership meetings occur weekly to ensure quality, compliance, and continuous improvement.

7. Admission and Program Participation Procedures

Provide detailed policies and procedures related to the intake and sheltering process, Including:

- **Client rules and guidelines**
- **Identification requirements**
- **Screening and assessment protocols**
- **Bed reservation and allocation system**
- **New client orientation process**
- **Policies for day-use clients and services**
- **Returning client procedures**
- **Exit and re-admission criteria for disqualification**

First Step Communities (FSC) maintains clear, consistent policies and procedures to ensure that all shelter and access center operations are safe, equitable, and accessible to individuals experiencing homelessness. Each FSC site has publicly posted client rules and guidelines that outline expectations for behavior, safety, and community respect. While rules are modified to meet the unique needs of each facility, they are all grounded in FSC's trauma-informed, harm-reduction, and Housing First philosophy.

FSC maintains an ultra-low barrier entry process designed to reduce obstacles for participation. Sobriety is not required for admission or continued stay. While possession or use of drugs and alcohol on site is prohibited, FSC uses a harm reduction approach, working with clients to manage recovery goals and make referrals to appropriate treatment or detox programs as needed. This approach emphasizes engagement and compassion rather than punishment, helping individuals stabilize and access long-term care.

The shelter will accommodate clients with pets, allowing one pet per client, up to a maximum of 15 dogs on site. FSC's pet policy ensures the safety of both clients and animals, including requirements for leashing, vaccinations, and designated relief areas. Staff assist clients in managing pet care responsibilities and accessing veterinary resources as available.

Identification is not required for initial entry into the program. FSC recognizes that lack of identification is a common barrier to accessing services. Case managers will work with clients to obtain essential documents such as state identification, birth certificates, and Social Security cards, facilitating eligibility for employment, benefits, and housing programs.

During the intake and assessment process, FSC staff utilize standardized Continuum of Care (CoC) assessment tools within the Homeless Management Information System (HMIS) to determine client needs and service eligibility. Each client will develop an Individual Service Plan (ISP) that identifies housing, employment, and health-related goals.

All new participants will receive a one-on-one orientation to the shelter or day-use center. Staff practice “radical hospitality,” focusing on building trust and engagement from the moment clients enter the facility. This personalized approach helps reduce anxiety, clarify expectations, and create a foundation for success.

The day-use access center will operate with a low-to-no barrier policy, providing access to basic amenities such as restrooms, showers, laundry, and charging stations. Day-use guests will receive information about available resources, housing referrals, and opportunities to transition into shelter or case management services.

Returning clients are welcome, provided they meet re-entry criteria and have resolved any prior safety or behavioral concerns. HMIS exit notes are reviewed before re-admission to ensure continuity of care. Exit and re-admission policies are applied consistently and focus on maintaining safety, fairness, and client dignity. Clients who are temporarily disqualified may return following a case review and evidence of progress toward resolving the issue that led to discharge.

FSC has both structured yet compassionate policies which ensures that every participant is treated with dignity and offered a clear, supportive path toward housing and stability. All policies mentioned herein are provided in the attached Organization Policy and Procedure Manual.

8. Connection to Services and Housing

Explain how your organization will coordinate and refer clients to supportive services and housing programs. Describe partnerships or systems used to facilitate these connections.

First Step Communities (FSC) operates on the principle that stable housing is achieved through coordinated, individualized support addressing both immediate needs and long-term barriers. Our referral and coordination model is grounded in partnerships with county agencies, healthcare providers, and housing system partners to ensure that each client moves through a seamless continuum of care, from crisis response to permanent housing and self-sufficiency.

At the City of Lodi Access Center, FSC will implement an integrated, client-centered case management system modeled after our successful programs in Sacramento County. Each participant will be assigned a Case Manager who conducts a comprehensive intake and assessment to identify housing, behavioral health, and supportive service needs. FSC uses a Housing First and trauma-informed framework, ensuring that clients are stabilized before progressing toward individualized service plans.

FSC's leadership team will coordinate closely with San Joaquin County Behavioral Health Services and San Joaquin Health, both of which will provide onsite services at the Access Center, including medical care, sobering services, isolation beds, and behavioral health respite care. This co-located model allows for real-time referrals and warm handoffs, minimizing barriers to engagement and ensuring that clients receive timely interventions for mental health, substance use, or physical health needs.

FSC will utilize and participate in the San Joaquin County Continuum of Care (CoC) and Coordinated Entry System (CES) to facilitate housing referrals. Case Managers will enter client data into the Homeless Management Information System (HMIS) to track progress, eligibility, and service linkages. Through CES, clients will be connected to rapid rehousing programs, permanent supportive housing, and transitional housing opportunities based on their individual vulnerability assessments. FSC's data and referral practices align with HUD and CoC standards, ensuring transparency, accountability, and measurable outcomes.

The FSC Sr. Director of Client Services, Lodi Access Center Program Director and the local Case Management team will leverage partnerships with local housing authorities, landlords, nonprofits, and service providers to streamline access to additional supports, including employment readiness, benefits enrollment, and life skills development. FSC provides essential wraparound services that address health, income, and education barriers that often prevent clients from sustaining stable income and housing.

Additionally, FSC integrates peer support specialists and housing navigators into daily operations. These team members have lived experience with homelessness and play a critical role in engaging clients, building trust, and ensuring follow-through with referrals. Regular case conferencing among staff and partners ensures that each client's plan remains current and coordinated across systems.

FSC's case management procedures will include quick, productive integration into the CoC housing referral process. Our coordination approach emphasizes warm handoffs, shared accountability, and continuous communication among partners. This ensures that clients are never left to navigate complex systems alone. By combining experienced staff, strong interagency partnerships, and participation in countywide data systems, FSC will ensure that every individual served at the Lodi Access Center has a clear and supported pathway toward housing stability, improved health, and long-term recovery.

9. Housing-Focused Goals

Describe your strategy for minimizing length of stay and assisting clients in obtaining permanent housing.

First Step Communities (FSC) operates all programs with a housing-first, housing-focused approach that prioritizes rapid stabilization, short shelter stays, and seamless transitions to permanent housing. At the City of Lodi Access Center, FSC will implement a structured,

individualized case management model that guides each participant through a clear pathway from crisis to housing stability.

Upon entry, every client will receive a comprehensive intake and housing assessment within the first 72 hours. Using tools aligned with the San Joaquin County Coordinated Entry System (CES), case managers will identify each client's housing barriers, such as income gaps, behavioral health needs, or lack of identification, and develop a personalized Housing Action Plan. These plans outline achievable short-term steps (such as document readiness, benefit applications, or treatment engagement) and long-term goals leading to permanent housing.

To minimize length of stay, FSC emphasizes rapid engagement and proactive housing navigation. Case managers will maintain small caseloads to ensure consistent contact and accountability. Weekly progress reviews will track milestones toward housing readiness, and staff will conduct regular case conferencing to coordinate support from partner agencies. By maintaining close communication with San Joaquin County Behavioral Health Services, San Joaquin Health, and local housing providers, FSC ensures that referrals, warm handoffs, and housing placements occur without unnecessary delays.

FSC's dedicated Housing Navigators and Peer Support Specialists play a critical role in sustaining client motivation and progress. Peers, many of whom have lived experience with homelessness, help clients navigate the complex housing process, attend appointments, and overcome barriers that might otherwise stall their success. FSC will also collaborate with local landlords, housing authorities, and rapid rehousing providers to increase access to available units, negotiate lease terms, and provide ongoing tenancy support.

The Access Center's wraparound model integrates behavioral health care, medical services, and employment readiness onsite. This co-located service approach reduces the time clients spend seeking external appointments and ensures that stabilization and treatment occur in tandem with housing efforts. FSC has seen measurable results using this model at its other facilities, where, depending on the specific site, 40-60% of participants achieve permanent housing or other positive exits, and average shelter stays have declined as service coordination has improved.

FSC's strategy for minimizing shelter stay duration is simple but effective: engage early, address barriers holistically, and connect clients swiftly to the next appropriate housing step. Through coordinated care, real-time data tracking in HMIS, and ongoing collaboration with community partners, FSC ensures that each individual's time in shelter serves as a bridge, not a destination, on the path to permanent housing and long-term stability.

10. HMIS Participation

Detail your organization's past or current use of HMIS and outline your plan to ensure compliance with all data entry and reporting requirements.

First Step Communities (FSC) considers itself a Homeless Management Information System (HMIS) super-user agency. HMIS is used to its fullest potential at all FSC programs to document services, outcomes, and referrals. Our organization strongly believes that accurate and robust data collection is essential to successful client outcomes, as well as program and staff performance analysis. FSC is not only compliant with HMIS data entry and reporting, we are regional leaders in HMIS data analysis. Our Executive Director, Joseph Pacheco, a Sacramento CoC Board Member, is the current Co-Chair of the CoC HMIS and Data Committee.

Accurate HMIS data collection is critical in FSC's regular review and evaluation of client progress, staff productivity, and accountability, and it serves as the foundation for data-informed decision-making. Program Managers and the Operations Team review data weekly to identify trends, measure outcomes, and ensure compliance with contract and HUD standards. FSC's dedicated Data Analyst provides monthly and ad hoc reports that correlate service delivery with client outcomes, allowing leadership to adjust procedures, enhance efficiency, and continuously improve program quality.

All FSC program staff are fully trained in HMIS data entry, privacy, and security protocols, ensuring accurate and timely documentation of client intakes, case notes, client service delivery, resource referrals, and program exits. Designated supervisory staff perform weekly data quality checks and monthly compliance reviews to verify completeness and accuracy before reporting. FSC also uses HMIS data to inform staff performance monitoring, funding reports, and program improvement efforts.

For the City of Lodi Access Center, FSC will fully comply with the San Joaquin Continuum of Care's HMIS policies and procedures, including participation in the Coordinated Entry System (CES). The organization will ensure that all case management staff receive county-specific HMIS training and that data is entered within required timelines. FSC will maintain strict adherence to client confidentiality, security protocols, and data integrity standards, ensuring complete compliance with all local, state, and federal reporting requirements.

11. Coordinated Entry Participation

Describe how your organization engages with the local coordinated entry system to assess client needs and match them with available services.

First Step Communities (FSC) is an active participant in the local Coordinated Entry System (CES), the region's standardized process for assessing, prioritizing, and matching individuals experiencing homelessness with available housing and supportive services. FSC views CES participation as essential to ensuring equitable access to resources and maximizing the impact of the homeless response system.

In Sacramento County, FSC has long partnered with Sacramento Steps Forward, the lead CES agency, to conduct client assessments, submit referrals, and ensure that clients are

prioritized appropriately based on vulnerability and need. FSC case managers are trained and certified in CES procedures, including the use of the Crisis Assessment (CA) and Housing Conversation Tool (HCT). We ensure each and every eligible shelter client receives the appropriate Coordinated Entry Referrals, and we work with each client to become document ready for all housing opportunities. This experience directly translates to the organization's ability to operate within the San Joaquin County CES, where FSC will fully align with local CES protocols and referral pathways.

At the City of Lodi Access Center, all clients entering the program will receive an initial intake and assessment by FSC staff trained in CES procedures. Case managers will coordinate directly with San Joaquin County Behavioral Health Services, San Joaquin Health, and local housing partners to identify the most suitable interventions, whether rapid rehousing, transitional housing, permanent supportive housing, or behavioral health stabilization.

FSC will ensure that all client data and assessments are entered into the Homeless Management Information System (HMIS) in real time to maintain accuracy and transparency. The organization also participates in case conferencing and multidisciplinary team meetings with CES partners to review client progress and ensure warm handoffs between systems.

Through proactive engagement, consistent data sharing, and collaborative service planning, FSC ensures that every client's journey through CES leads toward stability, recovery, and long-term housing success.

12. Accessibility and Inclusion

Describe how the proposed program will ensure accessibility for individuals with physical, mental, or developmental disabilities and those with other special needs.

First Step Communities (FSC) is deeply committed to ensuring that all programs are fully accessible and inclusive for individuals with physical, mental, or developmental disabilities, as well as those with other special needs. Accessibility and equity are core principles embedded in FSC's Housing First and low-barrier service model, which prioritizes safety, dignity, and individualized support for every participant.

The City of Lodi Access Center will be operated in full compliance with the Americans with Disabilities Act (ADA) and related state and local accessibility requirements. Facility design and daily operations will ensure barrier-free access to all sleeping areas, restrooms, showers, dining facilities, and common spaces. FSC will work closely with the City and its partners to ensure that all physical spaces, including entrances, pathways, and service areas, are accessible to individuals using mobility devices such as wheelchairs, walkers, or service animals.

FSC staff are trained to recognize and respond to the unique needs of clients with physical or cognitive disabilities. Case managers will conduct individualized assessments to identify

accessibility needs and coordinate appropriate accommodations, such as adaptive equipment, transportation assistance, or modified service delivery methods. For clients with behavioral health or developmental challenges, FSC will collaborate with San Joaquin County Behavioral Health Services to provide tailored case management, behavioral support, and linkage to specialized community-based resources.

In addition, FSC maintains a trauma-informed care environment that emphasizes empathy, choice, and empowerment. Staff receive ongoing training in mental health first aid, crisis de-escalation, and harm reduction, ensuring that individuals with behavioral or emotional needs are supported with compassion and professionalism.

By integrating accessibility considerations into every layer of operations, FCS will ensure that the Access Center remains a welcoming, equitable, and fully inclusive space for all individuals seeking safety, stability, and housing.

13. Outreach to Unsheltered Individuals

Share your plan to proactively reach out to Lodi's unsheltered population and encourage their voluntary transition to the Access Center.

First Step Communities (FSC) will implement a proactive and coordinated outreach strategy designed to engage Lodi's unsheltered population and support their voluntary transition into the Access Center. Building on FSC's extensive experience conducting outreach across Sacramento's encampments, riverfront areas, and business corridors, the organization's approach emphasizes trust building, consistency, and low-barrier engagement. FSC's goal is to ensure that every unsheltered individual in Lodi is aware of the Access Center's services and feels welcomed to participate on their own terms.

FSC's outreach team will include trained Outreach Specialists, Peer Support Specialists, and Case Managers who have direct experience working with unsheltered individuals. Many of these team members have lived experience with homelessness, which allows them to build credibility and rapport with individuals who may have experienced stigma or distrust toward service systems. Using a trauma-informed and harm-reduction approach, outreach staff will meet people where they are, both physically and emotionally, to offer compassionate and consistent support rather than enforcement-based intervention.

Outreach activities will include daily visits to areas where unsheltered individuals are known to reside, including encampments, parks, and public spaces. Staff will distribute information about Access Center services, provide essential items such as water, hygiene kits, and clothing, and assist individuals in accessing transportation to the facility. For those hesitant to enter shelter, staff will maintain ongoing contact, offering day-use access as a gradual introduction to services. This approach allows individuals to experience the safety and hospitality of the Access Center without immediate pressure to commit to overnight shelter.

FSC will work closely with City of Lodi staff, San Joaquin County Behavioral Health Services, and San Joaquin Health to coordinate outreach and ensure continuity of care. Outreach staff will participate in local Homeless Outreach and Engagement meetings and share real-time information through the Homeless Management Information System (HMIS) to avoid duplication of effort and improve coordination among providers. Collaboration with law enforcement, public works, and community-based organizations will ensure a unified outreach response grounded in compassion and voluntary participation.

In addition, FSC will maintain a mobile outreach presence during key hours of the day and evening to accommodate varying schedules and reach individuals who may avoid traditional service hours. The team will carry tablets and Wi-Fi hotspots to conduct on-site intakes and Coordinated Entry assessments, allowing individuals to begin the shelter admission process immediately upon engagement.

