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City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Axis Community Health

Phase 2 of Capital Project for Dental Services

USD\$ 100,000.00 USD\$ 200,000.00 Requested

[Previous Submitted Application](#)
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Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Valerie Jonas

Report 2
Valerie Jonas

2. Title:

Report 1
Chief Development Officer

Report 2
Chief Development Officer

3. Telephone:

Report 1
925-201-6068

Report 2

925-201-6068

4. E-Mail:**Report 1**

vjonas@axishealth.org

Report 2

vjonas@axishealth.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.**Report 1**

To meet the need for affordable dental care for low-income or uninsured residents, Axis is developing a facility that will house this service. Pleasanton grant funds, in combination with funds from the cities of Livermore and Dublin, are being used for the site. A site for the project has been secured and the project is nearing the active phase.

Report 2

To meet the need for affordable dental care for low-income or uninsured residents, this Axis project developed a facility that houses this service. Pleasanton grant funds, in combination with funds from the cities of Dublin and Livermore, were used for site needs. A site for the project was secured, the site was made ready, and dental services began in the third quarter of the project period.

6. Describe any significant actions taken during the reporting period.**Report 1**

Several significant actions taken during this reporting period are keeping the project on track for success. These actions include securing a site for the project and evaluation of the site to determine needed upgrades. The site is already built out as a dental facility and currently has 5 dental chairs (operatories) and many of the essentials for delivery of dental services. Axis planned for the addition of a sixth operatory, evaluated the condition of the existing dental equipment, and determined replacement needs for flooring, cabinetry and other fixtures. Axis then proceeded to making needed site upgrades and prepared the site for additional equipment, including a sixth dental chair. Axis is preparing to open the site to patients in the first quarter of 2019 has replaced worn out flooring, painted the facility, installed updated IT equipment, and ordered equipment and supplies. Axis also hired a Dental Director and interviewed candidates for other positions.

Report 2

Several significant actions taken during this reporting period enabled the project to keep on track for success. These actions include completing site upgrades and installing dental equipment, including a sixth dental chair. Axis completed site work on flooring, painting, cabinets, IT installation, and laboratory equipment installation,

The Dental Director hired staff, including a hygienist. Staff were trained on the new equipment and the new electronic health records system. The site was made ready operationally and staff handled start-up activities. The site opened for appointments in February and will serve an estimated 2,000 patients a year of which approximately will be Pleasanton residents.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

There have been no modifications or delays to this project. No invoices have been submitted for this project during this period.

Report 2

There have been no modifications to this project. A portion of the grant funds have been expended and Axis will be making a request to rollover the remainder of funding to FY 19/20. These funds will be used for lease payments for the site, which is under a long-term (15 year lease).

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

0	0	0.00	Numeric GOAL for THIS FISCAL YEAR.
0.00	0.00	0.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

0	97	97.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
0	362	362.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
0.00	459.00	459.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

0	71	71.00	Extremely Low Income (<30% Median)
0	21	21.00	Very Low Income (30% to 50% Median)
0	5	5.00	Low Income (50% to 80% Median)
0	0	0.00	Moderate Income and Above (>80% Median)
0.00	97.00	97.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

0	14	14.00	Seniors (62 and older)
0	4	4.00	Disabled
0	0	0.00	Female-Headed Households
0.00	18.00	18.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

0	25	25.00	White
0	40	40.00	White + HISPANIC
0	2	2.00	Black/African American
0	0	0.00	Black/African American + HISPANIC
0	24	24.00	Asian
0	0	0.00	Asian + HISPANIC
0	1	1.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
0	1	1.00	Native Hawaiian/Other Pacific Islander
0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
0	4	4.00	Other/Multi Racial
0	0	0.00	Other/Multi Racial + HISPANIC
0.00	97.00	97.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

0	0	0.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
0	0	0.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
0.00	0.00	0.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

Axis currently serves 2,680 Pleasanton residents with medical and behavioral health services. Upon completion, this capital project will serve approximately 2,000 patients per year, of which approximately 520 will be Pleasanton residents.

Report 2

Axis currently serves 2,680 Pleasanton residents with medical and behavioral health services. This capital project, which is now operational, will serve approximately 2,000 patients per year, of which approximately 520 will be Pleasanton residents.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Sue Compton, CEO

21. For CAPER: Describe the original purpose for which the City granted the HHSF funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

Funding from this grant was for a capital project to address the gap in dental services for low-income and uninsured Tri-Valley residents. Pleasanton funds, in combination with grant funds from the cities of Livermore and Dublin, were for phase two of development of a facility to house dental services for the target population.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSF. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

The project accomplished all of its goals. Axis conducted a needs assessment to determine the scope of need for dental services and the appropriate size for a facility to address the identified need. The needs assessment determined that a local site within the Tri-Valley with six to nine operatories was needed that could provide affordable, preventive care and dental treatment. This project responded to these identified needs. Following a three-year site search, Axis secured a location that was formerly a dental suite with six operatories. Axis assessed remodeling and equipment needs; completed all improvements; recruited staff; performed all operational preparations; and opened the site to patients during the third quarter of the project period.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

Axis views this project as a complete success. By securing a site already designed as a dental facility, Axis was able to bring the new dental services on-line much quicker and at a lower cost than would have been possible with a site that was not already built out as a dental facility. In this manner, it exceeded the goals of the original application which was based on having to fully build-out a site. The project was also successful in

meeting this long-known need for dental services in the service area. Prior to the opening of our dental services, patients would have to travel out of area and wait months for an appointment for dental care. This project is a true community success in that all three cities came together to support Axis in developing this critical health service for the target population.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

Finding a site for the project presented the greatest challenge. Axis assessed approximately 40 sites throughout the Tri-Valley area. Once the site was secured, we fast-tracked all aspects of the project in order to open dental services as rapidly as possible. We were successful in completing the project within the grant period.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

In 2014 staff from the Cities of Dublin, Livermore and Pleasanton and Axis Community Health, began to meet to discuss addressing the serious need for dental services in the service area. In 2015 a Key Stakeholders group began to meet to clarify the need, identify barriers, and identify resources. The Key Stakeholders agreed on working toward Axis providing dental services for the Tri-Valley and to assist us in effectively designing a clinic and services that best meet the needs of area residents. The key stakeholders group was comprised of the cities of Dublin, Livermore and Pleasanton as well as Alameda County Health Services and the Southern Alameda County Dental Society.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

City of Dublin \$25,000

City of Livermore \$100,000

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My Account > FY 2018/19 Housing and Human Services Grant Program > Pleasanton Child Abuse Intervention

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

CALICO Center
Pleasanton Child Abuse Intervention

USD\$ 8,500.00 USD\$ 11,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Nadia Bueno

Report 2
Nadia Bueno

2. Title:

Report 1
Child Interview Specialist

Report 2
Child Interview Specialist

3. Telephone:

Report 1
510-895-0702

Report 2
510-895-0702

4. E-Mail:

Report 1
nadia@calicocenter.org

Report 2

nadia@calicocenter.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

The project activity is under way for the dates of 10/1/18 thru 12/31/18. During this time CALICO conducted 7 interviews for children between the ages of 2-17 and provided family support services to 6 caregivers.

Report 2

The project activity is under way for the dates of 1/1/19 thru 06/30/19. During this time CALICO conducted 14 interviews for children between the ages of 4-16 and provided family support services to 5 caregivers.

6. Describe any significant actions taken during the reporting period.

Report 1

CALICO met its goals as follows:

GOAL 1: Minimize trauma to abused children

1a. At least 75% of children interviewed will feel positive/neutral about their experience; 85% felt positive/neutral.

1b. At least 75% of caregivers will indicate a favorable response to their child's treatment; 83% of caregivers had a favorable response.

GOAL 2: Improve coordination of child-abuse case investigations among multiple agencies

2a. A multi-disciplinary team (comprised of a prosecutor, Dublin detective, and/or child welfare worker) will observe at least 75% of interviews; 100% of interviewers were observed by a MDT.

2b. At least 70% of children eligible for a forensic medical exam will receive one; 1 child was eligible but caregiver refused therefore LE did not auth.

2c. Monthly Case Review meetings will be held at least 10 times per year to review select cases in depth from start to finish; 2 meetings were conducted this quarter.

GOAL 3: Improve the mental health of caregivers.

3a. An FRS will conduct an on-site crisis assessment with at least 75% of families; 85% of families had an onsite assessment.

3b. An FRS will initiate a California Victim Compensation Program (CalVCP) application (or ensure one was already completed) on behalf of at least 50% of caregivers (to access funds for mental health services for the caregiver); 85% of caregivers had an app initiated.

3c. An FRS will contact at least 75% of caregivers by phone after they leave CALICO; 85% of caregivers received a call.

