



A WAY HOME
for Tulsa



COORDINATED BY HOUSING SOLUTIONS

All-Member Meeting

Breakout Rooms

OU-Tulsa Conference Center

Thursday, June 18th, 2026 | 9:00 AM-12:00 PM



BREAKOUT ROOM

Increasing Employment & Income Access for AWH4T Participants

Room 138



EMPLOYMENT SERVICES



EMPLOYMENT IS A CRITICAL PART OF RECOVERY

Employment creates pathways to stability—often a tool that helps individuals achieve long-term independence.

When an individual has access to meaningful employment, they are more likely to

- Maintain Housing
- Increase Income
- Improve Mental Health
- Strengthen Community Connections
- Sustain Recovery

WHY EMPLOYMENT MATTERS:

THE IMPACT ON CLIENT OUTCOMES

Research consistently shows that employment is associated with:

- Reduced homelessness
- Increased housing retention
- Improved mental health outcomes
- Reduced substance use
- Greater self-esteem and purpose
- Increased financial independence

BARRIERS PARTICIPANTS FACE

Challenges to employment:

- Homelessness
- Mental health challenges
- Substance use disorders
- Criminal justice involvement
- Limited work history
- Transportation barriers
- Lack of confidence and support

THE GOOD NEWS:

These barriers can be addressed through targeted employment services and community partnerships.

MHAOK EMPLOYMENT SERVICES



A BETTER WAY (ABW)

Provides immediate work opportunities and workforce engagement.

RESET EMPLOYMENT SERVICES

Provides individualized employment planning, job placement, and retention support.

IPS MODEL

MHAOK has utilized the **Individual Placement and Support (IPS) model** since 2017 through partnership with the State of Oklahoma.

WHY IT MATTERS

People do not need to be "fully recovered" before pursuing employment.

Employment often supports recovery.

COMMUNITY PARTNERSHIPS MATTER

Successful employment outcomes require collaboration between:

- Housing Programs
- Behavioral Health Providers
- Recovery Organizations
- Shelters
- Outreach Teams
- Workforce Tulsa
- Goodwill
- Employers

TOGETHER WE CAN

- Increase employment opportunities
- Improve housing stability
- Support long-term recovery
- Reduce dependence on crisis services

WHEN SHOULD YOU REFER?

“I WANT TO WORK”

Consider Referring Individuals Who:

- Express a desire to work
- Need additional income
- Are working toward housing stability
- Are engaged in recovery
- Need support navigating employment barriers

EMPLOYMENT CHANGES LIVES

Let's work together to ensure every individual who wants to work has access to employment services and support.

OUR SHARED GOAL

When employment is included as part of a person's service plan, we create opportunities for:

- **Stable Housing**
- **Financial Independence**
- **Improved Wellness**
- **Community Connection**
- **Long-Term Recovery**

CONTACT US

A BETTER WAY

Call us at

918-518-1134

Visit

mhaok.org/abw

RESET EMPLOYMENT SERVICES



Scan the QR code



THANK YOU

mhaok.org

social media: **[@mhaokla](https://www.instagram.com/mhaokla)**



**JusticeLink supports safe, stable transitions out
of the criminal legal system**

JusticeLink October 2022

**A free and voluntary
resources hub that
connections individuals
involved in the criminal
legal system to life
stabilizing services and
support – helping them
return safely to their
communities.**





Court Navigation

- Explains court dates, fines and fees, and conditions
- Support court appearance and case resolution



Resource Navigation

- Develop individualized service plans with short and long-term goals
- Coordinate services and assist with client follow through
- Serve as a consistent point of contact



Jail Navigation

- Embedded full time at the Tulsa County Jail
- Meets clients at release
- Assists with transportation and connections to JusticeLink



Employment Navigation

- Helps with resumes, job applications, and interviews
- Advocates with employers
- Connects clients to training and educational opportunities



Services Provided



6,100+ clients served



1,900+ vital documents obtained



1,400+ Enrolled in Benefits



2,000+ positive housing outcomes



400+ phones distributed



24,300+ rides coordinated



4,650+ community provider referrals



2,950+ emergency food bags delivered



Center for
Employment
Opportunities



Mattie LeMay
Senior Program Manager



ceo

Mission

CEO provides immediate, effective, and comprehensive employment services exclusively to individuals who have recently returned home from incarceration.