Success will be measured by the number of unsheltered individuals contacted, the number who accept day-use or shelter services, and the number who subsequently transition into housing navigation or permanent housing programs.

Through consistent outreach, peer engagement, and collaborative partnerships, FSC will ensure that the Access Center becomes a trusted and accessible hub for Lodi's unsheltered residents and a safe first step on the path to stability and long-term housing.

14. Community Engagement and Good Neighbor Plan

Provide a detailed "Good Neighbor Plan" that includes:

- **Communication with residents, businesses, and community groups**
- **Public education and outreach**
- **Security and property management**
- **Responsiveness to neighborhood concerns**
- **Strategies to minimize community impact**

First Step Communities (FSC) is committed to being a responsible and responsive neighbor in every community where it operates. First Step's "Good Neighbor Policy" is designed to promote open communication, uphold safety, maintain clean and welcoming surroundings, and ensure that the Access Center operates as a positive presence within the City of Lodi.

We educate our guests and neighbors on the good neighbor policy and our staff address violations in a trauma informed, constructive way while maintaining excellent communication with neighboring businesses and residents.

Communication with Residents, Businesses, and Community Groups: FSC maintains open lines of communication with nearby residents, businesses, and community organizations. Prior to opening, FSC leadership will meet with neighborhood associations, local business owners, and civic groups to establish relationships based on transparency and respect. The FSC Program Director will serve as the Community Liaison and primary contact for neighborhood

concerns, attending community meetings as needed. Contact information will be clearly posted at the facility and shared with local stakeholders.

Public Education and Outreach: FSC will engage in ongoing public education to increase understanding of homelessness and the purpose of the Access Center. Community presentations, informational materials, and guided tours (when appropriate) will help residents and business owners better understand program operations and the support services provided. FSC's leadership and communications team will participate in community forums and provide updates through newsletters or digital communications.

Security and Property Management: Safety and cleanliness are core to FSC operations. All sites are staffed 24 hours a day, seven days a week, with trained personnel who conduct regular patrols of the facility and surrounding area. FSC will work closely with the City of Lodi Police Department and local code enforcement to address safety or nuisance concerns promptly. The shelter will maintain clear perimeters and adequate lighting and will not permit camping or loitering on or around the premises. Daily maintenance crews will ensure that the facility and nearby sidewalks remain clean, secure, and free of debris.

FSC does not employ security guards. Instead, staff receive communication and de-escalation training to resolve conflict effectively and maintain calm and decorum. Staff are also trained to call emergency services when the situation warrants.

Responsiveness to Neighborhood Concerns: FSC will address community concerns immediately and respectfully. When complaints arise, staff will respond within 24 hours, investigate the issue, and communicate follow-up actions to the reporting party. The Community Liaison and Program Manager will maintain a log of all concerns, actions taken, and resolutions to ensure accountability and transparency.

Strategies to Minimize Community Impact: FSC's client rules and shelter procedures include curfews, quiet hours, and guidelines that discourage loitering and overnight absence from the shelter. Staff will reinforce these expectations and offer case management resources to ensure peace and prosperity for our neighbors.

Through consistent communication, transparency, and accountability, FSC will ensure that the Access Center operates as a well-managed, safe, and community-integrated resource that benefits both participants and the broader Lodi community. FSC's Good Neighbor Policy is attached.

15. Security Policies and Procedures

Describe your proposed security plan, including policies related to:

- Secured entry/exit points
- On-site security personnel
- Loitering deterrence
- Conflict de-escalation

- **Client property storage**
- **Handling of weapons or contraband**
- **Coordination with law enforcement**
- **Overflow bed management**

First Step Communities implements a layered security plan that protects clients, staff, and neighbors while preserving a welcoming, trauma-informed environment. The facility will use a single main entrance for clients and visitors during standard hours and a controlled night entrance after curfew. All other exterior doors will be alarmed and monitored through access control and camera systems covering entries, common areas, and exterior perimeters. Staff will maintain a visitor log, verify identities when appropriate, and escort all vendors and service partners while on site.

On-site security personnel and trained shelter monitors will provide 24-hour coverage. Their role is safety, hospitality, and problem solving, not enforcement. Security will conduct routine perimeter walks, monitor camera feeds, and support staff with incident prevention and response. Loitering deterrence will include posted expectations, regular engagement by staff, clean and well-lit surroundings, and clear boundaries around the property. Clients will be encouraged to use the day-use center or program spaces rather than congregate at entrances or sidewalks.

All staff receive training in conflict recognition, verbal de-escalation, motivational interviewing, and crisis response. Supervisors will be available at all times for consultation and coaching during incidents. When necessary, staff will employ a graduated response that begins with engagement and redirection, proceeds to brief safety separations or room changes, and only as a last resort involves law enforcement. All incidents will be documented in the incident log and, when applicable, recorded in HMIS case notes.

Client property will be stored in assigned lockers or secure bins, with overflow items kept in a locked storage room. Clients will have access to their property during designated hours. Intake includes a property review, voluntary bag check with consent, and explanation of prohibited items. Weapons and contraband are not permitted. An amnesty procedure allows clients to surrender prohibited items without penalty at check-in. If a weapon or illegal substance is discovered, staff will secure the area, follow chain-of-custody protocols, and notify law enforcement when required by policy or law. For suspected overdose or medical emergencies, staff will activate 911, administer naloxone if indicated, and follow emergency medical response procedures.

Coordination with law enforcement will focus on safety and problem solving. The Program Manager will maintain regular communication with the Lodi Police Department and Code Enforcement, share non-confidential trend information, and participate in neighborhood coordination meetings. For critical incidents, staff will initiate immediate notification to the City's designated contacts and complete follow-up reports.

Overflow bed management will follow a written protocol triggered by severe weather events, public health directives, or system surges. The protocol clarifies temporary capacity, priority populations, staffing adjustments, and safety ratios. FSC will coordinate with the City, County Partners, and the local Continuum of Care to ensure equitable access, document any variances from standard occupancy, and return to baseline capacity when the surge ends.

This balanced approach combines controlled access, skilled staff, clear expectations, and collaborative partnerships to maintain a safe, calm, and dignified setting for all. All policies listed above are provided in the attached Organization Policy and Procedure Manual.

16. Health and Safety Policies

Describe your proposed policies related to client health and safety, including:

- **Prescription medication handling**
- **Use of over-the-counter medications**
- **Infection control protocols**
- **HIPAA compliance and client confidentiality**

First Step Communities will maintain health and safety policies that protect clients and staff while supporting client autonomy and privacy. Policies are implemented through written procedures, staff training, and routine quality reviews that align with state and local guidance as well as partner protocols established with San Joaquin Health and San Joaquin County Behavioral Health Services.

Medications remain the property and responsibility of the client. Upon request, clients may store prescriptions in a locked, supervised medication room with individually labeled bins and a temperature-controlled cabinet/refrigerator. Staff facilitate client self-administration by verifying identity and retrieving the client's labeled medication. Staff do not dispense or administer prescription medications. Expired or abandoned medications are logged and disposed of according to local regulations.

The shelter maintains fully stocked first aid supplies, and all facilities are supplied with an Automated Electronic Defibrillator (AED). Staff are trained in first aid, CPR and the use of AED's.

For facility sanitation, FSC uses a layered approach that includes daily cleaning schedules for high touch surfaces, routine deep cleaning, readily available hand hygiene stations, personal protective equipment, and sharps containers in restrooms and medical areas. Clients with symptoms of communicable illness are provided masks and rapid testing when available, and are referred to onsite clinic services for evaluation. Isolation and cohort procedures are activated when clinically indicated or directed by public health, using designated rooms or partner provided isolation beds.

Food service follows established California safe handling standards. All staff with food handling responsibilities are required to pass the state Food Handlers' Certification. Staff

receive annual training on bloodborne pathogens, respiratory hygiene, and environmental cleaning practices, and supervisors monitor compliance through documented rounds.

Although we do not allow possession or use of alcohol and drugs on site, it is a reality that some clients struggle. To fight the real-life possibility of overdose, FSC trains all shelter staff on the storage and use of Naloxone (Narcan), a life-saving drug used to reverse opioid overdose. When supplies are available, all FSC staff carry Naloxone on their person during their shift. FSC is also certified by the CA Department of Health Care Services to receive free Naloxone distribution.

First Step holds dearly the privacy and confidentiality of all client records. Access to electronic records is role based and secured by unique credentials, multi-factor authentication, and audit logging. Paper records are stored in locked cabinets within restricted-access offices. Releases of Information are obtained before sharing data with partners, except where required by law for safety or mandated reporting. Staff are trained at hire and annually on privacy, minimum necessary standards, de-identification, and breach response. Private rooms are used for intakes, case management, and telehealth to prevent incidental disclosure. Reportable breaches trigger immediate containment, leadership notification, documentation, and corrective action.

These policies create a safe, respectful environment that supports client wellness, enables effective coordination with healthcare partners, and ensures compliance with privacy and public health standards. All policies listed above are provided in the attached Organization Policy and Procedure Manual.

17. Facility Maintenance Plan

Explain how your organization will maintain a clean, safe, and sanitary facility environment on a daily basis.

First Step Communities (FSC) will maintain the City of Lodi Access Center as a clean, safe, and sanitary facility through a structured Facility Maintenance Plan that integrates daily housekeeping, preventive maintenance, and health and safety oversight. FSC has successfully implemented similar systems at all existing shelter sites and will bring the same operational discipline and accountability to this program.

A dedicated Facilities Lead will oversee all maintenance and custodial operations. The plan establishes daily, weekly, and monthly cleaning schedules that cover sleeping quarters, restrooms, showers, kitchens, laundry rooms, offices, and outdoor areas. Cleaning staff will follow written checklists for each area, using EPA-approved disinfectants and proper protective equipment. High-touch surfaces such as doorknobs, handrails, and counters will be sanitized multiple times daily. Restrooms and showers will be cleaned at least three times per day and replenished with soap, paper products, and sanitizer.

Food preparation areas will comply with local health and safety codes. The kitchen team will maintain temperature logs, label and date food items, and separate raw and cooked foods to prevent contamination. Laundry machines will be sanitized regularly, and bedding will be washed after each guest's departure.

Preventive maintenance tasks will be performed according to a maintenance calendar developed in coordination with licensed contractors. This includes quarterly HVAC filter replacements, monthly pest control inspections, fire safety checks, and annual inspections of plumbing, electrical, and mechanical systems. Exterior lighting, fencing, and walkways will be inspected regularly to ensure safety and visibility.

Supplies will be managed through a par-level inventory system to ensure continuous availability of disinfectants, cleaning supplies, PPE, and hygiene items. All chemical storage areas will meet OSHA standards and maintain accessible Safety Data Sheets (SDS). Staff receive training in chemical handling, bloodborne pathogen control, and proper cleaning techniques.

The Facilities Lead and Program Manager will conduct morning and evening walkthroughs to identify and address hazards immediately. Issues requiring repair will be entered into a digital work order system to ensure prompt completion and documentation. Weekly leadership reviews will monitor progress and identify recurring maintenance trends.

Client participation is encouraged through resident feedback and volunteer cleaning rotations that promote pride and shared responsibility for the environment. Any client concerns related to cleanliness or facility safety will be reviewed and resolved within 24 hours.

Through consistent scheduling, strong oversight, and collaboration between custodial, maintenance, and program staff, FSC will maintain a clean, organized, and sanitary facility that upholds dignity and safety for every guest and reflects positively on the surrounding Lodi community.

18. Transportation Plan

Describe your proposed transportation-related policies and procedures, including:

- **Client transportation to/from the Access Center facility**
- **Transportation of new clients and their belongings**
- **Response to emergency transport needs initiated by Police or City staff**
- **Receiving donations and deliveries**

First Step Communities (FSC) will implement a comprehensive Transportation Plan to ensure clients, staff, and community partners can safely and efficiently access the City of Lodi Access Center. Transportation procedures will prioritize client safety, accessibility, and coordination with City and County partners while supporting daily operations, emergency response, and logistical needs such as donations and deliveries.

FSC will work closely with the City of Lodi, San Joaquin County Behavioral Health Services, and San Joaquin Health to coordinate transportation for clients accessing shelter or services. Public transit routes serving the Access Center will be clearly posted and reviewed with each client during intake. FSC staff will distribute transit schedules, assist clients in obtaining bus passes, and provide orientation on local routes. For clients with mobility challenges or urgent health needs, FSC will arrange rides through paratransit, County-operated transport, or partner agencies as appropriate.

For new admissions, FSC staff will provide transportation assistance from designated pick-up locations such as hospitals, outreach sites, or law enforcement referrals. FSC vehicles will be used to transport clients and their personal belongings directly to the facility. Clients with larger quantities of belongings will be accommodated with storage bins or short-term arrangements through local storage vendors. Staff will maintain a supportive and respectful approach during transitions to ensure the move is comfortable and preserves client dignity.

FSC maintains strong working relationships with local law enforcement and emergency responders. When police or City staff identify an individual in need of immediate shelter, FSC will coordinate transportation directly to the Access Center using either FSC-operated vehicles or approved city transport services. For individuals requiring medical care or crisis stabilization prior to entry, staff will facilitate transport to San Joaquin Health's medical clinic or Behavioral Health Respite located on campus. FSC staff will be available 24 hours a day to receive emergency referrals, ensuring no lapse in service.

The Access Center will have a designated receiving area for all deliveries and donations, located near the main administrative entrance. FSC staff will coordinate with vendors, food providers, and community donors to schedule deliveries during standard operating hours. All donations will be inventoried, inspected for safety, and stored in appropriate locations. Food and perishable items will be handled under proper storage and temperature control protocols.

All staff involved in transportation activities will receive training on client confidentiality, emergency procedures, and defensive driving. Vehicles will be inspected weekly, logged for maintenance, and kept in compliance with safety and insurance standards. Through careful planning, coordinated partnerships, and strong operational oversight, FSC's Transportation Plan will ensure that all clients can safely access the Access Center and its services while maintaining efficient, organized, and responsive operations for the City of Lodi.

19. Nondiscrimination and Equity Policies

Detail your organization's policies for:

- **Compliance with all applicable federal and state civil rights laws**
- **Adherence to the Americans with Disabilities Act (ADA)**
- **Prevention of sexual harassment**
- **Policy on identifying alternative resources for individuals not eligible for onsite services (registered sex offenders, disqualified due to behaviors, etc.)**

First Step Communities (FSC) is committed to providing equitable, inclusive, and nondiscriminatory services to every individual who seeks assistance. All programs comply with federal, state, and local civil rights laws including Title VI and Title VII of the Civil Rights Act of 1964, the Fair Housing Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Americans with Disabilities Act (ADA), and the Equal Employment Opportunity Act. FSC maintains written nondiscrimination and equity policies that are reviewed annually and incorporated into staff orientation, training, and performance expectations.

FSC prohibits discrimination in all programs and activities on the basis of race, color, national origin, religion, gender, gender identity or expression, sexual orientation, disability, age, ancestry, marital status, or any other protected classification. Equal access to services is ensured through inclusive outreach, language accessibility, and culturally responsive engagement. Notices of nondiscrimination are displayed at all facilities, and clients and staff are informed of grievance procedures that allow concerns to be reported confidentially without fear of retaliation. Complaints are reviewed promptly by management and, when necessary, escalated to the Executive Director or governing Board for resolution.

FSC ensures that all facilities, programs, and activities are accessible to individuals with physical, mental, or developmental disabilities. The Access Center will meet ADA facility design standards, including accessible restrooms, ramps, entrances, and sleeping areas. Reasonable accommodations, auxiliary aids, and program modifications are provided upon request. Staff receive training on disability awareness, effective communication, and accommodation procedures. Clients with mobility or sensory impairments are prioritized for ADA-compliant spaces, and FSC partners with County Behavioral Health and Health agencies to ensure connection to supportive services and adaptive equipment as needed.