Goal 4: Improve the mental health of victims

4a. An FRS will provide at least 75% of caregivers with psycho-education on the effects of trauma on children; 85% were provided with psycho-education.

4b. An FRS will assist at least 75% of families with a CalVCP application on behalf of the child to provide funds for counseling; 85% of families were assisted with the app.

4c. An FRS will refer at least 75% of children to applicable mental health services; 71% were referred, 2 caregivers unreachable.

Report 2

CALICO met its goals as follows:

GOAL 1: Minimize trauma to abused children

1a. At least 75% of children interviewed will feel positive/neutral about their experience; 80% felt positive/neutral.

1b. At least 75% of caregivers will indicate a favorable response to their child's treatment; 100% of caregivers had a favorable response.

GOAL 2: Improve coordination of child-abuse case investigations among multiple agencies

2a. A multi-disciplinary team (comprised of a prosecutor, Dublin detective, and/or child welfare worker) will observe at least 75% of interviews; 100% of interviewers were observed by a MDT.

2b. At least 70% of children eligible for a forensic medical exam will receive one; 66% received an exam. 3 kids were eligible, 2 received an exam and one is pending.

2c. Monthly Case Review meetings will be held at least 10 times per year to review select cases in depth from start to finish; 6 meetings were conducted this quarter.

GOAL 3: Improve the mental health of caregivers.

3a. An FRS will conduct an on-site crisis assessment with at least 75% of families; 100% of families had an onsite assessment.

3b. An FRS will initiate a California Victim Compensation Program (CalVCP) application (or ensure one was already completed) on behalf of at least 50% of caregivers (to access funds for mental health services for the caregiver); 100% of caregivers had an app initiated.

3c. An FRS will contact at least 75% of caregivers by phone after they leave CALICO; 100% of caregivers received a call.

Goal 4: Improve the mental health of victims

4a. An FRS will provide at least 75% of caregivers with psycho-education on the effects of trauma on children; 100% were provided with psycho-education.

4b. An FRS will assist at least 75% of families with a CalVCP application on behalf of the child to provide funds for counseling; 64% of families were assisted with the app.

4c. An FRS will refer at least 75% of children to applicable mental health services; 85% were referred.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

25	25	50.00	Numeric GOAL for THIS FISCAL YEAR.
25.00	25.00	50.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

Pleasanton Child Abuse Intervention

<input type="text" value="13"/>	<input type="text" value="19"/>	<input type="text" value="32.00"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
<input type="text" value="13.00"/>	<input type="text" value="19.00"/>	<input type="text" value="32.00"/>	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="3.00"/>	Extremely Low Income (<30% Median)
<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Very Low Income (30% to 50% Median)
<input type="text" value="10"/>	<input type="text" value="16"/>	<input type="text" value="26.00"/>	Low Income (50% to 80% Median)
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2.00"/>	Moderate Income and Above (>80% Median)
<input type="text" value="13.00"/>	<input type="text" value="19.00"/>	<input type="text" value="32.00"/>	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Seniors (62 and older)
<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	Disabled
<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="7.00"/>	Female-Headed Households
<input type="text" value="4.00"/>	<input type="text" value="4.00"/>	<input type="text" value="8.00"/>	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

<input type="text" value="4"/>	<input type="text" value="6"/>	<input type="text" value="10.00"/>	White
<input type="text" value="6"/>	<input type="text" value="4"/>	<input type="text" value="10.00"/>	White + HISPANIC
<input type="text" value=""/>	<input type="text" value="4"/>	<input type="text" value="4.00"/>	Black/African American
<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian
<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2.00"/>	Asian + HISPANIC
<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander
<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander + HISPANIC
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	American Indian/ Alaskan Native and White

	0	0.00	
	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
1	0	1.00	Asian and White
	0	0.00	Asian and White + HISPANIC
	0	0.00	Black/African American and White
	0	0.00	Black/African American and White + HISPANIC
	0	0.00	American Indian/Alaskan Native and Black/African American
	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
	4	4.00	Other/Multi Racial
	1	1.00	Other/Multi Racial + HISPANIC
13.00	19.00	32.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

13	19	32.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
148	325	473.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
161.00	344.00	505.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

During part of this performance period, one of CALICO's Family Advocates was on medical leave due to an injury and returned back to work in December. CALICO's other Family Advocate covered her caseload in her absence while other CALICO staff took on some of the administrative tasks for the Family Advocate during this time. While certain follow-up calls were delayed during this time period, all calls were made.

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Erin Harper, Executive Director

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

CALICO's ability to serve Pleasanton residents depends entirely on referrals we receive from the Pleasanton Police Department and CPS. The Pleasanton Police Department recently stated they bring all child abuse cases to CALICO. Because of the crisis-oriented nature of our work, it can be difficult to determine exactly when and to whom we will be providing services. However, our staff is always prepared to serve Pleasanton clients when needed, even after hours or on the weekends.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

City of Pleasanton HHSG funding was awarded to offset the cost of our Child Interview Specialist (CIS) team which includes five part-time interviewers (including two bilingual Latinas who serve bilingual and mono-lingual Spanish-speaking families). All funds were expended for this purpose.

CALICO's services are crisis-oriented, meaning that an interview may be scheduled with little notice to accommodate the urgent needs of a particular case. In most situations, fewer than 24 hours elapse from the time we get the initial referral from the Pleasanton detective or child welfare worker to seeing the child at our center. In some cases, that time shrinks to under one hour. For that reason, we have a minimum of two CIS scheduled to work during normal business hours (we maintain a minimum staff of two because CALICO works simultaneously out of two locations, San Leandro and Oakland). In addition, all CIS are available by pager evenings, nights and weekends for situations that require immediate attention.

When interviewers are not conducting interviews, they are performing other related tasks, including intakes, data entry and quality control, observing and providing feedback to other interviewers, participating in trainings, planning and participating in monthly case review meetings and testifying in court, all necessary for the successful completion of our forensic interviewing services.

Please note that our family support staff are also available, but funding for those positions are covered by other sources.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

CALICO met or exceeded nearly every performance measure that it tracked for this grant, as outlined in the four main goal areas discussed above. Therefore, CALICO considers this program a success.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

CALICO did not experience any problems or delays with this program.

In response to feedback from children's caregivers that they wished they knew more about what to expect at CALICO prior to arriving at CALICO's office, CALICO created a brochure that investigators now give parents as soon as they make a CALICO referral, describing the CALICO process, what to tell their children about CALICO, how to get to the office and more. The brochure contains a place where the investigator can write in the date and time of the appointment. This information has all also been placed on CALICO's website. These materials are available in both English and Spanish.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

Detectives from the Pleasanton Police Department (PPD) were the primary source of referrals of Pleasanton children. They also observed interviews and participated in monthly case review meetings. Sgt. Aaron Fountain is the PPD representative on CALICO's Program Advisory Committee (PAC).

Child Welfare Workers from Alameda County Children and Family Services (CFS) also referred children, observed interviews, and participated in case review. The CFS Program Manager who oversees the Emergency Response Unit (ERU) is a member of PAC, and an ERU Supervisor serves as a core member of case review.

A representative for the Vertical Sexual Assault Prosecution Team of the District Attorney's Office is assigned to CALICO (currently Maya Ynostroza). She observes interviews and consults with other DAs regarding appropriate charges. The supervisor of that team, Joni Leventis, serves on PAC and as a core member of case review and ensures DA coverage when interviews are occurring at both CALICO locations and/or Maya is unavailable.

Children and families were referred to the UCSF Benioff Children's Hospital Oakland Center for Child Protection (CCP) for mental health and forensic medical services. Representatives from CCP participate in case review and PAC.

Other agency partners include the following Alameda County Departments: Probation, Behavioral Health Care, and County Counsel. Representatives from Probation and Behavioral Health Care participate in monthly case review meetings, and all three agencies are represented on PAC.

CALICO's Family Resource Specialists also make referrals to a range of community-based organizations in the Tri-Valley area (e.g., Horizon's, Tri-Valley Haven) and to other non-profit organizations that serve all of Alameda County.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

CALICO secured general operating support and other grants/contracts directed to families countywide (including Pleasanton), and used those funds to support fully the Pleasanton Child Abuse Intervention Project in FY17-18. Those funds included the following:

\$10,500 was received from the Pleasanton Police Department.

A FY17-18 contract in the amount of \$69,384 for countywide services was received from Alameda County Social Services Agency, Department of Children and Family Services (Child Abuse Trust Fund). A portion of those funds were applied to services for Pleasanton families.

Approximately \$65,000 was generated through CALICO's two primary fundraising events: our fall CALICO for Kids Annual Fundraiser and our participation as a charity partner in the Oakland Running Festival in March. A portion of the funds received from those events was directed to aid Pleasanton families.