Our program helps participants regain the skills and confidence needed for successful transitions to stable, productive lives.



Vision

Our vision is that anyone with a criminal record who wants to work has the preparation and support needed to find a job and stay connected to the labor force. We believe that everyone, regardless of their past, deserves the chance to shape a stronger future for themselves, their family, and their communities.





CEO Model

PROGRAM MODEL



JOB READINESS TRAINING

Pathways to Employment (P2E) is the CEO **orientation class** to help prepare you for the CEO workforce (re)entry program.



TRANSITIONAL EMPLOYMENT

You will be connected to CEO's transitional work experience to develop successful workplace habits, strengthen your employment history, and earn a paycheck. Your **Site Supervisor** will provide on-the-job coaching and support.



JOB COACHING & JOB PLACEMENT

You'll meet **one-on-one** with a **Job Coach** and/or **Job Developer** each week. Your Job Coach will help you identify and set goals, and address any employment barriers. You will work alongside your **Job Developer** to find permanent job opportunities.



ADVANCED TRAINING & CERTIFICATES

CEO can support you in finding and paying for advanced training that leads to upwardly mobile middle skill careers in a variety of second chance friendly industries including **Construction, Transportation, Manufacturing, etc.** and CEO's internal **apprenticeship** program for those interested in working in social services.



RETENTION SERVICES

When you **become employed** full-time, you will be assigned a **Retention Specialist**. They will help you **remain employed**, overcome on-the-job challenges, and **advance your career**.



Benchmarks + Benefits

BENEFITS FOR PARTICIPANTS

- Daily pay for work @\$9.50/hr!
- Connections to employers from a variety of industries!
- Various training opportunities in work readiness skill building (digital literacy, interview prep, resume building, etc)!
- One-on-one support from CEO staff!

ANNUAL BENCHMARKS - OKC

250+ Enrollments

100+ Job placements

60% Avrg. job retention rate at 6 months

55% Avrg. job retention rate at 1 year



Recruitment & Eligibility

- **We are not a temp service.**
- Released from prison within the last 2 year and on probation or parole.
- No open cases and warrants.
- Have 2 original forms of ID: a photo ID + Social Security Card or Birth Certificate.
- At this time, **we are not** taking clients that are in a Diversion Court Program. (Drug Court, Mental Health Court, Veterans Court)
- **Overall our main goal is to help our clients find full time employment. Working for CEO is TEMPORARY. We would like our clients to have minimal to low barriers so we can succeed in placing them in a full time permanent job opportunity.**

ceo

How to Refer Someone

How do I refer a client?

- Confirm that they fit eligibility requirements (if questions, feel free to contact us)
- Complete digital referral/intake form
- [Click Here for Referral Form](#)

Ways to reach us:

- Kayla Kamp- P2E Instructor
kkamp@ceoworks.org
- Imani Raney - Program Assistant
iraney@ceoworks.org



Thank you!

Next Up

15 minutes for Networking & Discussion

We will return to the Auditorium at 11:20am for the Closing Plenary session



BREAKOUT ROOM

AWH4T Behavioral Healthcare Integration: Progress & Next Steps

Room 137



Background – CCBHC Overview and History

Zack Stoycoff

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs are required to deliver 9 core services:

