

National Technical Assistance Program





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NATIONAL TECHNICAL ASSISTANCE PROJECT



The Ali Forney Center's Mission

Our mission is to protect LGBTQ youths from the harms of homelessness and empower them with the tools needed to live independently.

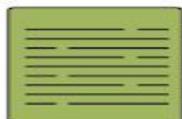
Our Programs

SERVING 1700+ YOUTH IN NYC A YEAR



Housing: Emergency and Transitional Living
24/7 Drop In Services
Mental Health and Case Management
Transgender Health and Housing Services
Medical Clinic
Job Readiness and Education Program
Street and Community Outreach

National Technical Assistance Program



Our team is here to support communities seeking to launch or enhance services for LGBTQ + youth experiencing homelessness or for programs looking to enhance LGBTQ+ services. We will advise you on implementing strategies to grow your programs, increase internal capacity and education.

Technical Assistance/Capacity Building

WE CAN ASSIST YOU IN



Program Development
Finding Funding
Advocacy and Community Organizing
Policies and Procedures
Forms and Documentation
Needs Assessment and Evaluation
Creating Youth Leadership
Social Media

Training

WHAT WE OFFER (THIS AND MORE!)



LGBTQ+ The Basics and Beyond
Trauma Informed Care
Creating an Anti-Racist Program
Mental Health and Safety Planning
Creating a Transgender Inclusive Program
Substance Use and Harm Reduction
Sex Work vs Survival Sex vs Trafficking
Restorative Justice and De-escalation

INTERESTED IN LEARNING MORE?
CONTACT: NADIA SWANSON
NSWANSON@ALIFORNEYCENTER.ORG



Transgender Services

An Overview of Creating Transgender Specific Services

Hormone Replacement Therapy

In 2014 Ali Forney Center (AFC) worked with our onsite medical provider The Institute for Family Health (IFH) to begin providing Hormone Replacement Therapy (HRT) at our onsite medical facility. The program went into effect in 2015. This program was intended to reduce barriers to clients access to affirming care and medical services. Prior to this program the guidance was that clients needed to meet with a mental health provider multiple times to receive a letter and then provided it to outside medical services which varied in competence.

AFC and IFH worked to create the guidance and protocol with support and staff training from Callen Lorde Community Health Center. AFC became a pilot clinic for IFH to offer HRT services. IFH later began doing it all of their clinics, and then AFC staff went to their clinics to train those staff.

IFH identifies that it was very necessary to have a physician who takes on the issue and champions it in order for a new program to succeed. Including that physician learning the medical needs, protocol and how to provide affirming care and train other staff.

IFH Protocol Main Points (handbook can be provided):

Clients must be 18 years or older and a client of AFC/IFH

IFH will not deny treatment to any patient based on insurance status or ability to pay consistent with federal guidelines for Federally Qualified Health Centers (FQHC).

Staff and Provider Training/Requirements: While all IFH staff and providers are expected to provide quality, LGBTQ-affirming health care to this population, staff and providers will complete a credentialing process that involves training and assessment for competency

Program Review and Quality Improvement: Quality assurance will be measured through a number of domains and will be reported to the IFH Vice President for Quality Assurance on an annual basis:

- Patient satisfaction
- Retention rates (% of patients initiating and continuing care at IFH)
- Chart reviews to establish fidelity to the model of care and standards of care
- Compliance with IFH metrics for quality care

Compliance: LGBTQ Task Force will review compliance with Institute policy and procedure as part of the annual work plan review process

Confidentiality: Staff and providers must comply with all applicable laws and regulations regarding the privacy and confidentiality of any medical records in general and of information pertaining to this population

Clinical Visit Protocol - General

Exceptions are made but not shorter than two sessions for patients first time

Step 1: Client Intake - completed by either the nurse, doctor or social worker, and physical/blood work

Step 2: Medical Provider: - Medical Education and Review of HRT, Medical History, Informed Consent and Initiate Treatment

Hormone-Experienced Clients

- To minimize interruption in hormonal transition, clients who have been on hormones for more than 50% of the last two years can be prescribed hormones at the end of the first intake visit, after completing the informed consent forms and having baseline laboratory tests drawn.
- Ongoing engagement in preventive health services should be strongly encouraged.

When would we not provide HRT services?