Finally, the salary and benefits of a full-time Executive Director continued to be provided in-kind through the District Attorney's Office. The office also assigns a full-time District Attorney Liaison to CALICO.

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My Account > FY 2018/19 Housing and Human Services Grant Program > Pleasanton Back to Work 2018_19

City of Pleasanton

USD\$ 500,000.00 Available

1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Chabot-Las Positas Community College District/Tri-Valley Career Center

Pleasanton Back to Work 2018-19

USD\$ 5,000.00 USD\$ 13,514.00 Requested

[Previous Submitted Application](#)

[Next Submitted Application](#)

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Sarah Holtzclaw

Report 2

Sarah Holtzclaw

2. Title:

Report 1

Program Manager

Report 2

Program Manager

3. Telephone:

Report 1

925-560-9439

Report 2

925-560-9431

4. E-Mail:**Report 1**

sholtzclaw@clpccd.org

Report 2

sholtzclaw@clpccd.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.**Report 1**

Pleasanton Back to Work 18-19 is underway. We are actively serving Pleasanton job seekers at our Career Center and in the community.

Report 2

Pleasanton Back-to-Work is continually underway as we serve both Pleasanton job seekers and Pleasanton employers.

6. Describe any significant actions taken during the reporting period.**Report 1**

Recently, we have focused on employer interaction and connections with our job seekers. We began a series of small but reoccurring events at the Career Center called "Coffee Break with Employers." This invited 4-6 employers two Friday's a month to the Career Center to talk more informally with job seekers. We offer coffee and cookies and an opportunity to talk with various employers. We also hosted a large job fair in September that had 42 employers and 210 job seekers.

We added or replaced three workshops during this time. We added Friday's to our office schedule, in August of 2018, which gives us to opportunity to offer more events.

Report 2

Several things happened during quarters 3-4, in addition to our regularly serving clients at the Career Center:

- We changed our name to Tri-valley Career Center, dropping the words "One-Stop"
- We began a second job club with added time to our office hours on Tuesday evenings.
- We continued Coffee Break with Employers
- We added two workshops to our schedule
- We planned and executed a large job fair in Livermore
- We continued outreach to serves to area libraries and incarceration facilities
- We continued development of new website and job board, launching the new job board in June 2019

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

Our website fatally crashed in October of 2018. This complicates our data gathering as we cannot track the number of Pleasanton residents visiting our site. It also threw out the job board we had, which was the driver of visitors to the site. A stand-in site is up so that we have the ability to share our tip sheets and calendars. A new site should be up by the end of the third quarter of this fiscal year.

Report 2

Our website went down in October 2018. Thus our tracking of website visitors in total and from Pleasanton was not possible from October through the end of the fiscal year. This severely impacts the number of clients served since we cannot track the website traffic as we had done in the past.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

510	510	1,020.00	Numeric GOAL for THIS FISCAL YEAR.
510.00	510.00	1,020.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

109	218	327.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this
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reporting period (unduplicated)
 [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]

1336	1090	2,426.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
1,445.00	1,308.00	2,753.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

12	52	64.00	Extremely Low Income (<30% Median)
12	10	22.00	Very Low Income (30% to 50% Median)
14	22	36.00	Low Income (50% to 80% Median)
71	134	205.00	Moderate Income and Above (>80% Median)
109.00	218.00	327.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

4	12	16.00	Seniors (62 and older)
2	2	4.00	Disabled
14	19	33.00	Female-Headed Households
20.00	33.00	53.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

56	119	175.00	White
14	43	57.00	White + HISPANIC
			Black/African American

10	17	27.00	
		0.00	Black/African American + HISPANIC
20	27	47.00	Asian
		0.00	Asian + HISPANIC
		0.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
		0.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
9	12	21.00	Other/Multi Racial
		0.00	Other/Multi Racial + HISPANIC
109.00	218.00	327.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

109	218	327.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
1336	1090	2,426.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
1,445.00	1,308.00	2,753.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):**Report 1**

Our goal stated here was with full funding. However, we were funded for 37% of the request. That would change our annual goal to 189. We are doing our best to reach many more than that. In fact, before our website crashed in October, we tracked over 550 visits from Pleasanton residents, which are not included in these results. The 109 number above represents individuals to our Career Center or to events in the community.

Report 2

With the Website down, so is our tracking capabilities. We cannot currently distinguish between user locations. However, Google analytics say that we show up in over 15,000 searches each month. Even our current, smaller site receives several hundred visitors each month.

CAPER REPORT (END OF YEAR)**20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):****Report 1**

n/a

Report 2

Sarah Holtzclaw

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.**Report 1**

n/a

Report 2

The original purpose of Back to Work, Pleasanton 2018-19 was to increase TVCC's capacity for outreach and services to Pleasanton residents, providing a comprehensive range of no-cost career service to help get Pleasanton residents employed again, with helps build the local economy.

22. For CAPER: Describe the accomplishments of the project or program funded through HHS. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

In order to assist employers desperately needing to hire, we put a focus on outreach and energy toward creating opportunities for job seekers to meet hiring managers at recruitment events. These including recurring Coffee Breaks with Employers at the Career Center and two large job fairs held in Livermore, but open to everyone. These events connect hundreds of job seekers with local employers.

We also:

- added new workshops to our monthly schedule
- added Fridays and a second evening to our office hours so that we are now open 5 days a week and Tuesday evenings as well as Wednesdays
- added new social media channels including MeetUp and Eventbrite.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

Yes, we do feel that this program is a success. Over the course of the year, we nearly 70 people from Pleasanton attend our orientation, which is the first step to our staff-assisted services. Additionally, we had 327 residents visit the Career Center over the course of the year, The average hourly wage for our tracked Pleasanton residents was over \$49/hour, which was higher than our overall average of \$40.60.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

Our main challenge this fiscal year was that our website went down in October of 2018. This included our job board and website. The website was only down for a week, as we were able to get a smaller replacement site up quickly. However, this hampered our ability to track visits to our website and to serve the community through the

job board. The delay in getting a new site also has delayed a marketing plan as it is not effective to market the brand if the website is not up to our higher standards.

We launched our new and improved job board in June 2019 and will launch a new robust website this next fiscal year.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

- Las Positas Community College: educating students for the workforce. Work w/ staff & faculty and hold job fairs on campus.
- Cities/Chambers of Dublin, Livermore & Pleasanton: co-hosting job fairs, outreach to businesses and clients
- DOR: offer space for their staff and clients. We co-enroll clients when appropriate.
- EDD: Veteran services are co-located at TVCC once per month. We are working, as well, to bring EDD unemployment services to the area.
- SSA: serve CalWORKs clients, offer space and applications for public benefit enrollments.
- Dublin & Livermore Libraries: offer our workshops and career counseling onsite 3x a month.
- Pleasanton Public Library: offer our tax services once a week at the Library during tax season.
- Santa Rita Jail & FCI Dublin: offer resources and pre-release counseling and workshops for inmates.
- Tri-Valley ROP/Adult School Cooperative: work with the adult schools and ROP to host a Transition Specialist at TVCC and to develop programs that will benefit mutual clients.
- Tri-Valley Educational Cooperative: bring employers to the table for high school students to learn career paths & skills development.
- City Serve of the Tri-Valley: offer services to City Serve clients as they are needed. We also attend meetings to learn of other resources in the region and to outreach to other organizations.
- Tri-Valley Anti-Poverty Collaborative: attend meetings and sit on committees where appropriate.
- Various CBOs: cross-referrals.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

Yes: We are funded through the Chabot-Las Positas Community College District and the Alameda County Workforce Development Board. Additional funding specifically for the Back-to-Work initiative:

City of Livermore: \$7,000

City of Dublin: \$12,025

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My Account > FY 2018/19 Housing and Human Services Grant Program > Pleasanton VITA 2018_2019

City of Pleasanton

USD\$ 500,000.00 Available

1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Chabot-Las Positas Community College District/Tri-Valley Career Center

Pleasanton VITA 2018-2019

USD\$ 5,000.00 USD\$ 11,614.00 Requested

[Previous Submitted Application](#)

[Next Submitted Application](#)

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Sarah Holtzclaw

Report 2

Sarah Holtzclaw

2. Title:

Report 1

Program Manager

Report 2

Program Manager

3. Telephone:

Report 1

925-560-9439

Report 2

925-560-9439

4. E-Mail:**Report 1**

sholtzclaw@clpccd.org

Report 2

sholtzclaw@clpccd.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

The Pleasanton VITA program is in the planning stages. The tax season begins January 30, 2019. Thus, all activity has been in the planning as well as volunteer recruitment.

Report 2

The VITA program was carried out from January through April of 2019.

6. Describe any significant actions taken during the reporting period.

Report 1

All actions taking place for this program have been for the preparation of the season, including coordination meetings, planning, software set up and volunteer recruitment.