FSC enforces a zero-tolerance policy regarding sexual harassment, intimidation, or exploitation among staff, volunteers, and clients. Employees receive training at hire and annually thereafter on recognizing, preventing, and reporting harassment or inappropriate conduct. Clients are informed of their rights during orientation and provided several ways to report concerns confidentially, including direct contact with management or an anonymous reporting method. All reports are investigated promptly, corrective actions are taken as needed, and documentation is maintained in accordance with policy.

While FSC operates low-barrier programs designed to serve nearly all individuals in need, certain circumstances may prevent an individual's admission, such as registered sex offenders restricted by proximity laws or individuals temporarily disqualified due to violent or unsafe behavior. In such cases, FSC staff work with City personnel, County partners, and Continuum of Care providers to connect individuals to appropriate alternative shelter, outreach, or supportive services.

Through these policies, FSC ensures that every client is treated with dignity, fairness, and respect while maintaining a safe, inclusive, and compliant environment for all participants and staff. The policy manual attached covers all of the above policies and reflects FSC's

commitment to serving every individual whenever possible; however, when on-site services cannot safely or legally be provided, FSC is developing a clear policy to ensure appropriate alternative placements and continued support.

20. Pet and Service Animal Accommodation

Describe your proposed policies for allowing and managing pets and service animals on-site.

First Step Communities (FSC) recognizes that pets and service animals are often a vital source of companionship, stability, and emotional support for individuals experiencing homelessness. FSC's policy ensures that clients are not forced to separate from their animals in order to access shelter or services. The Access Center will accommodate pets and service animals in a manner that maintains safety, cleanliness, and compliance with federal, state, and local regulations, including the Americans with Disabilities Act (ADA) and Fair Housing guidelines.

The facility will allow one pet per client, with a total capacity of up to fifteen dogs at any given time. During intake, all animals will be registered, and owners will review and sign a pet agreement outlining care responsibilities, vaccination requirements, and behavior expectations. FSC staff will assist clients with completing forms, reviewing policies, and accessing local veterinary resources. Clients must keep pets leashed or crated when outside sleeping areas and under their direct control at all times. A designated outdoor area will be maintained for pet relief and exercise, equipped with waste disposal stations to ensure cleanliness.

Clients are responsible for their animal's daily care, feeding, and hygiene. FSC staff will partner with local animal welfare organizations and veterinary clinics to help clients access vaccines, spay/neuter services, and emergency care when possible. Basic pet supplies such as food, leashes, and crates will be available on site for clients who need them. If issues arise related to safety or sanitation, staff will address concerns through coaching, corrective plans, and referrals to community resources before considering alternative arrangements.

Service animals will be accommodated in accordance with ADA requirements. FSC will not request documentation or certification beyond what is legally allowed and will accept a client's verbal statement identifying an animal as a trained service animal. Service animals are exempt from pet limits and fees. Staff will receive training on how to appropriately interact with service animals and how to handle situations where animals may become agitated or disruptive.

Cleanliness and health standards will be upheld through daily sanitation of animal areas, routine pest control, and regular inspections by facility staff. Pet waste will be removed promptly, and all shared spaces will be disinfected regularly to maintain a healthy environment.

If a pet or service animal poses a direct threat to others or cannot safely remain at the shelter, FSC will work with the owner and local partners to arrange short-term boarding or alternative accommodations. By combining compassion with accountability, FSC's pet and service animal

policy ensures a welcoming, safe, and inclusive environment where both clients and their animals can thrive. FSC's pet policy is attached for your review.

21. Grievance and Complaint Procedures

Outline your policies for receiving, reviewing, and resolving client grievances and complaints. Include your whistleblower policy.

First Step Communities (FSC) maintains a transparent and accessible grievance and complaint process designed to ensure that all clients, staff, and stakeholders are treated with dignity, respect, and fairness. The purpose of this process is to provide a safe and confidential means for clients to express concerns, report problems, or appeal decisions without fear of retaliation. All grievances and complaints are taken seriously, reviewed promptly, and resolved in a manner that is consistent, equitable, and well-documented.

Clients are informed of their rights and the grievance process during orientation and through posted notices throughout the facility. Grievances may be submitted verbally or in writing to any staff member, supervisor, or directly to the Program Manager. For clients with literacy or language barriers, staff will assist in documenting the concern while maintaining confidentiality. Anonymous complaints are also accepted and reviewed with the same level of attention.

Once a grievance is received, the Program Manager or designated supervisor will acknowledge the complaint within 24 hours and initiate a review. Most issues are resolved within five business days through mediation, clarification, or corrective action. If the concern cannot be resolved at the program level, it is escalated to the Executive Director or designee for a secondary review. The Executive Director will provide a written response outlining findings and any corrective steps taken. Records of all grievances, investigations, and resolutions are maintained in a confidential log for quality assurance and compliance monitoring.

Clients retain the right to appeal final determinations by submitting a written appeal to the FSC Board of Directors or a third-party mediator identified by the City of Lodi. FSC encourages open dialogue and prioritizes resolution through collaboration and transparency.

FSC also maintains a formal Whistleblower Policy that applies to all employees, contractors, and volunteers. This policy encourages staff to report, in good faith, any suspected violations of law, unethical behavior, safety concerns, financial misconduct, or violations of organizational policy. Reports may be made directly to the Executive Director, Human Resources Director, or the Board Chair, verbally or in writing. FSC prohibits retaliation or adverse action against anyone who files a complaint or participates in an investigation. All whistleblower reports are investigated promptly and confidentially, and corrective measures are implemented when warranted.

In addition, FSC's Human Resources Department conducts regular staff training on grievance and whistleblower procedures to ensure that all personnel understand their obligations to

maintain transparency, fairness, and accountability. It is through these policies, FSC ensures that clients and staff alike have meaningful avenues to voice concerns, resolve conflicts, and maintain trust in the fairness and integrity of organizational operations. FSC's grievance policy is attached for your review.

22. Incident Reporting and Documentation Policy

Outline your system for reporting, documenting, and following up on client and staff incidents (e.g., injuries, altercations, overdoses, critical behavioral health events).

First Step Communities (FSC) maintains a comprehensive Incident Reporting and Documentation Policy to ensure all client and staff incidents are handled with transparency, consistency, and accountability. The policy establishes clear procedures for identifying, reporting, documenting, and following up on incidents such as injuries, altercations, overdoses, medical emergencies, and behavioral health crises. FSC's system prioritizes safety, timely response, and continuous quality improvement across all programs.

All staff are trained during onboarding and annually thereafter on how to recognize and report incidents according to FSC protocol. Any staff member who witnesses, responds to, or becomes aware of an incident must immediately notify the shift supervisor or Program Manager. The supervisor ensures that emergency medical, law enforcement, or behavioral health response is activated as needed to protect client and staff safety. When a life-threatening event such as an overdose or medical emergency occurs, staff initiate 911 procedures, provide first aid or naloxone administration if trained, and remain with the individual until emergency responders arrive.

An Incident Report Form is completed by the staff involved within 24 hours of the event. The report includes the date, time, location, individuals involved, nature of the incident, immediate actions taken, witnesses, and follow-up measures. Supervisors review the report for completeness and accuracy, and then forward it to the Program Manager for investigation. The Program Manager conducts a review that may include interviews, review of security footage, and examination of logs or case notes. Once verified, the incident is logged into FSC's secure internal database, which is restricted to authorized personnel and maintained in compliance with privacy and confidentiality standards.

Incidents are categorized by severity and type to determine appropriate follow-up. Minor incidents, such as verbal disputes or minor injuries, may be resolved at the program level through mediation or staff coaching. Major or critical incidents, including physical altercations, overdoses, or serious injuries, are immediately reported to the Chief Operating Officer and Executive Director for review and further action. In cases involving clients receiving county-funded services, reports are shared with the appropriate City or County oversight agency in accordance with contractual and regulatory requirements.

FSC also ensures that all clients involved in an incident receive follow-up care. Case Managers meet with clients to review the event, provide referrals to behavioral health or

medical services, and update Individual Service Plans as needed. Staff debriefings are held after significant incidents to review the response, identify lessons learned, and recommend preventive strategies.

Weekly and monthly reviews of incident trends are conducted by leadership to identify patterns, improve safety protocols, and inform staff training. Through consistent documentation, timely reporting, and a culture of accountability, FSC maintains a safe and responsive environment for both clients and staff at the Access Center. FSC's Incident Reporting and Documentation policy is in the attached Organization Policy and Procedure Manual.

23. Emergency Preparedness and Response Plan

Describe your protocols for handling facility emergencies including:

- **Medical emergencies**
- **Fire evacuation procedures**
- **Staff training on emergency drills**

First Step Communities (FSC) maintains a comprehensive Emergency Preparedness and Response Plan to ensure the safety of clients, staff, and visitors during any facility emergency. The plan establishes clear procedures for responding to medical incidents, fires, natural disasters, and other critical events. It is reviewed annually and updated in coordination with local emergency services, the City of Lodi, and San Joaquin County partners to remain consistent with current best practices and safety standards.

Medical Emergencies

All staff are trained in basic first aid, CPR, and the administration of naloxone for suspected overdoses. When a medical emergency occurs, staff immediately call 911 and remain with the individual until emergency responders arrive. Staff are instructed to provide assistance only within their scope of training and to ensure the safety of others in the area. Emergency contact information for each client is maintained in secure files and accessible during emergencies. Once the situation is stabilized, the incident is documented using FSC's standard incident report form, and the Program Manager ensures appropriate follow-up care and communication with the client's case manager or behavioral health provider.

Fire Evacuation Procedures

FSC's fire safety plan is designed in coordination with the City of Lodi Fire Department and complies with all local fire codes. Clearly marked exit routes, emergency lighting, and illuminated exit signs are maintained throughout the facility. Fire extinguishers are located in accessible areas and inspected monthly. In the event of a fire alarm, staff immediately guide clients to designated assembly points outside the building. Floor wardens and shelter monitors are assigned specific roles during evacuation, including accounting for clients, assisting individuals with mobility challenges, and checking restrooms and common areas to ensure full evacuation. Once all occupants are safely outside, the Program Manager or designee contacts emergency services, secures the site, and prohibits re-entry until cleared by fire personnel.

Staff Training and Emergency Drills

Emergency preparedness is integrated into FSC's orientation for all new employees and reinforced through ongoing training. Staff receive instruction on fire safety, medical emergencies, severe weather procedures, and active threat response. Evacuation maps, emergency numbers, and key procedures are posted in common areas for staff and client reference. The Program Manager conducts fire and evacuation drills at least twice per year, with one unannounced drill to test readiness. Results of each drill are documented, reviewed by leadership, and used to improve procedures.

In addition, FSC maintains an emergency supply kit including first aid materials, flashlights, batteries, bottled water, and non-perishable food items. By combining structured training, regular drills, and clear coordination with local emergency responders, FSC ensures the Access Center remains a safe and prepared environment for all who live and work there. FSC's Emergency and Preparedness Plan is in the attached Organization Policy and Procedure Manual.

24. Staff Training and Development

Detail required staff training (e.g., trauma-informed care, de-escalation, cultural competency, CPR/First Aid, confidentiality). Include any ongoing professional development or certification Requirements.

First Step Communities (FSC) places a strong emphasis on staff training and professional development to ensure that all employees provide high-quality, compassionate, and trauma-informed services. The organization's training framework is designed to equip staff with the knowledge, skills, and confidence to serve diverse populations safely and effectively. All training requirements are documented, tracked through FSC's Human Resources platform, and reviewed annually to ensure compliance and continuous improvement.

All new employees participate in a structured orientation program during their first week of employment. Orientation includes an overview of FSC's mission, policies, client rights, confidentiality, safety procedures, and ethical standards. New hires also receive training in trauma-informed care, emphasizing empathy, emotional safety, and empowerment for individuals with lived experiences of trauma.

Staff complete de-escalation and crisis intervention training, which focuses on identifying early warning signs of distress, using calming communication techniques, and resolving conflicts peacefully. All frontline employees are trained in harm reduction principles and Housing First practices, ensuring that services remain low-barrier, client-centered, and respectful of individual autonomy. Cultural competency is a cornerstone of FSC's service delivery model. Employees receive cultural humility and implicit bias training to strengthen awareness and understanding of the experiences of people from different racial, ethnic, cultural, and LGBTQ+ backgrounds. This training supports equitable treatment of clients and promotes an inclusive organizational culture.

All staff are required to maintain current CPR and First Aid certification, with training provided or reimbursed by FSC. Designated staff also complete Naloxone (Narcan) training to respond safely to opioid overdoses. Additional emergency preparedness sessions cover fire safety, evacuation procedures, and emergency communication protocols.

Confidentiality training is mandatory for all employees and covers compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Violence Against Women Act (VAWA), and applicable state privacy laws. Employees learn how to handle sensitive information, maintain client trust, and uphold professional boundaries.

Supervisors and case management staff participate in specialized training in motivational interviewing, strength-based case management, and documentation standards for HMIS and client records. FSC partners with local behavioral health agencies and the Continuum of Care (CoC) to provide ongoing workshops and professional certifications relevant to homelessness services, crisis response, and case management best practices.

FSC also supports ongoing professional growth through monthly in-service training, quarterly staff development meetings, and access to external continuing education opportunities. Supervisors conduct regular performance reviews that include individualized training plans to strengthen employee skills and career advancement. By combining initial onboarding, mandatory certifications, and continuous professional development, FSC ensures that all staff are well-prepared to provide trauma-informed, culturally responsive, and high-quality care that promotes safety, dignity, and long-term stability for every client served at the Access Center.

25. Internal Monitoring and Quality Assurance

Explain how your organization monitors service delivery quality, ensures compliance with regulations and funder requirements, and uses data to drive performance improvement.

First Step Communities (FSC) maintains a rigorous internal monitoring and quality assurance system to ensure that all programs deliver high-quality, compliant, and outcome-driven services. This system integrates daily oversight, formal audits, performance measurement, and data analysis to maintain accountability and support continuous improvement across all levels of operation.

Service delivery quality begins with strong supervision and clearly defined accountability and performance standards. Each program site is overseen by a Program Manager who monitors daily operations, staff performance, and client satisfaction. Shift Supervisors conduct regular case reviews, observe staff-client interactions, and provide ongoing coaching to ensure that trauma-informed, harm reduction, and Housing First practices are consistently applied. Weekly team meetings are used to review client progress, discuss challenges, and reinforce quality expectations.

FSC's Operations Management Team performs regular internal audits to ensure adherence to organizational policies, regulatory requirements, and contract performance standards. These reviews include verification of client files, staff training records, facility safety logs, and fiscal documentation. Any findings are documented in a corrective action plan, which includes timelines and responsible parties for resolution. Follow-up monitoring confirms that corrective steps are completed and effective.

For the Case Management team, HMIS activity reports quantify CM/Client activity levels, and identify clients with a lack of CM engagement. These reports ensure all clients are receiving one-on-one support and they identify clients at risk of falling through the cracks. Case Management Supervisor performs regular Data collection and performance measurement are central to FSC's quality improvement strategy. All client data are entered into the Homeless Management Information System (HMIS), which tracks demographics, services, resource connections, and housing outcomes in real time. HMIS data are reviewed weekly by program staff and monthly by leadership to evaluate performance against key indicators such as occupancy rates, engagement levels, exits to permanent housing, and returns to homelessness.

FSC also employs a staff member dedicated to statistical analysis of organizational performance, who holds a master's degree in data analytics. This staff member provides monthly and ad hoc reports that help leadership interpret service trends and evaluate program impact. His analyses have already demonstrated correlations between operational practices and client outcomes, enabling FSC to make informed adjustments to procedures that enhance efficiency and improve long-term housing results. His findings are presented in management meetings and integrated into quarterly program reviews to guide data-informed decision making.