Screening,
assessment,
diagnosis

Patient-centered
treatment planning

Outpatient care for
mental health and
substance use
disorders

Crisis services:
24-hour mobile crisis
and crisis
stabilization

Peer support

Psychiatric rehab

Targeted case
management

Primary health
screening and
monitoring

Armed forces and
veterans' services

CCBHC funding and governance

Must serve everyone, regardless of ability to pay

Must offer whole-person care, from primary care to crisis

Responsible for a population, not just clients who walk in

Adhere to specific coordination, quality staffing criteria

Dual federal-state responsibility

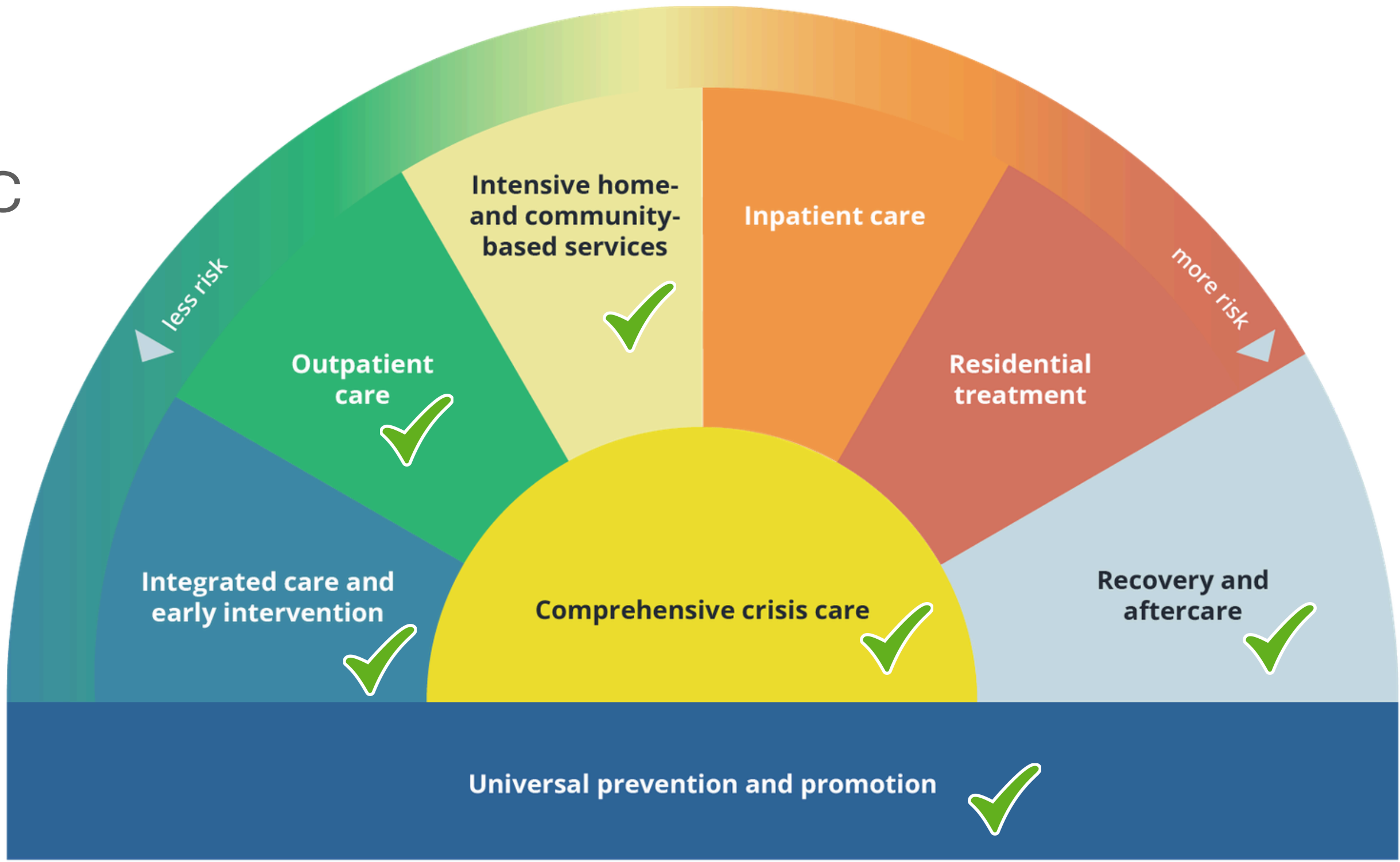
- CCBHCs are paid through a “prospective payment system,” or PPS rate:
 - Clinics receive a set dollar amount for each person served each month, regardless of how many services offered
 - This differs from a standard fee-for-service model, where providers bill for each service provided
- Oklahoma CCBHCs are governed by two state agencies:
 - Oklahoma Health Care Authority, (OHCA) which administers the state’s Medicaid program
 - Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