Report 2

All actual activity for the VITA program occurred during this reporting period. Planning occurred last reporting period. Volunteers are trained in January. Taxes are prepared starting the last week of January through mid-April.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

At this point, no modifications are necessary. The partial shut-down of the federal government at the time

of this report may serve to be an obstacle for us. The shut-down includes the IRS, which maintains our software, develops the forms and answers questions from the volunteers. Our IRS liaison is currently furloughed. Also, it will affect refund return dates.

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

60	140	200.00	Numeric GOAL for THIS FISCAL YEAR.
60.00	140.00	200.00	

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

	154	154.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are
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considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]

	557	557.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
0.00	711.00	711.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

	90	90.00	Extremely Low Income (<30% Median)
	51	51.00	Very Low Income (30% to 50% Median)
	13	13.00	Low Income (50% to 80% Median)
	0	0.00	Moderate Income and Above (>80% Median)
0.00	154.00	154.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

	19	19.00	Seniors (62 and older)
	7	7.00	Disabled
	24	24.00	Female-Headed Households
0.00	50.00	50.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

White

	82	82.00	
	40	40.00	White + HISPANIC
	5	5.00	Black/African American
		0.00	Black/African American + HISPANIC
	19	19.00	Asian
		0.00	Asian + HISPANIC
		0.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
		0.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
	8	8.00	Other/Multi Racial
		0.00	Other/Multi Racial + HISPANIC
0.00	154.00	154.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHSG contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

	154	154.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
	557	557.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
0.00	711.00	711.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

Tax season has not yet started, thus no clients have been served at this point.

Note: Goal of 60 tax returns files is 43% of the goal at application as the awarded grant was 43% of the requested amount.

Report 2

The average household income for Pleasanton taxpayers was \$28,077

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Sarah Holtzclaw

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

The original purpose of this program is to increase the number of federal taxes prepared for free to the residents of the Tri-Valley. This not only helps the taxpayer but the local economy as well.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

We increased the number of federal taxes filed by 16% over the previous year. Since we started this in 2014, we have increased the services 25-fold. We had 30 volunteers, including several who were students from Las Positas College, who were getting college credit in addition to volunteering experience.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

Yes, we continue to increase the number of taxes prepared and to serve the very-low income residents of the region. The average household income for the Pleasanton taxpayers served was \$28,077.

24. For CAPER: Describe any problems or delays encountered with the project or program. How

were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

The issues that we encountered had to do with the software used by the program nationally and confusing tax law changes.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

- United Way of the Bay Area – the United Way is both a funder and a partner. They provide training for our site coordinators, marketing materials and support
- Internal Revenue Service – the IRS provides the software, training materials and technical support. IRS employees also volunteer as tax preparers during the season.
- Alameda Community Action - a funder and co-marketer for California EITC
- Pleasanton Library – the second location of tax preparation services
- Las Positas College - student volunteers, the third location of tax preparation

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

Yes: We are funded through the Chabot-Las Positas Community District, However, the VITA program is primarily funded by the Tri-Valley cities and United Way. In addition to the city of Pleasanton:

City of Dublin: \$6,700

United Way: \$13,000

Alameda County Community Action: \$10,000

Wells Fargo: \$5,000

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My Account > FY 2018/19 Housing and Human Services Grant Program > Early Literacy Diaper Pantry / Car Seat Program

City of Pleasanton

USD\$ 500,000.00 Available

1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Child Care Links

Early Literacy Diaper Pantry / Car Seat Program

USD\$ 5,000.00 USD\$ 22,000.00 Requested

[Previous Submitted Application](#)

[Next Submitted Application](#)

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Vanessa Dilks

Report 2

Vanessa Dilks

2. Title:

Report 1

Director of Community Services

Report 2

Director of Community Services

3. Telephone:

Report 1

925-417-8733

Report 2

925-417-8733

4. E-Mail:**Report 1**

vdilks@childcarelinks.org

Report 2

vdilks@behively.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.**Report 1**

The Child Care Links Diaper Pantry had distributed a total of 59,853 diapers to 328 unduplicated families. Of the 328 served, 87 are Pleasanton residents. Due to receiving services through the Child Care Links Diaper Pantry, 32% of families reported they are changing their child's diaper more often, 28% are experiencing less stress due to being able to provide an adequate supply of diapers, and 71% are reporting that they are now talking, reading, and singing more to their children due to the books they receive each time they visit the Diaper Pantry.

In addition, 3 free car seats were provided to families living in the Tri-Valley. Car seats were provided to low income families that were found to have expired, damaged, or recalled car seats.

Report 2

As of June 30th, the Hively Diaper Pantry has distributed a total of 136,780 diapers to 436 families. As a result of receiving diapers, 34% of families are changing their child's diapers more often, 28% report a reduction in their stress level, and 75% have reported that they are able to talk, read and sing more to their child due to the books and literacy material they received from our Diaper Pantry.

The Hively Diaper Pantry distributed a total of 10,351 diapers to 99 Pleasanton families, resulting in 133 babies residing in Pleasanton had access to clean, fresh diapers each month.

Hively also distributed 6 car seats to low income families living the Tri-Valley that were found to have outgrown, damaged, or recalled car seats

6. Describe any significant actions taken during the reporting period.**Report 1**

During this reporting period there have not been any significant actions taken outside of what was proposed in the grant application. With the reduction in funding, Child Care Links proposed serving 70 unduplicated Pleasanton families, and at the mid point of the contract year, the agency has already served 87 unduplicated Pleasanton families.

Report 2

As of July 1st, 2019, Child Care Links changed the agency name to Hively.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

70	70	140.00	Numeric GOAL for THIS FISCAL YEAR.
70.00	70.00	140.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

87	12	99.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated)
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[NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]

328	108	436.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
415.00	120.00	535.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

69	10	79.00	Extremely Low Income (<30% Median)
10	2	12.00	Very Low Income (30% to 50% Median)
1	0	1.00	Low Income (50% to 80% Median)
7	0	7.00	Moderate Income and Above (>80% Median)
87.00	12.00	99.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

0	0	0.00	Seniors (62 and older)
0	0	0.00	Disabled
0	0	0.00	Female-Headed Households
0.00	0.00	0.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

14	2	16.00	White
56	8	64.00	White + HISPANIC
3	0	3.00	Black/African American

0	0	0.00	Black/African American + HISPANIC
6	2	8.00	Asian
0	0	0.00	Asian + HISPANIC
0	0	0.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
0	0	0.00	Native Hawaiian/Other Pacific Islander
0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
8	0	8.00	Other/Multi Racial
0	0	0.00	Other/Multi Racial + HISPANIC
87.00	12.00	99.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHSG contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

9483	868	10,351.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
59,853	76927	136,780.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
69,336.00	77,795.00	147,131.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

n/a

Report 2

n/a

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Kelly O'Lague Dulka

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

The original purpose for which funding was granted was to have the City of Pleasanton play a critical role in assisting families who can not afford to buy diapers with access to diapers on a monthly basis. Each bag of diapers included a free book for families to increase the amount of time families are talking, reading and singing to their children.

Low income families also had access to free car seats. Car seats were distributed on a first come, first served basis, and were distributed the first quarter of the fiscal year.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

As mentioned in question 5, Hively distributed 136,780 diapers to 436 families, A total of 124 Pleasanton babies received 9,610 diapers.

One extremely appreciative parent shared, "I appreciate the very basic help we are receiving from Child Care Links [Hively]. As a single mom with two little babies its a challenge to make it on my own. The help I am receiving here with diapers is really important before knowing them it was a hassle for me to not provide my kids with diapers, specifically as a survivor of domestic violence as I still trying to find my way on our own. Now we can focus on other things, like buying food instead of diapers." Another client, a grandmother expectantly caring for her granddaughter shared her appreciation, and how it has been such a tremendous help to her family.

Another parent contacted Hively in desperate need of diapers. She had received diapers at her baby shower, but unfortunately were not the appropriate size for which her baby needed. She was asking if she could trade in her larger size diapers to the Hively Diaper Pantry in order to receive more proper fitting diapers for her baby. This parent was so in need of diapers that she was willing to give up her own diapers that she had received at her baby shower, in order to put clean diapers on her baby at the moment. Due to funding from the City of Dublin, staff were able to provide this parent with diapers, and allow her to keep her larger diapers for when she needed them in the future.

Hively views this program as a tremendous success, and the success is seen every Tuesday and Thursday when families come in our doors to pick up diapers and books.

Hively continues to partner with local agencies, such as WIC, CAPE Head Start, CityServe, and Axis Community Health, to provide diapers to their clients The Hively Diaper Pantry is the only agency in the Tri-Valley that provides free diapers to low income families on an ongoing basis.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

This program continues to be an absolute success. The Hively Diaper Pantry provides families with access to diapers, on an ongoing basis, for free. Parents are no longer forced to leave their child in soiled diapers for long periods of time, because they have access to fresh clean diapers through the Hively Diaper Pantry. The success of this program is measured by the number of families who received services and resources this fiscal year and the amount of families who are now talking, reading and singing to their children due to the books they received

through the Diaper Pantry.