To ensure compliance with funder and regulatory requirements, FSC maintains a centralized Contracts and Grants Division responsible for tracking deliverables, performance benchmarks, and reporting deadlines. This team collaborates closely with program leadership and the finance department to ensure alignment between service outcomes and fiscal accountability. For financial tracking and reporting, FSC undergoes annual independent audits and single audits (as applicable) to confirm adherence to grantor and federal financial and regulatory standards.

Client feedback is another key component of FSC's quality assurance process. Anonymous surveys, suggestion boxes, and focus groups provide valuable insights into service accessibility, safety, and staff responsiveness. All sites have a prominently posted client concern form that is completed online. Online responses to the client concern form bypass local staff and supervisors to ensure our top management receive direct, unfiltered feedback from the clients we serve, effectively building an extra layer of accountability to the clients in our shelters. This feedback is reviewed by leadership and incorporated into improvement plans. Through systematic oversight, expert data analysis, and a culture of continuous

learning, FSC ensures that every program remains accountable, compliant, and focused on improving outcomes for the individuals and communities it serves.

26. Confidentiality, Client Records, and Data Security

Describe your policies and practices for maintaining and safeguarding client records, ensuring HIPAA and HMIS compliance, managing data sharing with partners, and responding to potential breaches.

First Step Communities (FSC) maintains strict policies and procedures to protect the confidentiality, privacy, and security of all client records. These policies are designed to comply fully with the Health Insurance Portability and Accountability Act (HIPAA), federal and state confidentiality regulations, and Homeless Management Information System (HMIS) data-sharing standards. FSC views client confidentiality as essential to building trust and ensuring that every participant feels safe engaging in services.

All client records, whether paper or electronic, are stored securely and accessible only to authorized personnel. Electronic records are housed in encrypted databases with password protection and multi-factor authentication. Staff access levels are role-specific, meaning employees can view only the information necessary to perform their duties. Paper records are maintained in locked filing cabinets within restricted-access offices. All client documents and electronic files are retained, archived, or destroyed according to FSC's Records Retention Policy and applicable funder requirements.

FSC's data security protocols include the use of firewalls, antivirus protection, and encrypted email for transmitting sensitive information. The organization conducts regular IT audits and security updates to ensure compliance with federal and state privacy regulations. Any laptops or mobile devices used for outreach or case management are password-protected and configured with remote-wipe capability to protect client data in the event of loss or theft.

All staff receive mandatory confidentiality and privacy training at hire and annually thereafter. Training covers HIPAA regulations, HMIS confidentiality, informed consent, data-sharing protocols, and best practices for protecting personally identifiable information (PII). Staff are prohibited from discussing client information outside of professional settings or sharing identifying information without a signed Release of Information (ROI) from the client, except when required by law for safety or mandated reporting.

FSC participates in the regional Homeless Management Information System (HMIS) managed by the local Continuum of Care (CoC). Data entered into HMIS are subject to the system's privacy notice and consent procedures. Information sharing among partner agencies occurs only within the limits of the client's signed consent form, ensuring that data exchanges support coordinated care while respecting client privacy.

In the event of a potential data breach, FSC follows a clearly defined response protocol. The breach is reported immediately to the Program Manager, Chief Operating Officer, and IT

Specialist, who initiate an investigation to identify the scope and cause. If a breach is confirmed, FSC takes immediate steps to contain the incident, notify affected parties and regulatory authorities as required by law, and implement corrective actions to prevent recurrence. All breaches and responses are documented, reviewed by leadership, and incorporated into future staff training. FSC ensures the confidentiality, integrity, and security of client data while maintaining compliance with all regulatory and ethical standards that govern homeless services and healthcare coordination.

27. City and County Partner Coordination

Describe how your organization will maintain communication and coordination with City staff and County Partners to support the successful operations of the Access Center.

First Step Communities (FSC) recognizes that strong communication and coordination with the City of Lodi and County Partners, particularly San Joaquin County Behavioral Health Services and San Joaquin Health, are essential to the successful operation of the Access Center. FSC has extensive experience managing multi-agency collaborations in 24/7 shelter environments and will apply the same structured communication systems and accountability practices that have proven effective across its Sacramento shelter network.

To ensure seamless coordination, FSC will designate an Program Director as the primary point of contact for both City and County staff. This individual will oversee daily operations, facilitate service coordination, and maintain open communication with all partners. The Program Director will provide monthly written reports summarizing key metrics such as occupancy, referrals, incidents, and service outcomes, while also flagging emerging needs or barriers. These reports will be shared with designated City staff and County representatives to maintain transparency and alignment.

FSC will facilitate standing coordination meetings, held biweekly or monthly, with City representatives, County Behavioral Health staff, and on-site service partners. These meetings will be used to review operational updates, service integration efforts, and performance outcomes, as well as to identify opportunities for continuous improvement. Additionally, FSC will engage in multidisciplinary case conferencing with County Behavioral Health and Health Department staff to ensure real-time coordination of client care and smooth transitions between systems.

Operational communication will be supported by clear protocols for 24-hour incident notification, ensuring that the City staff are informed immediately of any critical events impacting health, safety, or facility operations. With the goal of open, timely communications; FSC's internal incident reporting system may be configured to automatically send critical incident reports to city contract management staff in real time. FSC's leadership team, including Executive Director, will always be accessible for escalations and strategic discussions, maintaining a strong working relationship with City administrators and County department leads.

FSC's culture emphasizes collaboration, transparency, and responsiveness. Through structured reporting, ongoing case coordination, and regular joint meetings, FSC will ensure that all partners remain aligned on the shared mission of providing safe, compassionate, and effective services for individuals experiencing homelessness in Lodi. This collaborative framework, rooted in open communication and shared accountability, will ensure the Access Center operates efficiently, adapts to evolving needs, and achieves the City's long-term goals of stabilization, recovery, and housing success for all participants.

28. Data Collection and Reporting

Explain the methods used to collect and track demographic and service data, including the software system(s) used for reporting.

First Step Communities (FSC) employs a comprehensive and standardized data collection and reporting system to ensure accurate tracking of client demographics, service utilization, and program outcomes across all shelter and housing programs. Data collection is integrated into daily operations and guided by federal, state, and local requirements to ensure accountability, transparency, and data integrity.

Client data are collected at intake through structured assessments completed by trained case management staff. These assessments capture demographic information, household composition, income and employment status, health and behavioral health needs, and housing history. Additional data are collected throughout a client's participation in the program, including services received, progress toward goals, and housing outcomes. FSC emphasizes data accuracy and consistency by providing ongoing staff training on intake procedures, data entry standards, and confidentiality requirements.

FSC uses the Clarity Homeless Management Information System (HMIS) as the primary platform for data entry and reporting. This is the same branded database we use with the Sacramento CoC. HMIS allows for real-time data collection and ensures compliance with U.S. Department of Housing and Urban Development (HUD) standards. Each staff member with HMIS access is assigned a unique, secure user ID with role-based permissions, ensuring that information is only accessible to authorized personnel. Data entered into HMIS are reviewed weekly by program managers for accuracy and completeness before submission to the local Continuum of Care (CoC).

In addition to HMIS, FSC utilizes a suite of cloud-based tools for internal monitoring and analysis. These include case management logs, Excel-based tracking systems for program-specific indicators, and an internal database for operational metrics such as occupancy, length of stay, and service engagement. FSC's data infrastructure integrates HMIS reports with financial and operational data to support contract compliance and organizational performance tracking.

FSC's Operations Specialist, who holds a master's degree in Research Psychology, provides monthly and ad hoc statistical reports for all FSC programs. Our team is skilled at building customized HMIS reports to track key data trends. FSC analyzes trends in client outcomes,

demographics, and service utilization, helping leadership evaluate the effectiveness of operational and procedural strategies. These ongoing analyses have led to meaningful adjustments in program design, staffing deployment, and service delivery methods that have improved client outcomes and system efficiency.

All reports for funders, including the City of Lodi, San Joaquin County, and the Continuum of Care, are generated using HMIS and verified by FSC's Operations and Compliance Team prior to submission. FSC produces regular performance dashboards summarizing key outcomes such as housing placements, health service linkages, and client engagement rates.

By combining federally compliant reporting systems with advanced internal analytics, FSC ensures that all demographic, service, and outcome data are collected accurately, reported timely, and used strategically to strengthen programs and improve results for individuals experiencing homelessness.

29. CalAIM Medical Respite Experience

If applicable, describe your organization's experience providing Medical Respite services under CalAIM, either directly or through a subcontractor relationship. In your response, please Include:

- **A summary of your Medical Respite program(s), including scope of services and target populations**

First Step Communities (FSC) is interested in developing experience collaborating on Medical Respite initiatives serving individuals experiencing homelessness who are medically fragile and require short-term recovery support following hospitalization. FSC has completed preparations to provide CalAIM Community Supports (CS) and Enhanced Care Management (ECM) and is authorized to deliver CalAIM services with all Sacramento Managed Care Plans (MCPs). FSC has partnered with a CalAIM technical assistance provider to expand into Medical Respite care. While FSC does not currently bill directly under CalAIM, it provides services that are equivalent to medical respite through partnerships with local healthcare providers, managed care plans, and hospital systems operating under CalAIM reimbursement structures. FSC is prepared to extend this level of service to San Joaquin County if awarded this contract, positioning the organization to integrate and coordinate Medical Respite services at the City of Lodi Access Center.

FSC currently operates 20 Behavioral Health Bridge Housing beds at one of its shelters, fully integrating shelter services and behavioral health treatment supports on site. Through partnerships, FSC serves adults discharged from hospitals who are homeless or unstably housed and require medical oversight that cannot safely occur in a traditional shelter. FSC collaborates with WellSpace Health, Elica Health Centers, and San Joaquin County Behavioral Health and Public Health divisions to provide integrated recuperative care, including wound care coordination, medication management, chronic disease stabilization, and linkage to follow-up primary and behavioral health appointments.

FSC's role typically includes site operations, case management, and housing navigation, while clinical care is provided by partner healthcare agencies through direct service contracts or subcontracted nurse teams. This integrated model allows clients to recover in a stable, supportive environment while addressing both medical and social determinants of health.

Across comparable programs, FSC and its partners serve approximately 150 to 200 medically fragile clients annually, with an average length of stay of about 180 days, depending on condition and discharge readiness. Coordination protocols are well established: referring hospitals and MCP care managers complete a standardized referral packet, followed by a joint intake conducted by FSC and clinical partners. Weekly case conferencing with MCP representatives, discharge planners, and FSC staff ensures continuity of care and timely transition to permanent or interim housing.

FSC tracks and reports outcomes such as discharge destinations, healthcare connection, stabilization, and hospital readmission rates. Metrics are reviewed monthly with MCPs and clinical partners to ensure alignment with Department of Health Care Services (DHCS) standards for quality and reporting. FSC's fiscal and data teams are familiar with CalAIM documentation and billing processes through partner-led contracts and technical assistance sessions on DHCS Community Supports.

This experience informs FSC's readiness to support or co-manage Medical Respite services at the Access Center in partnership with San Joaquin Health and San Joaquin County Behavioral Health Services. FSC remains open to operating Medical Respite services as part of the Access Center's continuum of care, recognizing their essential role in recovery, housing stability, and reducing hospital readmissions, and would look forward to discussing this further during a future interview.

BUDGET

Wage and Benefit by Site Type forecast (24X7 Site Coverage)	Mo. Cost	Annual
Subtotal FSC Employee Wages	\$112,405.34	\$1,348,864.05
FSC Benefits	\$33,721.60	\$404,659.21
Total FSC Wages and Benefits/Taxes	\$146,126.94	\$1,753,523.26
Insurance	\$1,600.00	\$19,200.00
Consultants - Stipends	\$730.00	\$8,760.00
Food - VOA Delivered	\$9,875.00	\$118,500.00
Program Supplies & Laundry Support	\$2,855.50	\$34,240.00
Facilities - Trash, Pest Control, Storage Rental	\$1,810.00	\$21,720.00
Phones & Internet	\$300.00	\$3,600.00
Transportation (Mileage Reimbursement, Client Reunification)	\$1,725.00	\$20,700.00
Administrative Expense	\$18,152.47	\$217,826.76
TOTALS	\$183,175	\$2,198,070

BUDGET NARRATIVE



Lodi Access Center Budget Narrative

The following budget narrative relates directly to the categories in the Proposed RFP Budget. First Step Communities' staffing and budget model is designed to provide

Staffing – Personnel Expenses:

1. Executive Director – (.10 FTE) Directs the strategic operational activity of FSC sites including insurance, procurement, collaborative agreements, community outreach and administration of budget, expenditures, and accounting/audits. Works tactically, hands on with *COO* and *Program Director* to ensure the shelter operations meet strategic expectations. Ultimate responsibility for program success and improved client outcomes.
2. Chief Operating Officer – (.15 FTE) Responsible for developing and executing FSC's operational strategic plan. This includes setting goals, defining priorities, and ensuring client services are aligned with the mission objectives of the project funder. Ensures sufficient funds and personnel are available to support the shelter's day-to-day delivery of essential services to the clients living in the shelter. Monitors performance metrics and implements service improvements, programming changes, policies, and procedures to enhance the effectiveness and efficiency of shelter services. Mediates all client grievance hearings, participates in community meetings with client base and hires, trains, and stands in for Program Director. Responsible for program success and successful client outcomes.
3. Campus Program Director – (1.0 FTE) Responsible for hands-on program management, directing the activities of all Supervisors and Client Support Associates (CSAs), provides daily operations oversight. Spends time on the shelter floor in direct contact with employees and clients. Provides leadership for community meetings and training with all clients, conducts client reviews and hearings on client issues, reports to the *COO*.



Coordinates the provision of case management services under the Sr. *Director of Client Support Services*.

4. HR Director – (0.15 FTE) Responsible for directing the hiring, onboarding, and training in a way that creates an employee environment focused on successful client outcomes rather than workplace problems. For example, onboarding and immediate training managed by the HR Director includes training segments designed to educate inexperienced staff on establishing *professional boundaries and ethics* methodology designed to support client success. Additionally, trauma-based care, sexual harassment training and other key required trainings are the responsibility of the HR Director upon hiring.
5. Sr. Director of Client Services (Client Support)– (0.15 FTE) Directs the program development and activity of all case management staff through a “leading by example” process of working with clients in crisis. Works side by side with case managers for clients with complex needs and/or significant maladaptive behaviors. Participates in sessions with case manager and clients facilitating treatment plans, modeling trauma informed care and mentoring both client case manager. Responsible as emergency de-escalation first responder for client crises. This is a vital position in the ongoing effort to provide client safety and increased engagement.
6. Operations Specialist – (0.15 FTE) Performs group facilitation efforts with the clients in a casual setting targeted at improving social interaction, daily enrichment and gathering data on their needs. Regular direct contact to help understand the client-experience and adjust programs to accomplish meeting their needs through a variety of group efforts. Help staff learn to work with trauma through classes in trauma awareness, de-escalation, and mental health awareness. Involve case managers in group sessions to help improve client program delivery and outcomes. Help clients establish trust and



relationships to lead to increased engagement and better outcomes. Facilitate collaboration with the Willow Clinic for free medical clinic services on site. Build relationships between the Willow Clinic staff and clients. Responsible for other duties supporting operations as assigned.