Oklahoma's history of firsts in community mental health

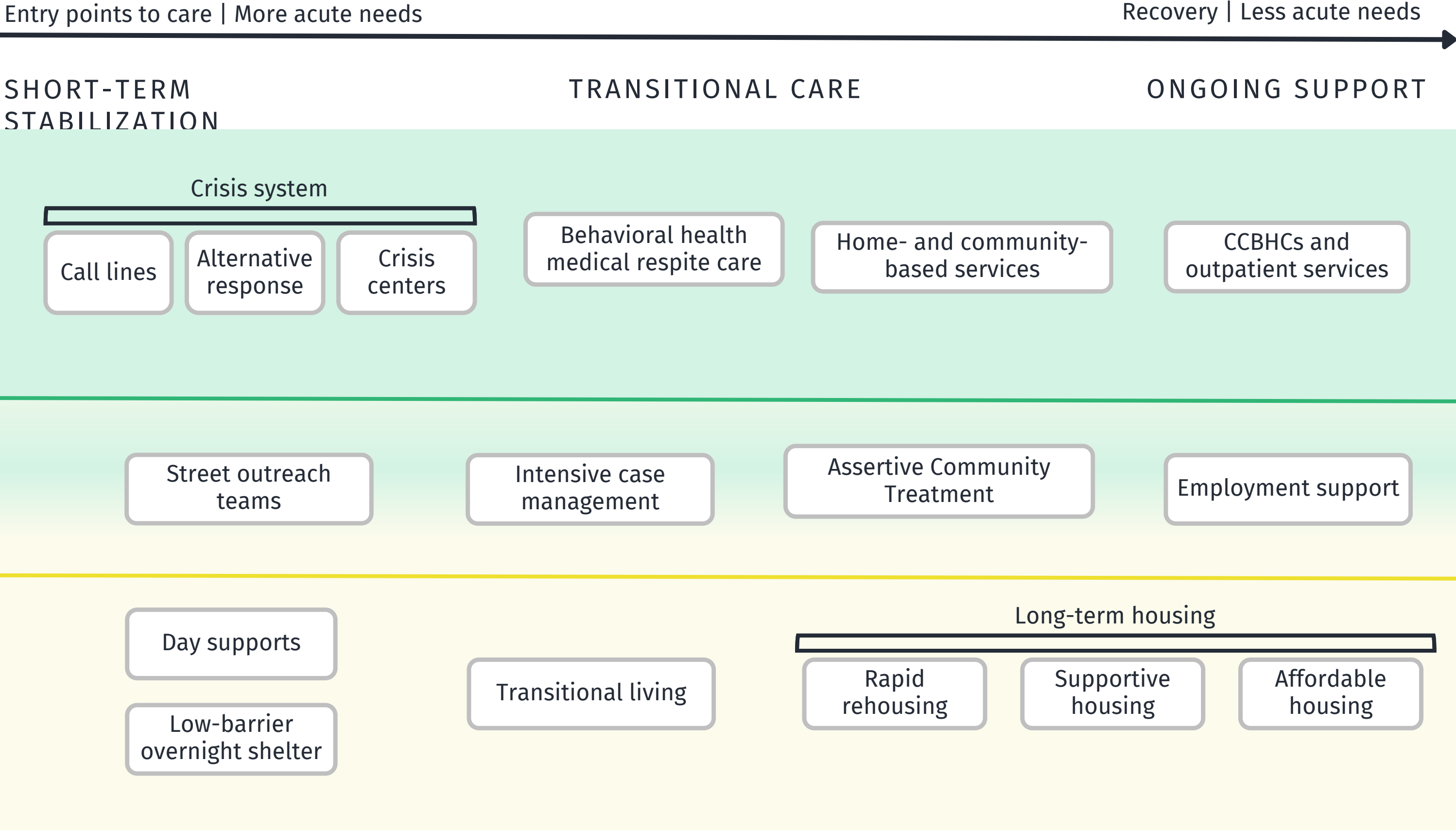
- **2015:** Oklahoma was among 24 states to receive a one-year federal planning grant to prepare and design a state CCBHC program
- **2016:** Oklahoma was **one of the eight first states** to participate in the CCBHC demonstration program
- **2017:** Oklahoma is one of two U.S. states to launch CCBHC services, about three months ahead of other states selected for the demonstration
- **2019:** Oklahoma got federal approval for a Medicaid state plan amendment to continue CCBHC services, paving the way for Oklahoma to become the **first state to fully transition** to the CCBHC model
- **Today:** 13 CCBHCs serve all of Oklahoma's 77 counties