Hively distributed 136,780 diapers to 436 families, A total of 124 Pleasanton babies received 9,610 diapers.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

Hively continues to struggle to maintain an adequate supply of diapers and books to Tri-Valley families. The agency continues to apply for additional grants and funding opportunities in order to continue to provide a full month supply of diapers to low income families in the Tri-Valley.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

Hively collaborated with the City of Dublin to provide diapers, books and car seats to low income families living in the Tri-Valley. The nature of the collaboration was similar to that of the collaboration with the City of Pleasanton.

Hively also partnered with local City Rotary clubs, high schools, and community members, who collected and donated diapers to the Hively Diaper Pantry.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

Hively did not obtain funding from other sources that not listed above.

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My Account > FY 2018/19 Housing and Human Services Grant Program > Early Childhood Education Training

City of Pleasanton

USD\$ 500,000.00 Available

1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Child Care Links

Early Childhood Education Training

USD\$ 4,000.00 USD\$ 5,000.00 Requested

[Previous Submitted Application](#)

[Next Submitted Application](#)

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Vanessa Dilks

Report 2

Vanessa Dilks

2. Title:

Report 1

Director of Community Services

Report 2

Director of Community Services

3. Telephone:

Report 1

925-417-8733

Report 2

925-417-8733

4. E-Mail:**Report 1**

vdilks@childcarelinks.org

Report 2

vdilks@behively.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.**Report 1**

Child Care Links is providing professional development for Tri-Valley Licensed Child Care Providers, educators, parents and caregivers who provide early care and education services to young children. Child Care Links is in the middle of the training year, and will have provided 8 professional development opportunities by the end of the fiscal year on topics such as Safe sleep, nutrition, inclusion (special needs), and developmentally appropriate learning activities, and challenging behavior.

Report 2

Hively, formally Child Care Links, provided 8 free professional development opportunities to Licensed Child Care Providers, educators, parents and caregivers who provide early care and education services to young children. A total of 23 unduplicated Pleasanton participants attended the workshops, with many of them attending more than once. Topics included, Baby Yoga, Positive Discipline, Child Development, The Spirited Child, and Birth Order & Sibling Rivalries, From Opposition to Cooperation, Inclusion, and Infant Massage.

6. Describe any significant actions taken during the reporting period.**Report 1**

No significant actions have taken place outside of what was proposed in the original grant application. Beginning January, Child Care Links will provide monthly trainings to allow target audience to build a network, and attend trainings on an ongoing basis. Free child care will also be provided at each training.

Child Care Links did not collect income categories, or race/ethnicity categories but will begin to do so moving forward.

Report 2

Hively provided workshops the third Tuesday of every month. This allowed participants to receive a schedule of workshops at the beginning of the year. Hively also began providing free dinner and on site child care to parents wanting to attend the workshops. This allowed parents to have access to free child care while they

attended the workshops, as well as dinner.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

45	45	90.00	Numeric GOAL for THIS FISCAL YEAR.
45.00	45.00	90.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

8	15	23.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the
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1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]

13	36	49.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
21.00	51.00	72.00	

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

0	0	0.00	Extremely Low Income (<30% Median)
0	0	0.00	Very Low Income (30% to 50% Median)
0	0	0.00	Low Income (50% to 80% Median)
8	15	23.00	Moderate Income and Above (>80% Median)
8.00	15.00	23.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

0	3	3.00	Seniors (62 and older)
0	0	0.00	Disabled
0	1	1.00	Female-Headed Households
0.00	4.00	4.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

0	6	6.00	White
0	1	1.00	White + HISPANIC

0	1	1.00	Black/African American
0	0	0.00	Black/African American + HISPANIC
0	7	7.00	Asian
0	0	0.00	Asian + HISPANIC
0	0	0.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
0	0	0.00	Native Hawaiian/Other Pacific Islander
0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
8	0	8.00	Other/Multi Racial
0	0	0.00	Other/Multi Racial + HISPANIC
8.00	15.00	23.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

2	6	8.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
0	0	0.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
2.00	6.00	8.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

n/a

Report 2

Hively provided evaluation forms to parents at the end of each training. This is where Hively collected information that included income, and race/ethnicity. Unfortunately, because they are anonymous, participants were not completing the requested information, and leaving much of the information blank. Some of them stating they were not comfortable providing the information.

Beginning July 2019, Hively will begin using Apricot, a database where the agency can more accurately collect such information in the future.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Kelly O'Lague Dulka

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

Pleasanton grant funds were used to help close the school-readiness gap by providing free Early Childhood Education Training opportunities to participants in the Tri-Valley.

Hively spent the entire grant funds.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

Hively provided 8 workshops with City of Pleasanton funding. A total of 14 unduplicated Pleasanton residents attended the workshops throughout the fiscal year, many of them returning to attend additional training.

Participants greatly benefited from the funding for this program. Participants had the opportunity to attend workshops on topics such as, Baby Yoga, Positive Discipline, Child Development, The Spirited Child, and Birth Order & Sibling Rivalries, From Opposition to Cooperation, Inclusion, and Infant Massage.

Participants were also provided dinner and free child care during the workshop.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

Hively does feel this project was a success. This is based off of the number of professional development opportunities that were provided, the number of unduplicated Pleasanton residents that attended, the number of those that returned to attend another workshop and the documented feedback from participants.

Some examples include;

"I learned a lot!"

"Your class was just wonderful - thank you so much."

"Such great information, so knowledgeable and incorporated everyone's comments."

"Practical examples and understanding that sometimes we do get it wrong as parents, and that's ok!"

"This was excellent. I can't wait for part 2!"

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

There were no delays encountered with this project. All participants were extremely grateful for the opportunities for workshops, as noted above.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

Hively did not collaborate with other agencies to provide parenting workshops.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

n/a.

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My Account > FY 2018/19 Housing and Human Services Grant Program > CityServe of the Tri-Valley

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

CityServe of the Tri-Valley

CityServe of the Tri-Valley

USD\$ 13,379.00 USD\$ 20,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Gloria Gregory

Report 2

Marielle Evans

2. Title:

Report 1

Executive Director

Report 2

Director of Operations

3. Telephone:

Report 1

925-223-6947

Report 2

925-223-6947

4. E-Mail:

Report 1

gloria@cityservetrialley.org

Report 2

marielle@cityservetrialley.org

PROJECT / PROGRAM STATUS**5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.****Report 1**

Our program is actively underway and continues a focus on serving Extremely Low, Very Low, and Low Income Pleasanton residents in various situations causing jeopardy to their housing security and household stability.

We continued a focus on serving low-income students and student families in the Pleasanton Unified School District through our monthly meetings with that district's Social Worker, Child Welfare, and Parent Liaison staff members. One of our first requests from that staff when school started in August 2018 was for help for a Guatemalan man and his 10 year old daughter who had arrived in Pleasanton in May and rented a room in a home near downtown. The man and daughter do not speak English, and they had no beds and needed clothing. The girl needed a bike to ride to school and home. We immediately met with the man and child with our Spanish translator. We secured a donated twin bed set from Mancini Sleep World and we paid for one twin bed set and the beds were delivered and set up at no charge from that bed company within 4 days. We secured a donated bike from the local non-profit Kids' Bike Lane, and we also provided clothing, a back pack and some toys for the 10 year old.

Report 2

The current status of the program is that we have finished this phase; we will be continuing to have a similar program through the next FY 19-20 cycle. Due to increased capacity with our funding, we are able to deliver a more robust, most holistic, in-depth case management approach to our crisis intervention and stabilization program. This shift happened during this reporting period and will continue as we continue and expand our program into the next year.

6. Describe any significant actions taken during the reporting period.**Report 1**

In October of 2018 we hired 1 1/2 Homeless Services Crisis Intervention Specialists through funding we received for Tri-Valley homeless services from Alameda County. In early November we began to establish a close working relationship with the Pleasanton Police Department in providing services to the homeless. At that time we began "ride alongs" with the police to meet as many homeless as possible & work with the police to collaborate on how to best provide needed services. Our goal: to establish relationship with each homeless in order to work with them consistently. Our efforts have brought good results in relationship with the police department & the homeless. One 67 year old woman we met through the first "ride along" was living in her van in a Pleasanton parking lot. She had lived in the van 3 years, but due to expired registration, she had not been able to move from the parking lot for 3 months; she could no longer have lunch at the senior center or visit the library. We immediately began to work with her to understand the extent of the DMV fees due, which was \$1600, how much she could provide of that amount, which was \$600. We partnered with a Pleasanton church, each providing \$500 for the needed amount, & we took this senior to DMV in Pleasanton and partnered with her to pay the fee. She is now mobile, and we are working to find dental & vision services for her. We are hopeful she will secure housing in Kottlinger Phase 2 senior housing in Pleasanton when apts. there are available. We will continue the police "ride alongs" at least once per month, & will continue to actively search out & provide services to Pleasanton homeless, connecting them to other services such as Alameda County Behavioral Health services re: mental health needs. We will drive homeless clients to detox in San Leandro when they are ready for that intervention & to Hayward to get IDs and free phones. We are committed to make every effort to reduce Pleasanton homelessness by 20% in 2019.