7. Shift Supervisor – (1.0 FTE) Responsible for shift direction of CSA and client activities. Ensures safety and program operation on a daily, shift basis. Performs shelter monitoring, cleaning, and client support as required and assigned daily.
8. Client Support Associate – (11.4 FTE) Report to *Shelter Supervisor* and Program Director. Responsible for mentoring client's expectations, monitoring site, client and site security, maintenance, and front desk operations. Responsible for operation of Day Center Lobby, and shelter dorm areas of the project.
9. Case Management Lead – (1.0 FTE) Directs the daily activity of case manager staff, ensures documentation and program compliance. Monitors client engagement and other metrics to ensure case management objectives are met. Report to the Sr. *Director of Client Services*. Responsible for full personal caseload.
10. Case Manager – (2.0 FTE) Report to the *Case Management Lead* and is responsible for a normal caseload of shelter clients, managing relationships and developing client-centered individual plans for each client using strength-based techniques. Must follow SOP for safekeeping and protecting client data. Serves as the primary housing navigator to their assigned clients.
11. Client Support Associate – Day Center Lobby Support – (1.4 FTE) – This staff is responsible for the client services needs in the day center lobby. Hours of the day center lobby are TBD, but are planned for 8 hours per day, seven days a week. Greeting guests, explaining rules, managing resources in the day center, including restroom access.



12. Navigator Access Day Center – (1.0 FTE) – This staff is the primary client engagement and resource navigator for guests of the Day Center program. Conducts crisis assessments and shelter referrals, advocates for services and shelter bed placement.
13. Volunteers – Access Day Center – (FTE TBD, Dependent on Volunteers) – A volunteer workforce will be developed to provide programming, social activities, and general interpersonal engagement within the Day Center. Volunteers will process donations, organize clothes closets, tidy public areas, and greet guests as they enter the shelter.
14. Outreach Navigation CSA – (1.0 FTE) – This staff, in conjunction with other shelter staff, is primarily responsible for engagement with clients camping or living on the streets within the area of the Lodi Access Center. This staff will engage with neighboring residents, businesses to ensure neighbor experience is free from disturbance from people living in the shelter or the space surrounding the facility. Crisis Assessments, shelter referrals, and resource connection will be provided to anyone needing navigation assistance in the immediate area of the shelter.
15. Executive Chef/Kitchen Mgr – (1.0 FTE) – Manages, through subordinate staff, client volunteers, and public volunteers, the procurement and preparation of food and supplies necessary to provide 3 meals per day, 7 days a week. Responsible for maintaining kitchen in safe, sanitary conditions, and designing a nutritious menu for all clients at the shelter.
16. Cooks/Kitchen Workers – (2.1 FTE) – These staff ensure consistent staffing to prepare all meals, 365 days per year. Kitchen Workers will coordinate duties with day volunteers, and ensure tasks are being completed.
17. Kitchen Volunteers – (FTE TBD) – Volunteers will be sought to assist with daily kitchen and meal preparation tasks. FSC will seek church, community and restaurant staff



volunteers to provide meals for our clients to potentially reduce the cost of food preparation on site.

18. Shelter Client Community Cleanup Volunteers – (FTE TBD) – Clients will be recruited to join our Outreach Navigation staff on neighborhood cleanup efforts on a weekly and daily basis. FSC’s client volunteer programs allow shelter guests to be of service to each other, or the community. Six weeks of service as a Community Volunteer provides a client with official permission to list First Step Communities as a Volunteer Job on their resume.
19. In Kind Donations (TBD) – Through community engagement and social media connections, FSC shelters regularly receive in-kind donations of clothing, hygiene products, furniture, and guest supportive goods. Donation recruitment is constant and focused on real-time needs at our shelters.
20. Community Partnerships – FSC has verbal agreement from the Stockton Emergency Food Bank to collaborate if awarded a contract to operate the Lodi Access Center. This collaboration would potentially save multiple tens of thousands of dollars in food costs currently included in our proposed food budget.
21. CalAIM – FSC is a fully authorized CalAIM Community Supports (CS) and Enhanced Care Management (ECM) provider in Sacramento County. We have contracts with all five managed care plans in Sacramento. We are currently connected to a Technical Assistance resource to begin a transition into Medical Respite services and integrating these services into our operation models.

POLICIES



**Organization Policy and
Procedure Manual**
(last updated March 2025)

Purpose

This manual has been created to provide guidelines for policies and procedures at First Step Communities. This manual is to be a living, breathing document that changes over time and will include updates as they are approved by the Chief Operating Officer.

Suggestions?

If you have any suggestions on policies or procedures or ways to make your workplace better, please reach out to your Director or to the Chief Operating Officer. We want your experience as an employee at First Step Communities to be enriching and for the guidelines that are in place to make sense and be fair.

Note: 'Clients' and Program 'Participants' are used interchangeably throughout this document.

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Organization and Program Overview

Organization Overview

First Step Communities (FSC) is a non-profit organization that works to provide housing solutions for people experiencing homelessness, primarily in Sacramento County. Our primary focus is to provide interim housing and services to the most vulnerable, and to work towards permanent housing solutions and the end to homelessness for our clients. FSC collaborates with a number of governmental agencies, private citizens and companies, and other non-profit organizations in order to accomplish this goal. FSC values its employees and clients and seeks to create a safe and healthy environment for everyone involved at all of our program sites.

Non-Discrimination Policy

It is the policy of First Step Communities and its partner agencies to give every person access to a safe and secure shelter, ensuring fair and equal access to housing, regardless of their age, race, color, national or ethnic origin, ancestry, religion or religious creed, disability or handicap, sex or gender, gender identity and/or expression, sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local laws.

Discrimination and retaliation are prohibited and will not be tolerated. Any instances of discrimination should be reported to a program supervisor; each situation will be addressed, as appropriate, and in accordance with organizational policies. Any questions regarding First Step Communities' stance on discrimination or the disciplinary action associated with actively discriminating against another person can be directed to the respective Program Director.

Anti-Discrimination and Fair Housing Policy for Homeless Shelter Staff (Updated 03/2025)

Purpose of this Section: To ensure that all staff members understand and adhere to federal and state laws prohibiting discrimination and promoting fair housing practices in our homeless shelter and case management services. Additionally, to provide a welcoming, safe space for all clients.

Policy Statement: It is the policy of all First Step Communities programs, in accordance with federal, state, and local laws, to prohibit all forms of harassment and discrimination of or by clients, employees, visitors, and volunteers, including harassment and discrimination based on actual or perceived gender identity and expression, or based on an individual's association with a person or group with one of more of these actual or perceived characteristics. Retaliation against an individual who files a complaint of harassment or discrimination against First Step Communities employees, visitors, volunteers, clients, or anyone who participates in an investigation of such a complaint, is strictly prohibited.

Our organization is committed to providing equal access to housing and services for all individuals, regardless of their race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, disability, or other protected characteristics. Discrimination and harassment are strictly prohibited.

Applicable Laws:

- **Fair Housing Act:** Prohibits discrimination in housing based on race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, and disability.
- **Title VI of the Civil Rights Act of 1964:** Prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance.
- **Section 504 of the Rehabilitation Act of 1973:** Prohibits discrimination based on disability in any program or activity receiving federal financial assistance².
- **Americans with Disabilities Act (ADA):** Prohibits discrimination against individuals with disabilities in all areas of public life.
- **HUD's Equal Access Rule:** Ensures equal access to HUD programs regardless of sexual orientation, gender identity, or marital status.

Procedures:

Non-Discrimination: All staff must treat program participants with dignity and respect, ensuring that no one is denied access to services based on protected characteristics. Training: Staff will receive regular training on fair housing laws, civil rights requirements, and best practices for non-discrimination.

Accessibility: Ensure that facilities and services are accessible to individuals with disabilities and those with limited English proficiency. Provide reasonable accommodation as needed.

Reporting and Monitoring: All staff share the responsibility to follow anti-discrimination policies and take corrective actions as necessary. Staff should take direct action to correct any suspected issues of discrimination against clients.

Each site has a mechanism for staff and clients to report issues to management. Staff should guide clients to the Client Concern Form and immediately report suspected issues to their direct supervisor.

Confidentiality

At no time should staff members discuss client information in the presence of other clients. Our ability to maintain trust with clients is dependent on keeping client information confidential.

All written client information and all client files are to remain confidential; any use of client information must be for approved purposes only.

Clients & Client Experience Policies

Good Neighbor Policy

First Step Communities strives to have a positive presence within the communities in which we operate, believing that these relationships are vital in working towards and solving homelessness as a unified community.

1. **Inherent Rights**: this policy document is predicated on the assumption of certain basic rights. Clients, surrounding residents, businesses, agencies, property owners, and staff have a right to:
 - Be treated with respect.
 - Personal safety.
 - Safe and quiet enjoyment of their cabin, sleeping space, business, home, and public spaces; and,
 - Receive services to meet their basic needs.
2. **Access to the Shelter**:
 - Only individuals who have been referred and approved will have access to the shelter. There will be no lining up or queuing outside/on the premises.

- The property will have controlled access.
 - Clients' belongings may be searched before they are allowed entry.
 - Clients will not be allowed entry, and/or will be asked to leave if they present a danger to themselves or others.
3. Description of Services:
- On-site services designed to help transition clients to permanent housing will be available Monday through Friday.
 - Case workers and community service providers will be available weekdays to meet with clients to assist with their housing search and/or assist them to apply for benefits or employment.
4. Communication and Coordination with the Neighborhood:
- First Step Communities is committed to meeting with the neighbors, business owners, and surrounding community to discuss any concerns.
 - FSC Managers and Staff will attend community meetings when invited to better understand any community concerns.
5. Safety and Security:
- Clients, business owners, and the general public have a reasonable expectation of safety at all times. Anyone feeling that their safety is compromised is urged to call 911.
 - Anyone threatening the safety of the staff or clients, or the public may be asked to leave. Law enforcement will be called, if necessary.
 - Crime Prevention Through Environmental Design (CPTED) will be utilized to identify and remedy areas that are dark or secluded or otherwise places of vulnerability.
 - First Step Communities will work closely with local law enforcement assigned to the jurisdiction of the shelter.
6. Trash Remediation:
- Clients will not litter or negatively impact the neighborhood.
 - On-site staff will ensure that the area immediately around the shelter, tent, or cabin community is kept clean and attractive.
 - First Step Communities will contract with the local waste management agency ensuring adequate and appropriate remediation of all garbage.
7. Sidewalk Etiquette:
- Loitering is prohibited.
 - Noise will be kept under control.
 - Carts and belongings will not be left outside the property. Anything left unattended will be disposed of.
 - Every effort will be made to ensure that clients are friendly and respectful.
 - No visitors are permitted on the premises (i.e. family, friends).
 - Distribution of food and clothing on the street will be discouraged.

Program Admission & Intake Processes

Admission and Referral Procedure

Admission to First Step Communities' programs differs from site to site, due to site-specific funding streams and contract requirements. Generally, new clients are referred via the Coordinated Access system (211) or other funding partner referral procedure. Prospective participants will be referred to the First Step Communities Shelter facilities depending on contract requirements for each shelter site.

For all First Step Communities shelter environments, beds are provided to prospective participants only after a thorough assessment of client needs and referral. Walk-ups are not allowed, and our sites do not maintain waiting lists of prospective clients.

Intake Process

Once it has been determined that a participant will be given a bed at the respective program site, the intake process will be conducted to ensure that the participant is provided with the necessary resources and is made aware of all program rules and regulations, rights and responsibilities. During the intake process, the participant will work with designated intake staff and will be given the opportunity to ask any questions or raise any concerns regarding their participation in the program.

During the intake process, the following will occur:

- Tour of the facility, specifically where the restrooms, towels, meals, etc. are located;
- Staff will explain how and where to obtain help and assistance that may be needed to adjust to the new living environment; and,
- The participant will be given copies of the client rights and responsibilities intake form or will be directed to where they are posted publicly at the program site.

Staff play a significant role in the intake process of each client. The intake process provides staff with an opportunity to introduce participants to the organization and share any information that may be helpful. This process can give clients the best first impression of the program and is the first opportunity to build trust and ensure safety.

Coordinated Access and HMIS Data Collection

All First Step Communities shelters will abide by the Coc Coordinated Access procedures including HMIS data inputs and data tracking procedures. If the shelter does not participate in Coordinated Access, the shelter will abide by funding source contract requirements for the sites, respectively.

All incoming clients will conduct a shelter enrollment assessment and data collection through HMIS. Through HMIS, and within 24 business hours of arrival, each incoming client will be enrolled into the respective HMIS shelter program. This ensures accurate and current data throughout the HMIS system and eliminates duplication of effort with other homeless service providers.

COVID-19 Screening Procedure

To prevent the outbreak of COVID-19, all shelters will follow local Public Health recommendations for homeless shelters. All incoming clients are tested for COVID-19 utilizing an over-the-counter COVID-19 test.

Local Public Health guidelines will be monitored and followed when clients test positive at intake.

Denial of Admission

Denial of admission to an FSC program is at the discretion of First Step Communities and its authorized staff, but must be based on one of the following reasons:

- Household does not meet the basic eligibility criteria for shelter admission (e.g. gender, age, homeless status, domestic violence victim, etc.). Shelters with beds designated by funding sources as having additional restrictions (e.g. VA beds that require advance approval by the VA) may deny entry to those not meeting funder requirements;
- A restraining order that prohibits admission to the facility;
- Documented violence or threatening behavior;
- Conduct from prior stay at the shelter that puts the health and safety of staff or participants at risk (e.g. violence, weapons violations, disclosing confidential location of shelter, and egregious damage to property). If a household is denied entrance based on a prior stay, the household must be informed of the reason,

conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process; or,

- The household requires care and supervision to manage the activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking, and transferring) without the appropriate supports available on-site.

The appropriate Case Manager will discuss any denial of admission directly with the client to ensure that they understand the reason for denial and their right to an appeals process, if applicable. Any questions regarding program admissions denials can be directed to the Case Management Supervisor or the Program Director.

Program Expectations and Policies

Participant Rights & Responsibilities and Shelter Rules

Please refer to the appendix for each respective site for a copy of the participant rights and responsibilities, and shelter rules.

Hours of Operation

All FSC program sites are open 24 hours a day, 365 days a year. The shelters are staffed at all times and participants are welcome to be in the buildings and to access their personal possessions 24 hours/day, as long as they are adhering to the program rules and are compliant with all instructions from staff members. The program site hours are posted publicly and are not currently subject to change.

Participant Emergency Information

All program participants are required to provide emergency contact information upon intake. Emergency contact information is provided to the individual's Case Manager during the initial intake meeting and is kept on file to ensure that a contact can be reached should an emergency occur.

If a participant cannot provide any emergency contact information, the Case Manager will make note on the intake form; individual decisions will be made at the discretion of the Program Supervisor or other supervisory staff member should an emergency event occur.

Curfew

Each program has a set curfew that participants are required to follow. Specific curfew guidelines are included in the site-specific appendices. Any questions regarding curfew regulations can be directed to the respective Program Director.

Weapons Prohibition Policy

Weapons of any kind are not allowed on site at any program site. A further classification of weapons includes the following: guns, bb guns, knives, pepper spray, baseball bats, large sticks, or any other device that could be reasonably construed or misconstrued as a weapon. Participants are required to check in any weapons to the staff during the intake process. Weapons will be logged and stored in a safe, secured area. Participants are allowed to have weapons back upon program exit or in accordance with site-specific policy.

Firearms of any kind are not allowed on company premises, including in the parking lots.

Drug & Alcohol Use/Possession Policy

Alcohol, marijuana, and other drugs (AOD) are strictly prohibited inside all FSC shelter facilities. During the intake process, all participants are advised that drugs and alcohol are not allowed inside of the shelter and are asked to signify their understanding by signing the Participant Rights and Responsibilities prior to beginning their stay.

The use and possession of AOD cannot be used as grounds for disqualification from the respective program, unless stated. However, AOD found during bag searches and shelter inspections will be confiscated and discreetly disposed of by staff.

Confiscation and disposal of any AOD must be conducted with another staff as witness.