The mental health continuum of care

✓ CCBHC



Intersection of mental health & housing systems





PSH & CCBHC Collaboration: Improving Care Coordination

Mark Smith, John Ayers, Zack Stoycoff

The Context: Improving Care Coordination

The community data on PSH showed a lower success rate than might be expected.

The level of coordination between the CCBHC and PSH providers could be faster and more efficient.

Tenants in PSH need support and service to sustain tenancy and prevent their return to homelessness.

A shared understanding of how to assess and respond to changes in behavior and/or crises experienced by tenants is essential.

Goals of PSH & CCBHC Cohort

Goal 1: Shared Responsibility for Client Success

Goal 2: Shared Understanding Regarding Crises

Goal 3: Improved Communication and Coordination

Goal 4: Focused Training

Goal 5: Develop SOPs and Community Standards

Goal 1: Early Assignment of CCBHC

The CCBHC and PSH “Zoom group” worked for several months on necessary precursors to CCBHC assignment at case conferencing.

These included:

- Standard Operating Procedure for simultaneous assignment
- Two documents that address HIPAA concerns and allow information sharing for multiple purposes:
 - Collaborative Information Sharing Agreement (CISA)
 - Multi-Agency Release of Information (ROI)

Executed the CISA in February 2026.

New ROI has been added to outreach and intake procedures.

ROI and CISA

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COLLABORATIVE INFORMATION SHARING AGREEMENT
February 5, 2026

BETWEEN

FAMILY & CHILDREN'S SERVICES, INC., HOUSING SOLUTIONS, INC., CREOKS BEHAVIORAL HEALTH SERVICES, INC., COUNSELING & RECOVERY SERVICES OF OKLAHOMA, INC., GRAND MENTAL HEALTH, MENTAL HEALTH ASSOCIATION OF OKLAHOMA, TULSA DAY CENTER FOR THE HOMELESS, AND VOLUNTEERS OF AMERICA OF OKLAHOMA, INC.

WHEREAS, Family & Children's Services, Inc. ("FCS"), Housing Solutions, Inc. ("HS"), CREOKS Behavioral Health Services, Inc. ("CREOKS"), Counseling & Recovery Services of Oklahoma, Inc. ("CRS"), Grand Mental Health ("GRAND"), Mental Health Association of Oklahoma ("MHAOK"), Tulsa Day Center for the Homeless ("Day Center"), and Volunteers of America of Oklahoma, Inc. ("VOAOK"), (each individually, "Party," or collectively, "Parties") are nonprofit corporations incorporated in the State of Oklahoma and wish to enter into this Collaborative Information Sharing Agreement ("CISA") to facilitate the sharing of patient protected health information ("PHI") to coordinate care for clients receiving supportive housing or behavioral health services through one or more of the Parties.