Report 2

Recruited and hired experienced staff to build and roll-out service delivery model

Established connection with Pleasanton Police Department and conducted 10+ ride alongs connecting Pleasanton Unhoused Citizens to services

Met 68 individuals currently experiencing homelessness in Pleasanton and referred 98% of them to services

Worked with City officials to identify needs of unhoused/housed -at-risk-of-Homelessness citizens and developed a program

strategy of Non-Clinical Case Management to address issues

Hired 5 additional staff in Operations and Services team to develop and deliver service model in 2019-2020 fiscal year and beyond

Worked collaboratively with the 3 cities to apply for and build infrastructure to accept HEAP funds

Built relationships with unhoused neighbors to understand their issues and voice them to city council and homeless sub committee

Delivered case management and services to 47 (unduplicated) unhoused/housed Pleasanton citizens

Prevented 34 (unduplicated) Pleasanton housed individuals from entering homelessness

Worked closely with PPD to refer specific severely mentally ill individuals into higher levels of care. Individuals are now connected to higher levels of care and this model is now being tested among other cities!

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

The only modification to our goals, etc. occurred as a result of our receiving the \$100,000 Alameda County contract to serve Tri-Valley homeless. Based on that funding we expanded our outreach to the homeless in Pleasanton and the other Tri-Valley cities. This resulted in our increased involvement with chronically homeless clients and our efforts to better understand established mental health and substance abuse services for those clients. We will continue to develop collaboration with the Pleasanton Police Department and other service providers specific to homeless client needs in order to serve that population most effectively.

Report 2

Modifications to our overall model did change this year, but it did not affect the delivery of this program.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

531	531	1,062.00	Numeric GOAL for THIS FISCAL YEAR.
531.00	531.00	1,062.00	TOTAL

12. Please complete the following table regarding the **NUMBER OF UNDUPLICATED CLIENTS SERVED** during this reporting period using the indicator chosen above (persons OR households):

200	82	282.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
513	251	764.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
713.00	333.00	1,046.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

177	70	247.00	Extremely Low Income (<30% Median)
14	8	22.00	Very Low Income (30% to 50% Median)
7	3	10.00	Low Income (50% to 80% Median)
2	1	3.00	Moderate Income and Above (>80% Median)
200.00	82.00	282.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

13	9	22.00	Seniors (62 and older)
28	20	48.00	Disabled
68	39	107.00	Female-Headed Households
109.00	68.00	177.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

86	39	125.00	White
55	6	61.00	White + HISPANIC
30	15	45.00	Black/African American
0	1	1.00	Black/African American + HISPANIC
13	2	15.00	Asian
3		3.00	Asian + HISPANIC
0	1	1.00	American Indian/Alaskan Native
0		0.00	American Indian/Alaskan Native + HISPANIC
5		5.00	Native Hawaiian/Other Pacific Islander
			Native Hawaiian/Other Pacific Islander +

0		0.00	HISPANIC
0		0.00	American Indian/ Alaskan Native and White
0	1	1.00	American Indian/ Alaskan Native and White + HISPANIC
0		0.00	Asian and White
0		0.00	Asian and White + HISPANIC
3		3.00	Black/African American and White
0		0.00	Black/African American and White + HISPANIC
0		0.00	American Indian/Alaskan Native and Black/African American
0		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
5	6	11.00	Other/Multi Racial
0	11	11.00	Other/Multi Racial + HISPANIC
200.00	82.00	282.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

255	160	415.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
718	413.95	1,131.95	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
973.00	573.95	1,546.95	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

N/A

Report 2

We re-formatted our data collection database during this reporting period, which may account for lower than actual hours since we had some level of data loss in the migration. Client statistics were not affected but case management hours as well as some referral information was impacted. We recovered most of the data through back-ups, but this may account for somewhat lower Case Management hours, despite an increase in staffing.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Marielle Evans; Director of Operations AND Aaron Horner; Director of Services

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

The original purpose of this grant was specifically for community care support, to help Pleasanton residents who were in crisis, be supported with limited, one-time financial assistance while CityServe worked to get them connected to other resources and support as well. We spent it according to the plan, while also developing better methods of determining eligibility and extent of need (as well as what kind of support would be most effective vs. enabling).

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

While the grant period set out for CityServe to operate as it had -- providing referrals and limited financial support to residents of the Tri-Valley -- through a strategic and deliberate restructuring of both the internal organization as well as our client-service model, we have leveraged ourselves in this grant period and for the future as being an agency that helps facilitate significant life-change in Pleasanton residents.

Our desire is simple: we want Tri-Valley residents to have the support, knowledge, and plan to be able to establish and sustain stability. While the entry point to our program remains the same -- a Tri-Valley resident in crisis -- we are now more holistically working with each client to identify not only their current need but a strategic plan to address the underlying causes for crisis and instability. While working this plan with their assigned case manager, the Participant will (after overcoming the initial crisis) be connected to a volunteer advocate (model, in part, on the CASA program) who will journey with them as additional support.

In addition to this partnership plan, we will continue to creatively collaborate with other agencies to develop better tools and pathways for Tri-Valley residents to establish their stability, including workforce development training with Tri-Valley Career center, more intentional collaboration with Abode Services (particularly in addressing the top 10 most-in-need individuals at any given time), partnering with mentorship agencies such as Partners for Change to give additional wraparound support for Participants, and more.

The creativity of our program is both in the individuality of each Participant action plan and in the intentional collaboration and cross-disciplinary excellence we foster with other Tri-Valley and Alameda County agencies.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

For us, success was defined - particularly in this season of ramping up our services and capacity to more holistically serve clients in crisis -- as better understanding the real issues that are causing an increase in homelessness in Pleasanton and surrounding areas, compassionately and strategically listening to those in need of services and developing an action plan to address and executing the action plan that was above and beyond one-time referral or financial support, and also attracting other agencies and educating government entities about resources to address the issues that are their responsibility (such as IHoT, AOT, Greater Hope, etc).

So yes, we feel we were successful -- particularly because we changed from a model that was more one-touch, to one that is evidence based and client-centered and focused on sustainable and significant life change.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

There were two significant gaps encountered regularly in the duration of the program:

-Lack of human services resources offered locally. To handle the so called 'services desert', case managers regularly drove Participants to other agencies, including to Hayward multiple times a week, for mandatory meetings so they could access benefits. We offered transportation through tickets for bus and Bart when unable to drive them. We met with agencies to notify them of the local need. Began referring to agencies (IHOT/APS/Mobile Crisis) to draw their attention to the local need. And we have been regularly requesting agencies to offer services locally

-Lack of coordination amongst agencies serving the same population. In order to address this lack of collaboration and coordination, we regularly met with agencies, learned their methods and models, built compliant strategies and processes to meet compliance and privacy requirements, and were able to often work effectively in true collaboration where each agency operates within their mission...collectively.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

To name a few:

Abode Services - referrals, and collaboration (with ROIs) on client care

Valley Community Church - supported Participants with additional community care support outside of the budget of this grant

OHK - Open Heart is a go-to referral for ALL clients experiencing financial distress or homelessness

TVHaven - referrals to TVHaven for DV legal support (restraining order clinics, etc), as well as working with their former participants to identify pathways to stability beyond the shelter

211 - our key connection to Coordinated Entry and the first touch for all homeless individuals; we are also a direct referral from 211, and receive called referred by 211 regularly.

SVdP - St. Vincent de Paul (multiple locations) - supported Participants with additional community care support outside of the budget of this grant

Vineyard Christian Fellowship (Outreach Mondays) - one of our primary outreaches for ALL Tri-Valley homeless individuals. We

had a presence there nearly every Monday this year.

Asbury United Methodist Church (Outreach Tuesdays and Wednesdays) - our secondary outreach for ALL Tri-Valley homeless individuals.

Pleasanton Unified School District - a front line of defense for those at risk of homelessness, we work with and are a direct referral for the PUSD resource workers.

PPD Homeless liaisons - going on 20+ ride alongs with the PPD this grant cycle allowed for us to be strategic in our outreach with unsheltered individuals as well as do cross-disciplinary/multi-forensic client care, including bringing in IHoT and AOT to Pleasanton.