If the clients goals are unrealistic for what the therapy can do or if the client is in active psychosis. In these instances the client would continue to get additional support services in order to ensure safety and informed consent, then provided services when appropriate and safe to do so.

Since 2015: AFC Transgender Housing Staff provided training to IFH staff to increase Transgender competency as well as how to use a Transgender Medical Model instead of the traditional Cisgender Medical Model.

Clients and staff advocated to create a specific day of the week designated to provide Trans clients health care at the Drop In Center IFH clinic.

Transgender Housing

Since the Ali Forney Center began to provide housing for homeless LGBTQ youths in 2002, a priority for the organization has been a commitment to provide safe, accessible, supportive and culturally competent services to transgender and non-binary youths, particularly in recognition of the numerous barriers TGNC youths experiencing homelessness face accessing supportive services.

Key to this commitment has been a willingness to listen to TGNC youths articulate their needs and their recommendations as to how the Ali Forney Center might better serve them. A consistent request over the years was that AFC develop a housing program to respond to the unique needs of TGNC youths.

In 2013, AFC--desirous of responding to those requests--instituted an advisory committee composed of TGNC alumni of our programs, TGNC staff, and service providers and advocates from the broader TGNC community to assist us in envisioning such a program. In 2014 we formally notified the Mayor's Office of our hope to develop such a program.

In 2015 the New York City Agency, Department of Youth and Community Development (DYCD) hosted a listening group at the AFC Drop In Center. They met with Trans clients and asked them what they wanted and they said we want our own housing program so DYCD sent out a Request For Proposals to fund a 6 bed program for just Transgender identified clients.

The program was so successful and quickly grew a waiting list that in 2016 DYCD added 2 more sites to a total 18 more beds. The three sites are in the same apartment building and are divided into Trans Femme, Trans Masculine and Non-binary/All Genders. The clients told AFC that they preferred to be separated in this way for additional community support, safety and affirmation.

This housing program is essential to our youth as Transgender youth face higher risks of discrimination and violence it is necessary and equitable to their growth to provide a safe and affirming place where their needs are prioritized.

This program is run as a Transitional Living Program and is currently only funded for 16-21 year old clients. AFC identifies this as a gap and is consistently advocating for funding to include 22-24 year olds.

Housing Program Services:

- An Intensive Case Manager is assigned to the three sites residents. ICM helps normalize accessing services, host weekly escorts to benefits and identification offices, and to the Drop In for medical services as a liaison and advocate.
- Case Management Goals - all residents are given 2-4 case management goals a week. If they complete more than half of their goals for the week they are given unlimited day time access.
- Specific housing plans when they enter the program with two options so that ICM can work with client to ensure they have collected all of the necessary documents and long term housing applications as possible when graduation from the program to independence or the next level of housing. We continue to adapt service plans to adjust to a timeline that is more accurate to their experiences due to the societal barriers and violence they face.