WHEREAS, HS, MHAOK, Day Center, and VOAOK seek to provide supportive housing to individuals in Tulsa requiring housing and mental health treatment.

WHEREAS, FCS, CRS, CREOKS, GRAND, MHAOK, Day Center, and VOAOK seek to coordinate care and share PHI between the Parties, which may include substance use disorder information.

WHEREAS, the Parties additionally agree to share PHI in a manner that is consistent with the terms and conditions set forth in this CISA.

THEREFORE, in consideration of the coordination of care and development of a cooperative relationship described herein, and of the mutual benefits and obligations set forth in this CISA, the Parties agree to the following terms and conditions:

SECTION 1: Descriptions of the Parties

FAMILY & CHILDREN'S SERVICES, INC.: FCS is the leading outpatient behavioral healthcare organization in Tulsa, Oklahoma, and surrounding communities. As both a Community Mental Health Center and a Certified Community Behavioral Health Clinic, FCS provides integrated and comprehensive mental health care alongside physical health coordination and extensive social services. Through over 70 programs, the agency restores children's well-being, aids victims of abuse, empowers individuals and families, offers hope and recovery for adults grappling with mental health issues and addictions, and steers individuals away from involvement in the criminal justice system. Services are accessible and provided at 85 locations



AUTHORIZATION FOR EXCHANGE OF PROTECTED HEALTH INFORMATION BETWEEN MULTIPLE AGENCIES
(may include SUBSTANCE USE DISORDER Information)

Client Name _____ Date of Birth _____ Social Security No. _____

This is: Authorization for disclosure Revocation of Authorization for disclosure

This authorization allows for the exchange of information from the health care facilities—Grand Health, Family & Children's Services, Inc., CREOKS, Counseling & Recovery Services, and Tulsa Day Center—to Housing Solutions, Volunteers of America, and Mental Health Association Oklahoma regarding the individual ("the Individual") identified above for the purpose of care coordination.

Family & Children's Services 5310 E 31st Street Ste. 800 Tulsa, OK 74135 918-587-9471	GRAND Mental Health 6111 E. Skelly Dr. Tulsa, OK 74135 844-458-2100	Tulsa Day Center 415 West Archer Street Tulsa, OK 74103 918-583-5588	CREOKS 4103 S. Yale Ave. Ste. B Tulsa, OK 74135 918-382-7300
Volunteers of America Oklahoma 9605 E 61st Street Tulsa, OK 74133 918-307-1500	Mental Health Association Oklahoma 5330 E 31st Street, Ste. 1000 Tulsa, OK 74135 918-585-1213	Center for Housing Solutions, Inc. 2915 5th St, Ste. 203 Tulsa, OK 74114 housingolutionstulsa.org	Counseling & Recovery Services 1323 E 71st Street Tulsa, OK 74136 918-492-2554

Description of Information to be Disclosed or Shared (Check one or more boxes):

Diagnosis & Medication List Only Clinical Record Mental Health/SUD Assessments Discharge Information

Other (please specify): _____ Information dates from _____ to _____

FURTHER, THE RECORDS AUTHORIZED FOR RELEASE AND RECEIPT INCLUDE ALL SUBSTANCE USE DISORDER INFORMATION CONTAINED IN THE RECORDS TO BE DISCLOSED AND MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE. I FURTHER UNDERSTAND THAT MY RECORDS MAY INDICATE THAT I HAVE BEEN TREATED FOR PSYCHOLOGICAL OR PSYCHIATRIC CONDITIONS.

Expiration
Unless sooner revoked, this authorization expires one year from the date signed or on: _____

Form of Disclosure
Unless I have specifically requested in writing that the disclosure be made in a certain format to me, the Agencies reserve the right to disclose information as permitted by this authorization in any manner that they deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Acknowledgements
I understand that this authorization is voluntary, and I may refuse to sign this authorization to release my records. The refusal will have no effect on receiving services from the Agencies. I understand that I have the right to inspect the health information to be released. I further understand that I am entitled to receive a copy of this authorization after it is signed.