Cities of Pleasanton, Livermore, Dublin -- supported us with grants and additional GAP funding for increasing our staffing capacity.

County of Alameda - contract supporting the outreach and referrals of HUD homeless individuals in the Tri-Valley

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

Our primary funding sources were the Tri-Valley Cities and Alameda County.

We, additionally, received support from area churches as well as private donors and foundations such as the Latina Giving Circle, the Pleasanton Holiday Fund, Wells Fargo, Livermore Labs, etc.

Individual Donation: \$110K

Business Contributions: \$18K

Church Support: \$165K

Foundation Grants: \$25K

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My Account > FY 2018/19 Housing and Human Services Grant Program > Easterseals Bay Area Kaleidoscope Community Adult Program

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Easter Seals Bay Area

Easterseals Bay Area Kaleidoscope Community Adult Program

USD\$ 8,000.00 USD\$ 15,000.00 Requested

[Previous Submitted Application](#)
[Next Submitted Application](#)

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Abigail Guerdat

Report 2
Abigail Guerdat

2. Title:

Report 1
Communications and Grants Associate

Report 2
Associate Director of Marketing & Communications

3. Telephone:

Report 1

925-266-8670

Report 2

925-266-8670

4. E-Mail:**Report 1**

abigail.guerdat@esba.org

Report 2

abigail.guerdat@esba.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.**Report 1**

The Kaleidoscope Community Adult Program is currently underway, with a steadily growing number of participants.

Report 2

In order to continue providing services and make the biggest impact possible for individuals with special needs in the community, Easterseals Bay Area transformed the Kaleidoscope After-School program into the Kaleidoscope Community Adult Program (KCAP) in August 2018. Seeing participants from age 18 through end of life has allowed us to serve a greater number of individuals over a larger span of their lives. The program has been underway with our current focus being the increase of enrollment. The qualifying participants from the former after-school program have all been invited to join KCAP when they are ready, with several transferring over with minimal to no disruption to their daily lives.

Since opening in August 2018, client enrollment has steadily increased; we have also experienced several staffing changes that we are reflecting in our invoice as some coaches have been promoted to Lead Life Skills Coaches.

6. Describe any significant actions taken during the reporting period.**Report 1**

No significant actions were taken during this reporting period.

Report 2

No significant actions were taken during this reporting period.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

No modifications were made to the program or its goals. Invoices are being submitted following this report, as we needed to wait for the complete purchase of our new accessible vehicle before submitting the invoice.

Report 2

No modifications to the program or its goals were made during this reporting period. Invoices are being submitted shortly.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

5000	5000	10,000.00	Numeric GOAL for THIS FISCAL YEAR.
5,000.00	5,000.00	10,000.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

4	0	4.00	A) Number of NEW PLEASANTON CLIENTS served by this project during
---	---	------	---

this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]

15	1	16.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
19.00	1.00	20.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

0	0	0.00	Extremely Low Income (<30% Median)
1	0	1.00	Very Low Income (30% to 50% Median)
1	0	1.00	Low Income (50% to 80% Median)
2	0	2.00	Moderate Income and Above (>80% Median)
4.00	0.00	4.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

0	0	0.00	Seniors (62 and older)
4	0	4.00	Disabled
0	0	0.00	Female-Headed Households
4.00	0.00	4.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this

reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

3	0	3.00	White
0	0	0.00	White + HISPANIC
0	0	0.00	Black/African American
0	0	0.00	Black/African American + HISPANIC
0	0	0.00	Asian
0	0	0.00	Asian + HISPANIC
0	0	0.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
0	0	0.00	Native Hawaiian/Other Pacific Islander
0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
0	0	0.00	Other/Multi Racial
1	0	1.00	Other/Multi Racial + HISPANIC
4.00	0.00	4.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHSG contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

885	2360	3,245.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
2775	4275	7,050.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
3,660.00	6,635.00	10,295.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

Thank you so much for your continued support of our program, and for supporting the abilities of our participants. We are so grateful to be able to strengthen our impact in the community with the help from the City of Pleasanton by providing care for a longer span of life with our new adult day program.

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Abigail Guerdat, Associate Director of Marketing & Communications

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

The original purpose for HHSG funding was to secure vehicles for client transportation to and from the KCAP facility, assist in acquiring the technological devices needed for improved client data tracking, and to fund the creation of a computer lab to be used for career and life skills training, job applications, and community access. With funding from the City of Pleasanton, we were able to procure 2 accessible 11-seater vehicles, as well as 20 iPads and a charging station for workforce development (in lieu of a desktop computer lab).

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

The Kaleidoscope Community Adult Program (KCAP) has been a powerhouse in building support from the community—whether from donations and local grants, or in educating the public at large. Our participants are learning the life skills needed to achieve independence, volunteering to gain vital workforce training, and interacting on a daily basis with neurotypical individuals to prepare them for thriving within the community.

With so many corporations and local businesses discovering the assets, skills, determination and 'new ways of thinking' people with disabilities can provide, we are at a critical time when we can bolster employment opportunities for those in our communities with special needs. Additionally, for aging parents concerned about their children's futures, the skills acquired at KCAP provide unparalleled relief and confidence. Routine training and exposure activities are already having a significantly positive result in our participants and their families, which will increase their chances of achieving the most independence possible for the remainder of their lives.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

Easterseals Bay Area is extremely proud of this new program. Our success is measured by semi-annual reports from both participants and parents/caregivers to assess interests, skills, and goals. We also work closely with Regional Center case managers for our participants to ensure that the program is a good fit for their behavioral needs. Most of our participants have had very positive outcomes and have already achieved some of their goals, which range from making friends to horseback riding to public performance of their dancing skills.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

We experienced no delays or problems in transitioning the after-school program to a community-based adult day program. Creating a more inclusive, community-based environment has been effective and very successful for our participants.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

We have partnered with several agencies since opening KCAP in August 2018, including the Dublin SPCA, Tri-Valley Haven Food Bank, Sunflower Hill, Campo di Bocce, Asbury Church, and Enjoy Life More (ELM) in Livermore.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

We obtained funding from the City of Livermore (\$7,635), City of Dublin (\$12,695), the Safeway Foundation (\$150,000), and private donations through a fundraiser campaign (\$20,000+).

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My Account > FY 2018/19 Housing and Human Services Grant Program > Grief Support Center and Hospice Volunteer Program

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Hope Hospice, Inc
Grief Support Center and Hospice Volunteer Program

USD\$ 9,000.00 USD\$ 18,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Jennifer Pettley

Report 2
Jennifer Pettley

2. Title:

Report 1
Director of Development

Report 2
Director of Development

3. Telephone:

Report 1
(925) 829-8770, ext. 2222

Report 2
(510) 829-8770, ext. 2222

4. E-Mail:

Report 1
jenniferp@hopehospice.com

Report 2

jenniferp@hopehospice.com

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

Grief Support Center -

Hope Hospice serves some 1,500 residents of the community with grief support services each year.

During this reporting period, Hope began developing a specialized monthly support group for children aged 5 to 18 years. This initiative aligns with Hope's mission to meet the growing and diverse needs for grief support in the community. Working in collaboration with Hospice East Bay (HEB), we added a part-time (20 hours per week) children's grief support specialist to design the program, recruit, and train volunteer facilitators, and to conduct the groups out of our Grief Support Services Center in Dublin.

Staff has been orienting and on-boarding volunteer facilitators who will be supervised by the children's bereavement specialist. The program and training curriculum was developed in preparation for the first training sessions in January, 2019..

To support the growth of the grief support services department and the addition of the new children's grief program, the department increased an administrative assistant position from part-time to full-time.

Our annual Service of Remembrance was held in November with 150 family members in attendance.

Volunteer Program -

- Hope's Volunteer Dept. continues to recruit, train, supervise and schedule volunteers across the organization. It is helping the Grief Services Dept. to build and expand its bereavement volunteer program in which trained volunteers help to co-facilitate groups, such as the Children's Bereavement program, conduct telephone followup with clients, and help with grief-related mailings.

-Our annual Volunteer Recognition event was held in October.

-Brochures were created for volunteer-based dementia care program.

-An all-day training session was held in December for 10 volunteers and members of the community.

-Clinical staff received orientation and training in dementia-related care.

-Volunteer Dept. staff are developing off-site outreach and information sessions for recruitment.

Report 2

During this reporting period, Hope's Volunteer Services Dept. has been recruiting, training and developing volunteers to service our growing census in Pleasanton and surrounding communities. By the close of the fiscal year, ending June 30, Hope had an average daily census of 160 patients agency wide, an increase of 8 percent over the previous year. Pleasanton residents are approximately 23 percent of our patient census. As the census grows, the need to recruit patient care volunteers is ever more acute.