All instances of AOD possession, use on site, confiscation and destruction will be documented by staff in an incident report.

Program decisions regarding violations of this policy are at the discretion of the Program Director, with input from shelter staff and Case Management. If a program participant is found to continually use drugs on site, the incident will result in a discussion with the Program Director and Case Manager. The incident will be properly documented and appropriate follow-up will be conducted. All client disciplinary action is at the discretion

of the shelter Program Director, in accordance with the FSC “Program Termination and Scheduled Exit” procedures (separate document).

Smoking

Smoking is allowed at program sites, but only within the designated areas. Shelter participants will be asked to move or otherwise stop smoking should they smoke in non-smoking areas.

Staff are required to attempt to stop clients from smoking in prohibited areas. Smoking is strictly prohibited in the following areas of the shelter:

- Inside buildings
- Inside sleeping areas (cabin, dorms, tent)
- Dining areas

Staff who encounter clients smoking (any substance) in prohibited areas should make attempts to stop the activity. Staff should log an incident report for all these incidents.

Search of Participant Possessions

For the safety of all clients and staff, bag and pocket searches will be conducted at the following times:

- Upon intake of all new clients
- For all clients entering all site entry points

Bag searches will include searches of all clothing, inside bags, and unsealed containers located inside bags.

Dorm, storage and sleeping area inspections will occur on a schedule, as determined by the Program Director.

All searches are to be conducted with respect for the property of the participant. The participant can be present for the search and will be informed of any items that are being removed from their possession. Searches must be brought to the attention of the site supervisor and properly documented, as merited by the individual situation.

Service Animals

Regulations regarding service animals differ from site to site, depending on whether any animals are permitted at the respective site. Service animal regulations can be found in

the site-specific appendices. Any questions about service animals or client animals, in general, can be directed to the respective Program Director.

Client Concern & Grievance Procedures

First Step Communities aims to ensure that clients with a grievance relating to their participation in an FSC program have a means to help resolve grievances as quickly and fairly as possible. The client grievance process is the following:

1. Informal Discussions:
 - a. If a client has a grievance about a disciplinary issue or FSC process, they should discuss it informally with a shelter staff member - preferably a Supervisor or Director. We hope that most concerns will be quickly resolved this way.
2. Step 1 - Statement of Grievance:
 - a. If the client feels that the matter has not been resolved through informal discussions, they should put a grievance in writing for FSC management staff review. This can be online (via the posted link & QR code) or by submitting a paper form.
3. Step 2 - The Grievance Meeting:
 - a. Within 5 working days, FSC management staff will respond to the statement, inviting the client to attend a meeting where the alleged grievance can be discussed. This meeting is scheduled to take place as soon as possible and normally 5 working days' notice of this meeting is provided to the client.
 - b. Clients should make all reasonable attempts to attend the meeting, but if for any unforeseen reason the client, or the management, cannot attend, the meeting is automatically rescheduled.
 - c. After the meeting, management hearing the grievance must write to the client informing them of any decision or action and offering them the right of appeal. This letter is normally sent within 5 working days of the grievance meeting and should include the details on how to appeal.
4. Step 3 - Appeal:
 - a. If the matter is not resolved to the client's satisfaction, the client may set out their grounds of appeal in writing within 10 working days of receipt of the decision letter.
 - b. Within 5 working days of receiving an appeal letter, the employee should receive a written invitation to attend an appeal meeting. An FSC Program Director not involved in the original meeting will attend the appeal meeting.

- c. After the appeal meeting, the presiding FSC Director must inform the client of their decision within 3 working days of the meeting. The Appeal Director's decision is final.

Any participant filing a grievance is to be treated fairly and with respect while continuing to participate in the respective program. The management staff will do its best to resolve all concerns/grievances as quickly as possible.

QR Codes for the grievance forms are posted at every site; paper forms are also available upon request.

Abuse Reporting Policy

First Step Communities is dedicated to maintaining a secure and supportive environment for all individuals within our facilities. We are committed to preventing and addressing any form of abuse or mistreatment. This policy outlines the procedures for reporting, investigating, and addressing incidents of abuse to ensure the safety and well-being of our community members.

Definitions:

Abuse: Any act or failure to act resulting in harm, potential harm, or threat of harm to an individual within our community, encompassing physical, emotional, verbal, sexual abuse, neglect, or exploitation.

Reporter: Any individual who witnesses or has information about an incident of abuse within First Step Communities.

Reporting Procedures:

Immediate Response:

- In emergencies or situations of immediate danger, individuals should contact emergency services by dialing "911".
- Staff witnessing abuse should promptly intervene to ensure the safety of those involved.

Internal Reporting:

- Any person who becomes aware of or suspects abuse within First Step Communities must report the incident promptly to a designated staff member, supervisor, or manager.
- Reports can be made verbally or in writing, with detailed information such as names, dates, times, and a description of the incident.

Confidentiality:

Reports of abuse will be treated confidentially, shared only with those directly involved in the investigation and appropriate authorities.

Non-Retaliation:

First Step Communities strictly prohibits retaliation against individuals making good-faith reports of abuse. Retaliatory behavior will result in disciplinary action.

Investigation Procedures:

Appointment of Investigator: Upon receiving a report, First Step Communities will appoint a qualified and impartial investigator to conduct a thorough inquiry.

Documentation: The investigator will document relevant information, including statements from the reporter, alleged victim, and any witnesses, along with any physical evidence.

Interviews: The investigator will conduct interviews with all parties involved, ensuring sensitivity and empathy during the process.

Reporting to Authorities: If criminal activity is revealed, First Step Communities will promptly report the incident to the appropriate law enforcement agencies.

Disciplinary Action: Based on investigation findings, First Step Communities will take appropriate disciplinary action, such as retraining, suspension, termination, or legal measures, as deemed necessary.

Training and Prevention: First Step Communities is committed to ongoing training for staff and volunteers to prevent abuse and foster a culture of safety and respect.

Review and Revision: This policy will be regularly reviewed and revised to ensure effectiveness and compliance with relevant laws and regulations.

Program Services

Client Services

First Step Communities is proud to offer programs that are designed to best serve our clients and care for their needs. We endeavor to provide the following as a component of our client services:

- An environment in which the clients feel safe and can build trust
- Physical and emotional safety
- Safe, sanitary conditions that are trauma-informed
- De-escalation techniques for proper resolution of any incidents that occur
- Desire to prevent program exits in order to best serve clients along the continuum of care

Client services may differ by program site; specific information is included in the appendix for each program site.

Storage of Participant Belongings (including storage after discharge)

Program participants will be provided with limited storage for their belongings during their stay at the program site, depending upon the storage capacities of the site.

It is recommended that all personal medications be stored in one's respective storage locker/tent/cabin; any medications requiring refrigeration will be stored securely in the program refrigerator. More information about medication storage can be found in the Medication Storage Policy.

Upon discharge or graduation, participant belongings will be stored on site at the program site for up to seven days. Following seven days after discharge, any items left behind will be discarded. Any questions regarding storage concerns can be directed to the Program Director.

Mail Policy & Procedure

Participants are welcome to receive mail while residing in a First Step Communities shelter. Any mail received will be processed and sorted by shelter staff and prepared for delivery for participants on a **daily** basis.

All mail should be addressed to the following:

Client's Name
1400 North A Street, # (insert bed/tent/cabin number)
Sacramento, CA 95811

Participants are asked to provide a forwarding address upon discharge from the respective shelter program. Client mail will be returned to the sender if not claimed by the recipient.

Medication Storage

Participants are welcome to bring with them and store any personal medications in their assigned locker, tent, or cabin. First Step Communities and the staff of each program site assume no responsibility for participants' personal medications and do not distribute nor administer medication.

Participants who are prescribed medication that requires refrigeration are required to report their need for refrigeration upon intake. Proper storage conditions will be provided in accordance with the requirements for safe storage of each respective medication.

Any questions regarding the medication storage policy can be directed to the program site staff or respective Program Director.

Use of Medication

During the intake process, participants are asked to provide information regarding their personal use of medication. Such information is to be used only for the purposes of properly providing care for a participant in the event of a medical emergency and/or to understand the participant's needs for medication storage, if applicable (i.e. refrigeration of insulin products).

The First Step Communities staff members and those of other partnering agencies are not authorized to treat or diagnose any medical conditions beyond the use of basic first aid supplies and CPR, as covered by staff training requirements. Medication will not be distributed nor managed by the staff of First Step Communities, unless required by a participant's specific medical condition and previously approved by their respective Case Manager.

Staff should not be providing clients with medications of any kind.

Telephone Access

Telephone access differs by program site; information can be found in the respective site appendix.

Transportation

Transportation assistance will be provided to clients and shelter participants in accordance with First Step Communities policy. Participants or clients requiring transportation for the purpose of attending a meeting or appointment related to their health or individual plan to obtain permanent housing will be provided with adequate transportation, as deemed necessary by their respective Case Manager.

Methods of transportation include the use of bus passes, taxis, and rideshare options (such as Uber or Lyft).

All transportation decisions must be made by the Program Director or Client Services Director in collaboration with the Case Management Supervisor and will be clearly communicated to the client or participant, as applicable. Transportation is to be used for legitimate purposes, which will be discussed with the client or participant in advance.

Staff must have the appropriate authorization from management in order to drive during work hours or on behalf of First Step Communities at any time. Any employee driving on behalf of the organization must have a valid and current Driver's License and personal automobile insurance.

Religious Activities

Religious activities are not provided nor are required at any program site. All participants are welcome to pursue religious activities of their own accord. Any questions about religious activities on site can be directed to the respective site supervisor.

Accessibility and Americans with Disabilities Act

First Step Communities is committed to providing an accessible environment for all individuals, including those with disabilities. We strive to eliminate barriers and ensure

that our services are available to everyone, regardless of their physical or mental abilities.

Accessibility Standards:

1. Physical Accessibility:

- Ensure that all entrances, exits, and pathways are accessible to individuals using wheelchairs or other mobility devices.
- Provide accessible restrooms, showers, and sleeping areas.
- Maintain clear and unobstructed pathways throughout the shelter.
- Install ramps, handrails, and other necessary modifications to improve accessibility.

2. Program Accessibility:

- Offer programs and services in accessible formats (e.g., large print, Braille, audio).
- Provide reasonable accommodations for individuals with disabilities to participate in all shelter activities.
- Train staff and volunteers on disability awareness and how to assist individuals with disabilities.

3. Communication Accessibility:

- Ensure that all communication materials (e.g., brochures, signs, websites) are accessible to individuals with disabilities.
- Provide interpreters or other communication aids for individuals who are deaf or hard of hearing.
- Use plain language and clear communication to ensure that information is easily understood by all clients.

Responsibilities:

- **Staff and Volunteers:** All staff and volunteers are responsible for adhering to this policy and providing assistance to individuals with disabilities as needed.
- **Management:** Management is responsible for ensuring that the shelter complies with ADA regulations and for addressing any accessibility issues that arise.
- **Director and Case Management Staff will ensure proper placement of clients whose physical or mental health needs exceed the capacity of the shelter.** Disabled individuals will not be exited to homelessness unless good-faith offers of placement have been arranged and refused by the client.
- **Clients:** Clients are encouraged to communicate their accessibility needs to staff so that appropriate accommodations can be made.

Complaints and Grievances: Clients and visitors who believe that they have been discriminated against based on their disability can file a complaint with [Your Shelter

Name]. Complaints will be investigated promptly and resolved in accordance with ADA guidelines.

Review and Updates: This policy will be reviewed annually and updated as necessary to ensure continued compliance with ADA regulations and to address any new accessibility needs.

Food Service and Meals

Meals

Meals will be offered to program participants in accordance with the schedule posted at each individual site. Any questions regarding meals can be directed to the Program Director.

Additional meal information is included in the site-specific appendices.

Sanitary Facilities

FSC strives to maintain sanitary conditions throughout all of its facilities. Clean facilities are important to providing a dignified living space for all clients. It is the responsibility of all staff, as assigned, to ensure that sanitation duties are conducted on a regular schedule.

All staff who handle food must have a Food Handler's certification valid in the State of California.

Food Allergies

All food allergies are to be reported by each participant during the intake process. Case Management staff is prepared to ask questions regarding medical history and special considerations, including food and medication allergies, within the privacy of the intake process. Food allergies will be accommodated individually and alternate options will be discussed with the respective involved parties, as applicable and available.

It cannot be guaranteed that alternate meal options will be the same as the meal being served for all participants; however, accommodations will be made and safe food will be provided for all participants with allergies to the food being generally served during that meal time.

Donated Food

FSC welcomes food donations from partnering organizations. The donations of prepared and cooked food are encouraged to occur outside of the program grounds.

Program Termination and Scheduled Exits

Any instance of termination from the program will be rendered only after a thorough review of the situation(s) leading to termination and after serious consideration of the best interest of the client and the health and safety of other clients and staff members. Program Ground Rule violations shall be taken seriously and may be considered grounds for termination, depending on the severity and nature of the action taken by the client in question.

The purpose of this policy is to outline the circumstances and procedures for voluntary and involuntary exits of clients from FSC Programs.

FSC's goal is to reduce unnecessary exits when other actions might resolve the issue. The need for careful discretion is critical to ensure our clients' personal needs and safety are considered. For these reasons, all program termination decisions are made at the discretion of the respective Program Director.

Note: this policy is provided as a general framework and should be adapted to the specific circumstances, legal requirements, and policies of FSC's respective homeless service programs.

Voluntary Client Exit Procedure

Purpose

- The purpose of this policy is to establish guidelines and procedures for clients leaving the homeless shelter. It aims to ensure a smooth transition for clients, promote their successful reintegration into society, and maintain the shelter's capacity to serve those in need.

Voluntary Exit

- Clients have the right to voluntarily exit the shelter at any time without facing any negative consequences or barriers to future assistance. Clients are encouraged to communicate their intent to exit the shelter to the staff or designated personnel, whenever possible, to facilitate appropriate support and resource referrals.

Exit Planning and Support

- Shelter staff will collaborate with clients to develop individualized exit plans based on their needs, goals, and available resources. Exit plans may include securing permanent housing, obtaining employment, accessing healthcare services, applying for benefits, and connecting with community support programs. Shelter staff will provide information, guidance, and referrals to relevant agencies, organizations, and programs that can assist clients in their transition.

Documentation and Resources

- Prior to exit, clients will be provided with essential documents, such as identification papers, medical records, and relevant referrals, to help facilitate their transition. Clients will receive information about available community resources, including housing programs, employment services, educational opportunities, healthcare providers, and other supportive programs.

Re-Entry Policy

- Former clients who have voluntarily exited the shelter but find themselves homeless again in the future will be eligible for re-entry, subject to available space and adherence to the shelter's admission processes. Clients seeking re-entry will be required to undergo a new intake process, including assessments, interviews, and documentation verification, to ensure that the shelter can effectively meet their needs.

Confidentiality and Privacy

- All client information, including exit plans, personal details, and progress reports, will be treated with strict confidentiality and privacy in accordance with applicable laws and regulations. Client written consent will be obtained before sharing any personal information with external agencies or organizations involved in the exit planning or follow-up process.

Involuntary Client Termination/Exits

Involuntary exits may be necessary to maintain a safe and supportive environment for all residents, protect the rights and well-being of clients and staff, and ensure the effective utilization of shelter resources.

Grounds for Involuntary Exit may include:

1. Violation of Shelter Rules: clients may be subject to involuntary exit if they repeatedly or seriously violate the shelter's code of conduct or rules, including but not limited to violence, harassment, theft, destruction of property, or egregious behavior that severely disrupts the operation of the shelter.
2. Endangering Others: if a client poses a significant threat to the safety, well-being, or mental health of other clients, staff, or themselves, an involuntary exit may be necessary.
3. Exploitation or Criminal Activity: clients engaged in illegal activities within the shelter premises, exploitation of other clients or staff, or any behavior that violates local laws and regulations may be subject to involuntary exit.