I understand not all email is secured and individuals not authorized by me may be able to access my protected health information if this information is sent by email. I agree that I will not hold the Agencies responsible should such an incident occur.

Goal 2: CARE MAP Implementation and Care Coordination

CARE MAP: Crisis Assessment & Response Evaluation: Matrix for Action Planning)

CARE MAP (Crisis Assessment & Response Evaluation: Matrix for Action Planning)

The CARE MAP is designed to guide caregivers in responding to client changes in behavior or affect and to help streamline communication between CCBHC and PSH providers. *This matrix will help identify when people with serious mental illness may need intervention and additional support. The primary indicator is a change in affect or behavior, such that there is a notable difference for the individual.*

People recover through relationships. The use of this matrix is dependent on having a close enough relationship that a caregiver can notice and identify changes.

	Category	Behavior	Required Action	Documentation
	Baseline	What is normal for the person? Many individuals with mental illness live with unresolved symptoms that may impact their quality of life but that do not pose a threat to housing stability.		
1	Distress	<ul style="list-style-type: none"> Escalated symptoms; elevated risk factors; agitated or upset. Changes in behavior may <u>resolve</u> with increased support. Changes in usual behavior: changes may be situational or indicative of an increase in mental health symptoms. 	<ul style="list-style-type: none"> Observing staff <u>member</u> informs CCBHC/PSH Team within 24 hours. CCBHC and PSH both increase observation <u>and</u> <u>analysis</u>; agencies scale services to prevent additional decompensation 	<ul style="list-style-type: none"> Report <u>through</u> TEAMS channel. Communicate/follow-up <u>in</u> TEAMS channel. Note to supervisor. Follow tracking instructions.
2	Escalation	<ul style="list-style-type: none"> Reduced function at one or more levels; medication non-compliant; increased isolation or negative interaction Change in behavior typical for the individual person: Might stop engaging; hoarding; dirty unit; not eating or eating too much. Hallucinations, paranoia, hopelessness. Substance use <u>relapse</u> (people with SUD diagnosis) 	<ul style="list-style-type: none"> In-person visit by CCBHC/PSH Team within 32 hours. Two <u>times week</u> in-person visit until resolved. <u>Review/revise/develop</u> safety plan 	<ul style="list-style-type: none"> Report <u>through</u> TEAMS channel. Communicate/follow-up <u>in</u> TEAMS channel. Note to supervisor. Copy supervisor on communication with the CCBHC or PSH provider. Follow tracking instructions.
3	Emerging Crisis	<ul style="list-style-type: none"> Exhibiting behavior listed in person's Safety Plan and/or expressions of hopelessness. Possible suicidal or homicidal ideation; substance use <u>relapse</u>; conflict; elevated symptoms. <u>Expression of suicidal ideation</u>, may not have specific <u>means</u> or may have low intent. Body language and language may be threatening, disconnected, or nonsequential. 	<ul style="list-style-type: none"> Collaborative CCBHC/PSH assessment CCBHC to confer with PSH within 4 hours. On-site CCBHC/PSH team visits within 24 hours. Daily on-site check-ins by Team members. 	<ul style="list-style-type: none"> Report <u>through</u> TEAMS channel. Communicate/follow-up <u>in</u> TEAMS channel. Note to supervisors (CCBHC and PSH) Copy supervisors on communication between PSH and CCBHC. Follow tracking instructions.

Goal 3: Improved Communication & Coordination

SharePoint Site

Behavior Change Report Form

CARE MAP tool

Communication Guidelines

SharePoint Site

“Thread” linked to each CCBHC

Purpose is communication about clients identified through incident report form

Monitored by supervisors

Behavior Change Report Form



Crisis Response & Behavior Change Report

The **CARE MAP** creates a shared, systemwide understanding of – and procedures for – assessing, responding to, and resolving **changes in client behavior** that threaten tenancy and recovery.