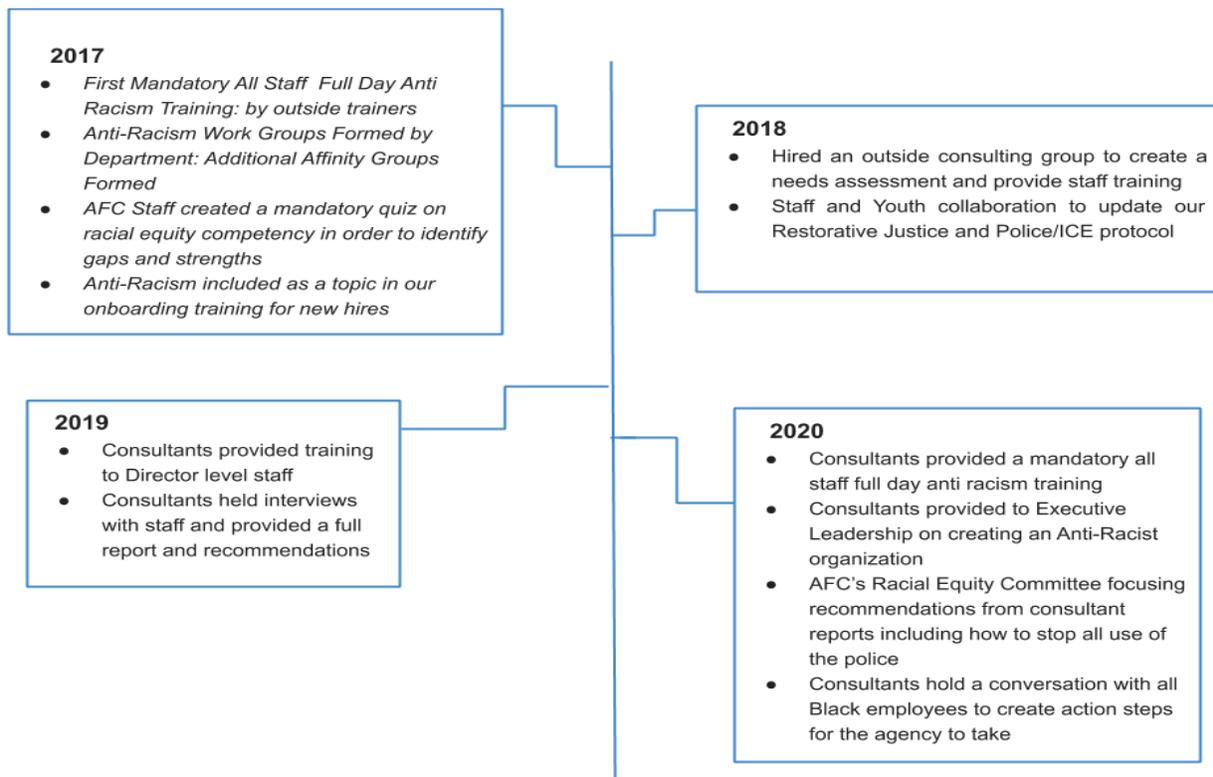
Becoming an Anti Racist Organization

Our Journey

AFC recognizes that social services are rooted in systemic racism and white supremacy and is actively working to acknowledge and change how we as an agency perpetuate racism and anti-blackness. As an agency we are committed to creating an equitable community that centers the needs and experiences of all Black, Indigenous and People of Color in it. We are committed to ending anti-blackness in all areas of our program and interactions with each other.

As an agency we continue to grow, change, give up power, learn and unlearn together through the use of including staff and clients at all levels to provide feedback, recommendations and take on leadership to create an anti -racist community.

AFC History of Creating an Anti-Racist Program



The current goals of The Ali Forney Center's Racial Equity Committee (REC) aims to deepen our understanding of the ways that white supremacy manifests throughout our agency. In doing this the REC will:

- *Challenge oppressive structures that exist within our organization*
- *Develop restorative practices to implement throughout programs*
- *Create a culture of inclusivity using an anti-racist framework*

The REC is committed to providing racially equitable opportunities to the AFC community in order to uplift individual potential, embrace collective responsibility, and ultimately to best fulfill our mission in providing services to LGBTQ+ youth who are homeless.



Covid-19 Protocol for Housing Programs

This guide is outlined by the phases that NYC continues to evolve through as per the Governors Reopening Plan. It begins with when NYC residents were ordered to Shelter In Place, followed by the Four Phases of Re-Opening guided by the NY City and State Officials.

The protocols were evolving constantly by AFC Housing Directors and Executive Directors. For the most part each program followed the same guidelines, except for a few differences that are mentioned below when necessary.

Shelter In Place

Residents are required to stay inside during the day: Social distancing is important for the health and safety of all our residents and staff. This policy is in effect agency wide and is taking into account the needs, concerns, and safety of all who come to work to support our residents every single day and every young person who relies on our services and housing. In addition to issuing write-ups for leaving the site, staff should send an email to housing supervisors updating them that a resident has chosen to leave and what their reasoning is so supervisors can follow up. Our goal as an agency and program is to figure out how we can support our residents and keep them inside safe, while still having their needs met.

Residents are allowed outside for fresh air, errands and exercise for 30 min at a time. Our three housing programs (Emergency, Transitional and Transgender Housing) had some differentiation over this phase.

- **Emergency Housing:** 30 min breaks, 3 times a day scheduled for them (morning, afternoon and evening)
- **Transitional Housing:** 30 min breaks, 3 times a day at residents convenience
- **Transgender Housing:** 30 min at a time but no limitation on how many

Any resident who leaves the site for any other reasons such as visiting family for the day or working while not being an essential worker as stated by the Mayor's executive order should be issued a **write-up**.