Grievances and Appeals

- Each client discharged on an involuntary basis must be given the opportunity to appeal the decision via First Step Communities' established grievance and complaint protocol. The forms are readily available so that clients do not need to request an appeal - they just need to submit the form requesting an appeal. All appeals will be taken into consideration as described in the "Grievance Procedure" section.

Exit Assistance

- Involuntarily exiting clients will be provided with appropriate referrals and resources to assist them in their transition out of the shelter. This may include referrals to alternative shelters, housing programs, social services agencies, healthcare providers, or other relevant organizations. Shelter staff will offer support and guidance to help clients navigate the available resources and access the assistance they may require.

Re-Entry Policy

- Involuntarily exited clients may have the opportunity to apply for re-entry after a designated period, subject to a reassessment of their circumstances and the availability of shelter space. Re-entry eligibility will be communicated in HMIS exit notes for other agencies' review. Re-entry decisions will be based on factors such as demonstrated behavior change, compliance with shelter rules, and willingness to actively engage in supportive services.

Confidentiality and Privacy

- The confidentiality and privacy of clients involved in an involuntary exit will be respected and protected to the fullest extent allowed by law and shelter policies.

Policy Review

- This policy will be regularly reviewed to ensure its effectiveness, adherence to applicable laws and regulations, and alignment with best practices in homeless shelter management.

Mandatory Discharge Reasons

Mandatory participant discharges are to be taken seriously and may only take place if one of the following behaviors or actions occurs while on the premises of a program site:

- Possession of a weapon inside the facility;
- Assault or other violent behavior (actual physical violence, words are not violence);
- Restraining order precludes continued residence.
- Participant behavior endangers health or safety of participants or staff;
- Presence of infectious disease (i.e. Tuberculosis, COVID-19, norovirus) that significantly increases the risk of harm to other participants; reasonable attempts to obtain medical treatment will be made before individuals are discharged due to infectious disease; and/or,
- Individual requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking, and transferring) beyond the reasonable supports available on-site. Individuals discharged due to care and supervision needs **will not** be discharged to the streets.

Discharge may also occur voluntarily or when one of the following has been met:

- Participant achieves their goals and is ready to discontinue service;
- Participant no longer wants to stay at the program site and receive services;
- Participant does not occupy their bed at the program site for five (5) consecutive nights (participants are made aware of this policy prior to signing the Participant Rights and Responsibilities and understand that their bed may be given to another prospective participant if too much time elapses);
- Participant refuses to adhere to the policies and procedures of the program; or,
- Participant has needs that exceed the capacity, resources, or expertise of the program and its staff (please see above). In cases in which a participant needs care that exceeds the capacity of the program, appropriate referrals will be made and the participant's Case Manager will ensure that an alternate temporary or permanent placement is arranged as quickly as possible.

In the event of voluntary or involuntary discharges, program staff are to follow an orderly and respectful process for the benefit of all participants.

Facilities

Overview

Facility information differs by site and specific policies and procedures relating to each program site can be found in the appendices. In general, all facilities are to be maintained and kept clean and functional at all times.

Cleaning

All First Step Communities facilities are to be kept clean and orderly. Cleaning must be conducted on a daily basis and common areas kept usable and safe for all clients and staff. Specific cleaning policies, as they differ by site, are included in the appendices.

Pest Control

Pest control procedure differs by program site. Each site is to be kept free of bugs, insects, and rodents. Any pest control problem that occurs is to be addressed immediately and the proper protocol followed for ensuring that the site remains safe and usable for all clients and staff. Specific pest control information, as it differs by program, can be found in the appendices.

Parking

The parking regulations differ by program site and are included in the site-specific appendices. Generally, clients are not allowed to park a car at a program site unless the car is registered in the client's name. Staff are to park in designated locations and must respect the rules of the local neighborhood, city, etc.

Staff: Program Responsibilities & Policies

General Staff Information

Staff

All staff members are expected to comply with all First Step Communities employment policies as outlined in the organization's Employee Handbook. While working with employees and staff members of partner organizations, staff are expected to work collaboratively and to create a supportive environment for all staff members, clients and participants at all sites.

Should an incident occur involving a staff member, the staff member's direct supervisor is to be contacted and is to provide support to resolve the situation. If further intervention or support is needed, the Supervisor will contact the Program Director. Any complaints or concerns about staff members can be expressed via the Grievance Procedure.

Management Structure & Concerns

The following is the management structure for daily operations at First Step Communities:

Staff → Site Supervisor → Program Director → Chief Operating Officer → Executive Director

If you have any question about a task, your role, or an issue that needs to be resolved on your site, you should first contact your direct supervisor. If you feel that your supervisor is not resolving the issue or cannot answer your question, you can contact the Program Director. Any issues or questions still unresolved will be brought to the attention of the Chief Operating Officer.

Common things that should go to your supervisor:

- If you have a conflict with another staff member
- Work schedule
- Any timecard issues (UAttend hours or questions, missed punches, etc.)
- Issues with a work task

Contacting Human Resources

Most questions that you may have need to be directed to your supervisor. If you have questions about any of the following, you may directly contact Human Resources:

- Sexual Harassment (by supervisor)

- Any act of harassment
- Hostile work environment
- Whistle blower - stealing, misappropriation of funds
- Benefits questions (including online access)
 - Taking a leave
 - Healthcare
 - Dental
 - Vision
- 401(k) Retirement Plan
- Verification of employment or income
- Copies of past pay stubs
- Intuit payroll system

Training

Training is essential to ensuring that staff members are best informed and equipped for serving individuals experiencing homelessness. The following list is inclusive of required training topics that must be administered to all First Step Communities staff:

- Confidentiality protocols
- Sexual Harassment
- Crisis Prevention and/or verbal de-escalation
- Mandatory reporting requirements related to elder and dependent adult abuse
- Universal precautions/infectious disease prevention
- Proper food handling and storage, if required by law (please note that the State of California requires that all individuals handling food be certified and granted a Food Handler Card)
- Anti-discrimination/reasonable accommodation training
- Customer Service and Professionalism
- Effective Communication
- Shelter policies and procedures
- Emergency evacuation procedures and fire safety
- HMIS Privacy and Security Certification
- Ethics/Boundaries
- First Aid and CPR
- Mental Health
- Sensitivity
- Trauma-Informed Care
- Domestic Violence recognition and referral
- Overdose detection and response, including Narcan use

- Harm reduction approach to substance use disorders
- Diversity awareness/Cultural Competence
- Heat Safety, as applicable

All training will be facilitated by management staff and will be announced ahead of their scheduled times. Staff members will be required to attend training sessions, unless a previous arrangement or accommodation has been made with the staff member's supervisor. Each staff member will receive verification of completion upon the successful completion of each training session. Training completion verification will be documented in each staff member's personnel file and will be maintained for the purpose of re-certification. All staff members will be paid for the time spent in training activities.

The timing and location of training will be at the discretion of First Step Communities, in accordance with the availability of staff members and training facilitators. Training materials will be made available to staff members, and training facilitators will be asked to answer any questions posed by staff. Re-certifications and maintenance of routine training topics will be monitored by management staff; any changes or individual discrepancies will be discussed with the appropriate staff member(s).

First Step Communities maintains the right to train staff members in the manner in which they will best be served and prepared to provide services to all shelter participants. Should any concerns be raised about training or individual staff needs, they are to be directed to the respective Program Director. Other training opportunities may be provided at the discretion of the management staff.

Program Responsibilities and Tasks

Staff on Duty

First Step Communities programs are staffed 24/7, 365 days a year. Staff members will be appropriately trained, in accordance with FSC guidelines, and will be accessible to participants at all times.

Staff members are expected to fulfill the requirements of their individual job descriptions, and treat all shelter participants with respect at all times. Should an incident occur that requires additional support, the staff member is to alert their immediate supervisor. If the supervisor is unable to resolve the situation, either the Program Director or Chief Operating Officer will be consulted.

Client Support Associate (CSA) Tasks

Client Support Associates will be assigned cleaning, facility maintenance, and program support tasks at each respective site. Specific tasks are included in the site appendices.

Incident Reports

Incident reports are to be filed whenever an incident occurs on site. Examples of such incidents include, but are not limited to, the following:

- Clear, obvious intoxication
- Violence
- Emergencies
- Possession of alcohol/drugs
- Smoking
- Lighting of fire inside dorm/cabin/tent

The staff member who identifies the incident is responsible for completing an incident report. Once incident reports are submitted, they will be reviewed by the Program Director and appropriate follow-up will occur.

Fire Extinguisher/Fire Safety

Fire extinguishers are maintained on every site and are subject to all fire codes, where applicable. The fire exit plan is posted at every site and is to be followed during all evacuation trainings, procedures and emergencies.

Universal Precautions and Biohazardous Materials

Universal precautions are to be maintained at all times. Staff members and participants are to avoid contact with bodily fluids, including saliva, blood, urine and fecal matter. In the event that an incident occurs and cleaning must take place, staff members are to use caution and protect themselves by wearing proper protective gear (gloves, face shield, gown, as applicable).

Biohazardous (infectious, biomedical) materials are to be disposed of appropriately. For the purposes of First Step Communities, biohazardous waste is to be considered any potentially harmful waste that is disposed of within the confines of the program sites. All employees handling biohazardous material are required to be approved by the supervisor or Program Director; trainings will be offered, as appropriate and available.

Used needles (sharps) may be disposed of in one of several designated containers located throughout the program sites. Sharps are to be properly disposed of in accordance with the instructions listed on the receptacle. Once a sharps disposal container becomes full, it will be properly emptied. Any questions regarding biohazardous waste or disposal should be directed to the respective Program Director.

Infectious Disease Protocol

First Step Communities is committed to ensuring that every program site remains free of infectious diseases and to keeping its participants, staff members, volunteers and visitors healthy.

Should an infectious disease be identified within the confines of a program site or amongst its participants, the Program Director must be notified immediately. Measures will be taken to contain the disease and prevent its spread amongst the population accessing the shelter and its services. Any participant requiring medical attention for the diagnosis or treatment of an infectious disease or other condition will be connected with the appropriate medical care.

Infectious diseases that cannot be contained (such as head lice, scabies or tuberculosis) or that pose a significant risk to the health and safety of other shelter participants, staff members, or others, may be determined to require immediate medical attention and/or dismissal from the program. Dismissal considerations will be determined by the Program Director.

First Aid & Emergency Response Information

Emergency Response Plan

Each site maintains an emergency response plan, which is to be followed in the case of any emergencies. Emergency numbers are posted near public telephones, as applicable. In the event that a staff member is unaware of how to handle an emergency situation, they are advised to call 911 and alert their supervisor immediately.

Generally, the following are to be conducted:

1. The staff members are to ensure the safety of all clients and staff on site.
2. If additional care is needed, the staff member is to call 911 immediately.

3. Once an emergency situation has been resolved, the staff member is to complete an incident report.

First Aid Supplies

First aid supplies are available at every program site. Specific locations of first aid supplies are included in each respective program appendix.

Medical and Psychiatric Emergencies

In the event of a medical or psychiatric emergency, staff are to call 911 immediately and prepare for the arrival of Emergency Medical Services and/or local Law Enforcement Officers. At no time are staff to diagnose or treat participants for any medical or psychiatric conditions. When necessary, staff must intervene in extreme emergencies (i.e. CPR must be administered, a tourniquet must be placed to stop bleeding, etc.). During an emergency or perceived emergency, the Supervisor or Director, if available, is to manage the situation and provide direction to other staff members and program participants.

Client Suicidal Thoughts or Actions

In the event that a client is exhibiting suicidal ideation, the staff member is to do the following:

1. Ask the client if they have a plan to die by suicide (i.e. do they think they will harm themselves tonight if left alone?).
2. If any staff member suspects that the client will harm themselves if left alone, call 911, or direct a co-worker to call 911. Do not allow the client to return to their tent or cabin without any supervision. Stay with the client until first responders arrive.
3. As soon as possible, call or have someone else call the Program Director. If the Program Director is unavailable, call the Chief Operating Officer.
4. Once the situation has been properly addressed, the staff member must complete an incident report.

Narcan Use Policy

This policy outlines the guidelines and procedures for the use of Narcan (Naloxone) at our program sites. Narcan is a medication that can reverse the effects of an opioid overdose and save lives. Given the prevalence of substance use disorders among the

homeless population, it is crucial to have appropriate protocols in place to respond effectively to potential opioid overdoses.

- Training and Education:
 - All staff members shall receive comprehensive training on recognizing the signs of an opioid overdose, administering Narcan, and providing appropriate follow-up care.
 - Training sessions should be conducted regularly to ensure staff members are up-to-date with the latest information and techniques related to Narcan administration and overdose response.
- Availability of Narcan:
 - Each program site will maintain a sufficient supply of Narcan available on-site, stored in a secure and easily accessible location.
 - When supplies allow, all staff should carry Narcan/Naloxone on their person while on shift.
 - The program site should maintain a record of the expiration dates of the Narcan supply and ensure timely replacements as needed.
- Recognizing and Responding to Overdoses:
 - Staff members will be trained to identify the signs of an opioid overdose, such as unresponsiveness, slow or shallow breathing, and pinpoint pupils.
 - If an overdose is suspected, staff members should immediately call emergency medical services (EMS) and administer Narcan as per the training provided.
 - If multiple staff members are available, one should administer Narcan while another staff member contacts EMS for further assistance.
- Documentation and Reporting:
 - Any incident involving the administration of Narcan should be documented promptly and accurately, including the date, time, individuals involved, and any follow-up actions taken.
 - Incident reports should be shared with the program site's management, healthcare professionals, and any relevant authorities as required by local regulations.
- Follow-Up Care:
 - After administering Narcan, staff members should stay with the individual and closely monitor their vital signs until EMS arrives.
 - Once EMS has arrived, they will assume responsibility for the individual's care and transportation to a medical facility, if necessary.
- Confidentiality and Non-Discrimination:

- The privacy and confidentiality of individuals who receive Narcan should be strictly maintained, in accordance with applicable privacy laws and regulations.
- No individual should face discrimination or be denied program services based on their past or current substance use.
- Collaboration with Healthcare Providers and Community Organizations:
 - Program sites should establish partnerships with local healthcare providers, including substance use treatment programs, to ensure a coordinated response to opioid overdoses.
 - Collaboration with community organizations and local authorities can help identify individuals at risk, provide support services, and develop strategies for overdose prevention.
- Ongoing Evaluation and Improvement:
 - The program site should regularly evaluate the effectiveness of this policy and make necessary adjustments based on feedback from staff members, residents, healthcare providers, and other stakeholders.
 - The policy should be updated to reflect any changes in best practices, local regulations, or emerging research related to Narcan administration and opioid overdose response.

This policy is a general guideline and should be adapted to meet the specific needs and legal requirements of each program site and its jurisdiction.

Client Death

In the case of the death of a client, staff must do the following:

1. Call 911 immediately.
2. Call Director after calling 911.

Counseling resources are available for employees through the Employee Assistance Program (EAP). Employees are also encouraged to talk with their supervisors/site director. Program Directors will work with local authorities to obtain chaplain services or behavioral health assistance for clients and staff.

Recordkeeping

A file will be created for each shelter or program participant; all files are to be kept on-site within the First Step Communities Case Management office. All files and personal

information are to be triple-locked and will only be accessed by an approved user or the client/participant's respective Case Manager.

All files are to be considered confidential. No information from a file shall be shared or distributed within the shelter or outside of the campus community. Staff are not to remove files from their designated spaces or to leave client files in cars, etc.