The map guides caregivers in responding to changes in client behavior or affect and helps streamline communication between CCBHC and PSH providers who share clients. This map will help you identify when people with serious mental illness may need intervention and additional support. The primary indicator is a change in affect or behavior reflecting notable differences for an individual.

When you notice a change in behavior, please file a behavior change report. The subsequent communication will take place within the Microsoft Teams channel.

Goal 4: Implementing Best Practices

Training

June 2025: PSH – The Evidence and the Practice

August 2025: Boundaries and Ethics

September 2025: De-escalation Training

April 2026: Care Coordination

Goal 5: Community Wide SOPs

Develop and use communitywide standard operating procedures and fact sheets

Title: CCBHC and PSH Case Assignment

Effective Date: [Insert Start Date]

Trial Period: 6 Months

1. Purpose

To expand the use of the Homeless Management Information System (HMIS) by Certified Community Behavioral Health Clinics (CCBHC) to improve communication and coordination of services with Permanent Supportive Housing (PSH) providers.

2. Scope

This SOP applies to CCBHC and PSH staff engaged in client housing and behavioral health coordination during the 3-month trial period following implementation. Implementation follows process steps in Section 6.

3. Roles and Responsibilities

Action	Responsible Party	System/Report	Timeframe
Initiate informed consent for ROI/Authorization to Exchange Information	Outreach teams Other initial points of contact	HMIS	At entry into HMIS
At the Case Conferencing meeting, individuals are assigned to a housing provider and a CCBHC.	Housing Solutions	HMIS	At Case Conference Meeting
Coordinate with assigned housing provider after referral assignment.	CCBHC	HS, HMIS	Within 2 business days
Complete intake and assign individual to a case lead (e.g., PACT team or outpatient team).	CCBHC	HS, HMIS, Weekly Report	Within 5 business days
Enter case lead's name and contact information into HMIS.	CCBHC and PSH	HS, HMIS, Weekly Report	Within 2 business days of internal assignment

What's Different?

Standard Operating Procedure

Multi-Agency Release of Information (ROI)

Collaborative Information Sharing Agreement (CISA)

Specific Training and Support

Identification of Current CCBHC enrollments

CCBHC Assignment and Matching aligns with Housing Placement

Improved Outcome and Intervention Tracking

Discussion

What does this mean for the system?

What can we learn for further integration?

What opportunities and challenges should we expect?

Thank you!

Next Up

15 minutes for Networking & Discussion

We will return to the Auditorium at 11:20am for the Closing Plenary session



BREAKOUT ROOM

Supporting Participants & Housing Programs Impacted by Federal Funding Shifts

Room 223



Federal Changes



**Permanent Housing
De-emphasized**



**Increased Competition
for Funding**



**Changes to
Participant Eligibility**



Federal Changes



FY26 CoC Program NOFO

Tier 1 Funding

 **30%**



Down from 90% in FY24
(though higher than FY25's)

Limited Paths for Renewal Funding



No real mechanism for funding
renewals in Tier 2

Expanded Eligibility

-  Chronic homelessness no longer required for PSH
-  Imminent risk of homelessness sufficient for housing project eligibility

Program-Level Shifts

Through the current CoC Program Competition, organizations may consider shifting from one project type to another via reallocation or transition process.

+ Increases likelihood of funding due to federal priorities

Diversifies funded projects, allowing for greater adaptability

× Considerable shift in administration (may require new activities)

May mean loss of eligibility for existing participants

System-Level Shifts

As a CoC, we can consider policies and initiatives which would address the changing landscape and provide for greater local stability.



Modify matching procedures and/or prioritization



Create transfer policy for moving participants from one project to another



What else?

Discussion

What are your concerns for our housing programs and participants as we navigate these changes?

What changes in approach are you considering for your program?

How can Housing Solutions and the CoC support these changes?

Thank you!

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15 minutes for Networking & Discussion

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