Write-ups can be reviewed if necessary on a case by case basis by supervisors. Residents will also be informed that they can face **discharge** even during the city wide shutdown for continuing to leave the site for other reasons and to socialize. Supervisors will work with our City

Agency (Department of Youth and Community Development) to identify alternative beds and placements for residents who are continuing to break this policy.

Resident Exceptions:

1) They are an **essential worker** and have provided their case manager and/or supervisors with their work schedule verifying this.

2) They were given a **curfew extension pass** by supervisors where they feel safe and can stay for an extended period of time to social distance and their bed will be held. This can **ONLY** be approved by supervisors not housing staff.

3) To go to the **grocery store** for essentials, take **short walks** around the block, and **smoke breaks**. Staff should encourage residents to stay at least 6 feet apart from others while taking walks, condensing trips so instead of daily store runs bi-weekly and weekly runs etc, but as of now getting fresh air and going for a walk is approved and encouraged while also discussing proper hygiene with residents frequently when doing so. Smoke breaks that are taking excessive amounts of time should be brought to the attention of supervisors by email for review. (Example: smoke breaks are taking 2 hours so residents may be travelling without communicating)

Mental Health Therapy, Case Management and Groups are provided remotely on Zoom and staff were all provided each resident's assigned therapist, case manager and groups available to assist and encourage engagement.

Staff Support:

Housing Staff will be receiving time and a half for any shift that you work in housing and reimbursed for travel in cabs, Lyft, Uber etc with receipt

***This was made possible at the time by extra funding from the city**

Resident Incentives:

\$25 Gift cards were given to residents in order to provide some financial support to residents during this time and to incentivize residents staying inside and maintaining the cleanliness of the space. As well as to show our support and appreciation for the residents and how difficult this time has been for them. We **only** distribute gift cards for residents if they:

- Abide by COVID shelter in place policy - do not leave the site more than 30 minutes (UNLESS for an essential errand such as a bank, grocery, or pharmacy run that can be demonstrated through a receipt for that **exact** reason)
- Maintain a clean room each shift
- Complete their chore each night
- Complete their weekly deep cleans

- Attend one virtual group/housing staff activity throughout the week

Extra Staff Trainings Provided:

Trainings conducted by The Center for Anti Violence Education

Topics Include: “Staying Safer : Decreasing Tension in our Homes during COVID-19” and “Mental Health First Aid”

As the Covid guidelines began to ease in NYC in preparation for Phase 1 of city wide re-opening policies began to shift:

- Residents outside breaks increased from 30 mins to 1 hr, 3x a day. Residents could go out up to three times a day and the 1 hour cannot be broken down into 30 minutes or less. Residents are able to combine two of their breaks for a maximum of 2 hours. All requests should be sent to supervisors for approval. After 6pm, no one can make a request to combine their time.
- Residents must wear a mask when leaving the site . Masks are reusable, residents should not discard and wash their masks after use. Masks can be washed with a little dish liquid/laundry detergent and will dry in a few hours. Residents are responsible for their own masks.
- When residents return to site they should continue to wash hands and sanitize their belongings.
- A longer break was a possibility for errands (case by case approved by supervisor) resident brings receipt back for documentation.
- Housing staff can plan to escort all residents from the house floor outside for activity or walk once a day.
- Also, any request to combine time for exercise will be denied.
- Supervisors will continue to approve medical appointments separately from your daily breaks.
- Send your requests at least 4 hours in advance to provide time for approval.

The rules that were put in place to practice social distancing on site are still in effect (less people in common areas; limited social interactions as much as possible; access to the kitchen is restricted).

Cleaning Protocol:

- Staff and Clients should continue to wash your hands when entering the site and frequently while you are on site.
- After long exposure outside, residents should change into other clothes before lounging on site. Therefore, residents should do their laundry on a weekly basis.
- Hand Santizers are mounted on the wall at each site
- Staff will continue to sanitize all common areas every two hours
- The kitchen cut off time at 10pm is still in effect, as well as deep cleaning twice a week.

Daily Temperature Checks: Any resident who shows symptoms will be transferred to the “COVID-Hotel”

*This was a hotel funded by the city and operated in collaboration with Callen-Lorde Community Health Center for residents who show symptoms or test positive to quarantine with proper care.

Phase 1 and Phase 2

These phases followed the same protocol as above with a few adjustments outlined below:

Residents are now permitted to leave the site without restriction from 10am-8pm. Curfew will be at 8pm for all residents and both extensions and overnights are still not allowed at this time. At this time NYC had a 8 pm curfew for all non-essential workers therefore curfew was at 8 pm.