Client Concern & Grievance Procedures

Updated 03/17/2025

1. Purpose of the Procedure/Introduction

First Step Communities' aim is to ensure that clients with a grievance relating to their participation in a First Step Communities program can use a procedure to help to resolve grievances as quickly and fairly as possible.

2. Informal Discussions

If a client has a grievance about a disciplinary issue or FSC process, they should discuss it informally with a shelter staff member – preferably a Supervisor or Director. We hope that most concerns will be quickly resolved this way.

3. Stage 1 – Statement of Grievance

If the client feels that the matter has not been resolved through informal discussions, they should put a grievance in writing for FSC management staff review. This can be online (see posted link & QR code) or by submitting a paper form.

4. Stage 2 – The Grievance Meeting

Within 5 working days, FSC management staff will respond to the statement, inviting the client to attend a meeting where the alleged grievance can be discussed. This meeting is scheduled to take place as soon as possible and normally 5 working days' notice of this meeting that is provided to the client.

Clients should make all reasonable attempts to attend the meeting, but if for any unforeseen reason the client, or the management, cannot attend, the meeting is automatically rescheduled.

After the meeting, management hearing the grievance must write to the client informing them of any decision or action and offering them the right of appeal. This letter is normally sent within 5 working days of the grievance meeting and should include the details on how to appeal.

5. Step 3 – Appeal

If the matter is not resolved to the client's satisfaction, the client may set out their grounds of appeal in writing within 10 working days of receipt of the decision letter.

Within 5 working days of receiving an appeal letter, the employee should receive a written invitation to attend an appeal meeting. An FSC Program Director not involved in the original meeting will attend the appeal meeting.

After the appeal meeting, the presiding FSC Director must inform the client of their decision within 3 working days of the meeting. The Appeal Director's decision is final.

North A Participant Concern/Grievance Form

Are you having an issue here at FSC that you can't resolve? Scan this code with any cell phone QR reader and complete the online form. Your report goes directly to management.

No phone? Ask staff for a paper form.



<https://forms.gle/WaLxgMcE1HBRYJKv5>



Grove Participant Concern/Grievance Form

Are you having an issue here at FSC that you can't resolve? Scan this code with any cell phone QR reader and complete the online form. Your report goes directly to management.

No phone? Ask staff for a paper form.



<https://forms.gle/xZ7Pgt22shxuqzaeA>



Roseville Road Participant Concern/Grievance Form

Are you having an issue here at FSC that you can't resolve? Scan this code with any cell phone QR reader and complete the online form. Your report goes directly to management.

No phone? Ask staff for a paper form.



<https://forms.gle/PUkBibiojJVQ4dvm7>

Weather Respite Participant Concern/Grievance Form

Are you having an issue here at FSC that you can't resolve? Scan this code with any cell phone QR reader and complete the online form. Your report goes directly to management.

No phone? Ask staff for a paper form.



<https://forms.gle/xNse9Fkj7vxw8LW28>



Stockton Blvd. Safe Stay Participant Concern/Grievance Form

Are you having an issue here at FSC that you can't resolve? Scan this code with any cell phone QR reader and complete the online form. Your report goes directly to management.

No phone? Ask staff for a paper form.



<https://forms.gle/Q6T2bY573wC95KMf7>



Good Neighbor Policy

First Step Communities strives to have a positive presence within the communities we operate; believing that these relationships are vital in working towards and solving homelessness as a unified community.

1. **Inherent Rights:** this policy document is predicated on the assumption of certain basic rights. Clients, surrounding residents, businesses, agencies, property owners, and staff have a right to:
 - a. Be treated with respect.
 - b. Personal safety.
 - c. Safe and quiet enjoyment of their cabin, sleeping space, business, home, and public spaces; and,
 - d. Receive services to meet their basic needs.
2. **Access to the Shelter**
 - a. Only individuals who have been referred and approved will have access to the shelter. There will be no lining up or queuing outside/on the premises.
 - b. The property will have controlled access.
 - c. Clients' belongings may be searched before they are allowed entry.
 - d. Clients will not be allowed entry, and/or will be asked to leave, if they present a danger to themselves or others.
3. **Description of Services**
 - a. On-site services designed to help transition clients to permanent housing will be available Monday through Friday.
 - b. Case workers and community service providers will be available weekdays to meet with clients to assist with their housing search and/or assist them to apply for benefits or employment.
4. **Communication and Coordination with the Neighborhood**
 - a. First Step Communities is committed to meeting with the neighbors, business owners, and surrounding community to discuss any concerns.
 - b. FSC Managers and Staff will attend community meetings when invited to better understand any community concerns.
5. **Safety and Security**
 - a. Clients, business owners and the general public have a reasonable expectation of safety at all times. Anyone feeling that their safety is compromised is urged to call 911.
 - b. Anyone threatening the safety of the staff or clients, or the public may be asked to leave. Law enforcement will be called, if necessary.
 - c. Crime Prevention Through Environmental Design (CPTED) will be utilized to identify and remedy areas that are dark or secluded or otherwise places of vulnerability.



- d. First Step Communities will work closely with local law enforcement assigned to the jurisdiction of the shelter.

6. Trash Remediation

- a. Clients will not litter or negatively impact the neighborhood.
- b. On-site staff will ensure that the area immediately around the cabin community is kept clean and attractive.
- c. First Step Communities will contract with the local waste management agency ensuring adequate and appropriate remediation of all garbage.

7. Sidewalk Etiquette

- a. Loitering is prohibited.
- b. Noise will be kept under control.
- c. Carts and belongings will not be left outside the property. Anything left unattended will be disposed of.
- d. Every effort will be made to ensure that clients are friendly and respectful.
- e. No visitors are permitted on the premises (i.e. family, friends)
- f. Distribution of food and clothing on the street will be discouraged.

Program participants who do not follow the Good Neighbor Policy may be subject to a review of their continued eligibility to participate in the program. First Step will work collaboratively with participants to address any violations. However, egregious or repeated violations may result in disciplinary action, up to and including termination from the program.

and mutually rewarding. However, your employment with FSC carries with it an obligation to maintain confidentiality, even after you leave our employ.

If you are questioned by someone outside the organization or your program and you are concerned about the appropriateness of giving them certain information, you are not required to answer. Instead, as politely as possible, refer the request to your supervisor.

It is also important to remember that you may not disclose or use proprietary or confidential information except as your job requires. You may not keep or retain any originals or copies of reports, notes, proposals, client lists or other confidential and proprietary documents, equipment, supplies, or property belonging to the organization. Any and all copies or originals of reports, notes, proposals, client lists or other confidential and proprietary documents must be turned over to the organization within twenty-four (24) hours of termination of employment.

You are not permitted to remove or make copies of any FSC records, reports or documents without prior management approval. Do not post confidential or proprietary information about FSC, clients, employees, or affiliates on any social media. Disclosure of confidential information could lead to termination, as well as other possible legal action.

Nothing in this policy prevents you from discussing or disclosing information about unlawful acts in the workplace, such as harassment or discrimination or any other conduct that you have reason to believe is unlawful.

Whistleblower Policy

A whistleblower as defined by this policy is an employee of FSC who reports an activity that he/she considers to be illegal or dishonest to one or more of the parties specified in this Policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

Examples of illegal or dishonest activities are violations of federal, state or local laws; billing for services not performed or for goods not delivered; and other fraudulent financial reporting.

If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee is to contact his/her immediate supervisor. The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.

Whistleblower protections are provided in two critical areas -- confidentiality and against retaliation. Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. FSC will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who believes he/she is being retaliated against must contact Human Resources immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

All reports of illegal and dishonest activities will be promptly submitted to the Executive Director who is responsible for investigating and coordinating corrective action, or to the Board of Directors if the allegations involve the Executive Director.

Employees with any questions regarding this policy should contact Human Resources.

Conflict of Interest

As an employee of FSC, you must avoid actual or potential conflicts of interest with the organization. This policy provides examples of prohibited conflicts of interest. If you are found to have a conflict of interest with the organization, you may be subject to discipline, including termination. You should contact your supervisor with any questions about this policy. Prohibited activities include, but are not limited to:

1. Being an Executive Director, employee, consultant or vendor to any business that competes, directly or indirectly, with the organization.
2. Having a direct or indirect financial relationship with a competitor, client, or supplier; however, no conflict will exist in the case of Executive Directorship of less than 1 percent of a publicly traded corporation.
3. Engaging in any other employment or personal activity during work hours, or using the organization's name, logo, equipment or property, including stationery, office supplies, computers, telephones, fax machines, postage, and office machines, for personal purposes.
4. Soliciting or entering into any business or financial transaction with another employee whom the soliciting employee supervises, either directly or indirectly, such as hiring the employee to perform personal services or soliciting the employee to enter into an investment.

Solicitation

You are not permitted to solicit or distribute literature during working time. Working time includes both your working time and the working time of the employee to whom the solicitation or distribution is directed. Similarly, distribution of written solicitation material in working areas is prohibited at all times. If you wish to distribute fundraising items such as cookies, candy, and coupon books for sale, you may place them without solicitation in your workstation or FSC break rooms, only with the Chief Operating Officer's approval.

Media Contact

Only people designated by the Executive Director of the organization may comment on organization policy or events on behalf of the organization. If you are contacted by a news organization, please direct all media inquiries to your supervisor.

Personal Relationships in the Workplace



Program Termination & Scheduled Exits

Any instance of termination from the program will be rendered only after a thorough review of the situation(s) leading to termination and after serious consideration of the best interest of the client and the health and safety of other clients and staff members. Program Ground Rule violations shall be taken seriously and may be considered grounds for termination, depending on the severity and nature of the action taken by the client in question.

The purpose of this policy is to outline the circumstances and procedures for voluntary and involuntary exits of clients from FSC Programs.

FSC's goal is to reduce unnecessary exits when other action might resolve the issue. The need for careful discretion is critical to ensure our clients' personal needs and safety are considered. For these reasons, all program termination decisions are made at the discretion of the respective Program Director.

Voluntary Client Exit Procedure

Purpose: The purpose of this policy is to establish guidelines and procedures for clients leaving the homeless shelter. It aims to ensure a smooth transition for clients, promote their successful reintegration into society, and maintain the shelter's capacity to serve those in need.

Voluntary Exit: Clients have the right to voluntarily exit the shelter at any time without facing any negative consequences or barriers to future assistance. Clients are encouraged to communicate their intent to exit the shelter to the staff or designated personnel, whenever possible, to facilitate appropriate support and resource referrals.

Exit Planning and Support: Shelter staff will collaborate with clients to develop individualized exit plans based on their needs, goals, and available resources. Exit plans may include securing permanent housing, obtaining employment, accessing healthcare services, applying for benefits, and connecting with community support programs. Shelter staff will provide information, guidance, and referrals to relevant agencies, organizations, and programs that can assist clients in their transition.

Documentation and Resources: Prior to exit, clients will be provided with essential documents, such as identification papers, medical records, and relevant referrals, to help facilitate their transition. Clients will receive information about available community resources, including housing programs, employment services, educational opportunities, healthcare providers, and other supportive programs.

Re-Entry Policy: Former clients who have voluntarily exited the shelter but find themselves homeless again in the future will be eligible for re-entry, subject to available space and adherence to the shelter's admission processes. Clients seeking re-entry will be required to



undergo a new intake process, including assessments, interviews, and documentation verification, to ensure that the shelter can effectively meet their needs.

Confidentiality and Privacy: All client information, including exit plans, personal details, and progress reports, will be treated with strict confidentiality and privacy in accordance with applicable laws and regulations. Client written consent will be obtained before sharing any personal information with external agencies or organizations involved in the exit planning or follow-up process.

Involuntary Client Termination/Exits

Involuntary exits may be necessary to maintain a safe and supportive environment for all residents, protect the rights and well-being of clients and staff, and ensure the effective utilization of shelter resources.

Grounds for Involuntary Exit may include:

1. Violation of Shelter Rules: Clients may be subject to involuntary exit if they repeatedly or seriously violate the shelter's code of conduct or rules, including but not limited to violence, harassment, substance abuse, theft, destruction of property, or refusal to comply with staff instructions.
2. Endangering Others: If a client poses a significant threat to the safety, well-being, or mental health of other clients, staff, or themselves, an involuntary exit may be necessary.
3. Exploitation or Criminal Activity: Clients engaged in illegal activities within the shelter premises, exploitation of other clients or staff, or any behavior that violates local laws and regulations may be subject to involuntary exit.
4. Non-Participation: Clients who consistently fail to actively participate in shelter programs, engage in case management activities, repeatedly decline viable housing options, or fail to make progress towards their individual goals may be considered for involuntary exit. Non-Participation includes repeated, unauthorized absences from the program.

Grievances and Appeals: Each client discharged on an involuntary basis must be given the opportunity to appeal the decision via First Step Communities' established grievance and complaint protocol. The forms are readily available so that clients do not need to request an appeal—they just need to submit the form requesting an appeal. All appeals will be taken into consideration as described in the "Grievance Procedure" section.

Exit Assistance: Involuntarily exiting clients will be provided with appropriate referrals and resources to assist them in their transition out of the shelter. This may include referrals to alternative shelters, housing programs, social services agencies, healthcare providers, or other relevant organizations. Shelter staff will offer support and guidance to help clients navigate the available resources and access the assistance they may require.



Re-Entry Policy: Involuntarily exited clients may have the opportunity to apply for re-entry after a designated period, subject to a reassessment of their circumstances and the availability of shelter space. Re-entry eligibility will be communicated in HMIS exit notes for other agencies' review. Re-entry decisions will be based on factors such as demonstrated behavior change, compliance with shelter rules, and willingness to actively engage in supportive services.

Confidentiality and Privacy: The privacy and confidentiality of clients involved in an involuntary exit will be respected and protected to the fullest extent allowed by law and shelter policies.

Policy Review: This policy will be regularly reviewed to ensure its effectiveness, adherence to applicable laws and regulations, and alignment with best practices in homeless shelter management.

Note: This policy is provided as a general framework and should be adapted to the specific circumstances, legal requirements, and policies of FSC's respective homeless service programs.



Roseville Road Campus Participant's Pet Policy

1. Roseville Rd Campus participants are only allowed to possess 1 pre-approved dog. **No new pets will be allowed to be acquired during your stay.**
2. Participant's pet must be on a leash and be within your control at all times. **Participant's pet cannot be left unattended unless prior approval from their assigned case manager, Graveyard Site Lead, Site Supervisors, or Site Director has been obtained. *If the participant's pet is left unattended without approval, management reserves the right to call animal control services to pick up the participant's pet.**
3. Participant's pet must be up to date on vaccinations. If the participant's pet is not vaccinated, you must obtain any and all required vaccines within 30 days. Please see your assigned case manager for resources.
4. Participant's are responsible for cleaning up after their pet and ensuring food and water is available at all times. If the participant's need pet food, please see staff if there are some donations available.
5. Participants are responsible to make sure to pick up after their animals. Any pet feces found on campus must be picked up immediately. **Failure to do so will result in disciplinary actions.**
6. **First Step Communities will not tolerate any physical or verbal abuse of animals.** If abuse is witnessed or suspected, animal control may be notified to investigate and may result in a discharge from the campus.
7. If at any time a participant's pet becomes aggressive and/or attacks a staff member, participant, or another pet on-site may result in informing animal control to investigate and removing the participant's pet from the Roseville Rd Campus permanently.
8. Participant's are responsible for holding on to their pet for every welfare check during your stay.

I have read and understood the participant's pet policy. I understand that failure to follow the pet policy may result in removing my pet from the campus program. **I understand that if I leave my pet unattended without notifying management for more than 12 hours, First Step Communities' management team will believe that I have abandoned my pet and they will call animal control services.**

By signing below, I agree to follow the Pet Policy.

Print Name

Date

Signature

Date