These changes are taking into account updated health guidelines around time spent outdoors being lower risk than time spent indoors with 10 people or more. This change is also in order to account for residents increasingly having scheduled appointments, for those who wish to exercise outdoors, attend protests, and complete other errands and forms of self care. We did not allow overnights at this time as going to/staying over at other people's homes at this time greatly increases the risk of transmitting COVID-19 given the higher exposure to people and surfaces. Residents were encouraged to be mindful of the activities they were engaging in outside and considerate about the impact of potential exposure on the other residents and staff of the site.

Whenever leaving the site (even for a short errand), residents must wear a **mask**. As COVID-19 is still a serious risk to all, but especially immunocompromised residents and staff, we want to emphasize the importance of not only wearing a mask but also social distancing and limiting the amount of contact that residents have with people and surfaces.

When residents returned to the site, they were to put their mask in a plastic baggie (if you plan to use it again that day) or wash it. Also make sure to wash their hands for 20 seconds as soon as they return to the site. Residents must also be mindful of the clothes they are wearing and make a distinction between your outside clothes and your indoor clothes to further lower the risk of transmitting COVID-19.

When the 8 pm city wide curfew was lifted in Phase 2: The curfew changed to 10 pm from Sunday to Thursday and 12am on Friday and Saturday just before phase 3 started

Phase 3

Mask and Cleaning guidelines continue (same as Shelter in Place, Phase 1 and 2)

New Intakes Begin

All new intakes will arrive between 10am and 4pm.

All new intakes will have their temperature taken upon arrival.

All new intakes will be screened for recent Covid exposure and fever.

New intakes arriving after 4pm will be referred to another agency for shelter.

All new residents will be screened using the following screening tool:

1. Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath, difficulty breathing) or any other related symptoms (extreme fatigue, muscle/body aches, headache, loss of taste/smell, congestion/runny nose, nausea/vomiting, diarrhea)?
2. Have you had contact with anyone with known COVID-19?
3. Perform a temperature check (anything at 99.5 or higher is considered a fever for COVID)

If new intakes answer "Yes" to Questions 1 or 2 OR have a fever, the new intake will be provided with a mask and a supervisor will be notified. The new intake will be connected to the COVID-19 Isolation Hotels for symptomatic youth immediately.

Day Programming

Virtual Zoom Groups for all residents continued

Daily Onsite Groups are facilitated and attendance is mandatory for all Emergency Housing Residents

Emergency Housing Residents may miss Day Groups if the following conditions are met:

- a. a submitted work schedule conflicts with the group time
- b. a submitted school schedule conflicts with the group time
- c. a submitted appointment card from a medical provider conflicts with the group time
- d. a submitted appointment card from a service provider conflicts with the group time

Curfew

Residents may exit the site as early as 6am

Sunday to Thursday Curfew is 10pm

Sunday to Thursday Lights Out 12am

Friday and Saturday Curfew is 12am

Friday and Saturday Lights Out 2am

Overnights

Transitional and Transgender Housing reinstate overnight passes

No Shows

There are no automatic weekly Overnight Passes given in Emergency Housing.

Residents may choose to not return to the site for one or two days. This is considered a NO SHOW.

Residents may earn extended curfews by earning points in the following categories:

Completing Assigned Chore (2)

Attending Groups (4)

Attending Case Management (4)
Completing Extra Assigned Chores (2)
Attending Community Meeting (4)

Residents may redeem points to extend their curfew:

Curfew extension to midnight = 6 points

Curfew extension to 2am = 12 points

No Show/Overnight = 14 points

Work and School Attendance

Residents are allowed to work or attend school during Phase 3.

Residents must submit a work or school schedule to the Housing Staff or assigned Case Manager

Residents must adhere to wearing masks upon entry and exit.

Residents must wash their hands upon entry.

Phase 4

TBD as NYC just entered Phase 4 but no changes have been made at this time from Phase 3. We will update as needed.

If you are interested in learning more about our Technical Assistance and Training Services Program please contact : Nadia Swanson - nswanson@aliforneycenter.org

Scan this QR Code to fill out our Questionnaire and tell us how we can support you!

Instructions: Open the Camera App on your cell phone and hold it over the QR Code, click the link that pops up to be taken to our questionnaire