As more than 50% of Hope's patient population is admitted with a dementia-related disease, Hope's Volunteer Services Director has during this reporting period developed and expanded our Living with Dementia patient care program. A dementia support group for families has been added. Four dementia-related care courses are now offered in our Family Caregiver Education Series. Our staff dementia care specialists are also consulting with local care and assisted living facilities such as Heritage Estates, as well as with individual family members. They also make presentations at local employers such as Lawrence Livermore Labs.. In addition, Hope now offers on every fourth Monday year round, 90-minute classes to the general public on dementia caregiving.

Grief support Services has begun its Children and Teen Grief Support program. These groups are facilitated by specially trained grief support counselors who use play therapy and creative arts to help children process their grief experience. The groups meet in the evenings, twice a month during the school year. Each session is divided into various age groups: 5 to 10, 11 to 13 and teens 14 to 18. It also maintains a contract with Pleasanton Unified Schools for crisis response counseling.

Hope also offers drop-in sessions and special loss groups: parental loss, spouse and partner, and a program for spousal loss entitled Reinvesting in Life. These groups are open to anyone and are offered free of charge.

6. Describe any significant actions taken during the reporting period.

Report 1

Hope Hospice has hired Dawn Torre who holds a masters degree in psychology and is trained by Portland's Dougy Center, the national

center for grieving children and families. She will oversee Hope's new children's grief support groups.

To support the growth of the grief support services department and the addition of the new children's grief program, the department increased an administrative assistant position from part-time to full-time.

Report 2

More than 115 people received training or attended presentations by our dementia care specialists in facilities throughout Pleasanton and the Tri-Valley. Ten families received personal consultations by our specialists and 105 Hope staff members and 68 volunteers attended mandatory presentations on dementia care issues.

Retention and engagement of volunteers continue to be a major focus of the Volunteer Services Dept. Several activities were undertaken during this reporting period:

During National Volunteer Week in April, Hope Hospice Volunteer Dept. staff held a pot-luck thank-you event for Hope's volunteers.

Volunteer Dept. staff opened a volunteer social group through Meet-Up.com, which allows us more opportunities for engagement and team-building.

Staff is also reviewing its volunteer on-boarding processes to ensure best practices for retention and engagement. These include strategies for mentoring and opportunities for sharing with others,

Planning is underway for Hope's annual volunteer recognition event on October 5. Volunteers will be honored for their achievements, hours and length of service.

Grief Support Services has begun a children and teen support group, and developing strategies for marketing and raising awareness about its availability through social media and other communications channels.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

No modifications at this time.

Report 2

No changes to project or program goals have been made.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

0	498	498.00	Numeric GOAL for THIS FISCAL YEAR.
0.00	498.00	498.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

162	219	381.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
744	1118	1,862.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
906.00	1,337.00	2,243.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

1		1.00	Extremely Low Income (<30% Median)
1	3	4.00	Very Low Income (30% to 50% Median)
110	216	326.00	Low Income (50% to 80% Median)
50		50.00	Moderate Income and Above (>80% Median)
162.00	219.00	381.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

109	54	163.00	Seniors (62 and older)
		0.00	Disabled
		0.00	Female-Headed Households
109.00	54.00	163.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

108	50	158.00	White
2		2.00	White + HISPANIC
1		1.00	Black/African American
		0.00	Black/African American + HISPANIC
7	4	11.00	Asian
		0.00	Asian + HISPANIC

		0.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
2		2.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
2		2.00	Other/Multi Racial
40	165	205.00	Other/Multi Racial + HISPANIC
162.00	219.00	381.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

6,985	1081	8,066.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
26,411	4544	30,955.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
33,396.00	5,625.00	39,021.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

Informational and follow-up mailings, phone calls, visits, grief support participation meetings, patient visits, patient communications

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Jennifer Pettley

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

Hope Hospice's Grief Support Center helps the bereaved learn healthy coping skills as they process their grief and how to connect with a caring community, and it offers a wide variety of individual, group and drop-in counseling sessions, all of which are free of charge. Because of this, more people have access to these supportive services, especially those who may not otherwise seek them out due to barriers of cost or proximity.

The Volunteer Program provides high quality support and companionship to patients and families through reading, music, art prayer, home repair, meal preparation, gentle touch, and vigiling, or provides vital assistance in the office, on committees or boards, or help at fundraising and outreach events.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

The growth and development of the Living with Dementia program continues with the revision of the volunteer resource manual, which includes best practices, industry articles, tips and methods by internationally recognized experts in the field of dementia care. All staff has now been trained. Seasoned Living with Dementia volunteers are now assisting with the training of more recent volunteers to the program. We added a support group for the second Saturday of the month.

As Hope's reputation as a dementia specialist grows, the agency has been receiving more requests from various local facilities to help train their staffs, and from individual families (in and outside of our program) in the community who need help understanding their loved one's disease process and needs.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

Yes, very successful. All community attendees to Living with Dementia and Family Caregiver Education Series courses complete evaluations at the completion. This feedback helps program managers plan and revise content to ensure they continue to meet the needs for information and learning. Hope Hospice has consistently received high marks, 9 and above on a scale of 10, in its program evaluations. Anecdotally, some attendees to our Family Caregiver Education Series bring friends to the next session because they have received so much from the content. We also continue to receive referrals for special consulting on dementia-related issues from numerous facilities in the region, Pleasanton Senior Support Center, Pleasanton Nursing and Rehabilitation, The Parkview Assisted Living and various board and care homes.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

No problems or delays encountered.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

Valley Human Society for pet therapy volunteers
 American Legion Post 237 of Pleasanton funds the making of blankets for military members by volunteers.
 Pleasanton Senior Support Center, Pleasanton Nursing and Rehabilitation, The Parkview Assisted Living - hospice and home health services.

Stoneridge Creek - Presentations on Advanced Illness Care, Physician's Order for End of Life Care, Five Wishes Advanced Care Planning;

Lawrence Livermore Labs - presentations on dementia care relief;

Cancer Society - Presentations on hospice and home health;

Heritage Estates - presentations on a variety of health care conditions, end of life care planning;

The Vineyards - Presentations on hospice and home health;

Mocho Park Skilled Nursing Facility - presentations on hospice and home health;

Silver Oaks - presentations on hospice and home health;

Sunol Creek Memory Care - presentations on dementia conditions.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

City of Dublin \$14,860.00

City of Livermore \$5,000

Community contributions \$234,000 (apportioned)

Event income \$100,000 (apportioned)

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My Account > FY 2018/19 Housing and Human Services Grant Program > Legal Services, HICAP and Community Education for Pleasanton Seniors

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Legal Assistance for Seniors

Legal Services, HICAP and Community Education for Pleasanton Seniors

USD\$ 7,500.00 USD\$ 10,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Kenisha Bradley

Report 2

Edita Mercado

2. Title:

Report 1

Contracts Administrator

Report 2

Accounting Associate

3. Telephone:

Report 1

510-832-3040

Report 2

510-832-3040

4. E-Mail:

Report 1

kbradley@lashicap.org

Report 2

emercado@lashicap.org

PROJECT / PROGRAM STATUS**5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.****Report 1**

During FY 2018-2019, the program scope of work is to provide free legal assistance to 19 low income seniors and a total of 86 direct legal service hours. Through our Community Education Program, we are to hold six community education presentations for seniors, senior service providers and caregivers. The Health Insurance Counseling and Advocacy Program goal is to provide individual counseling sessions to 75 Medicare recipients at the Pleasanton Senior Center.

During the period of July 1, 2018 and December 31, 2018, Legal Assistance for Seniors assisted 17 Pleasanton clients on legal matters and provided 113.4 hours of case time. Also, nine community education presentations were held with a total of 73 attendees. Two senior fairs took place at the Pleasanton Senior Center and Ridgeview Commons and reached 99 seniors. In addition, LAS was present at three health fairs that took place at Stoneridge Creek, Ridgeview Commons and Pleasanton Senior Center that served 268 individuals. As for HICAP, 77 Medicare recipients were provided with individual counseling sessions during the first half of the fiscal year.

Report 2

During FY 2018-2019, the program scope of work is to provide free legal assistance to 19 low income seniors and a total of 86 direct legal service hours. Through our Community Education Program, we are to hold six community education presentations for seniors, senior service providers and caregivers. The Health Insurance Counseling and Advocacy Program goal is to provide individual counseling sessions to 75 Medicare recipients at the Pleasanton Senior Center.

During the period of January 1, 2019 and June 30, 2019, Legal Assistance for Seniors assisted 12 Pleasanton clients on legal matters and provided 100.4 hours of case time. Also, seven community education presentations were held with a total of 116 attendees. Two senior fairs took place at the Alameda County Fairgrounds and 160 seniors were reached. As for HICAP, 75 Medicare recipients were provided with individual counseling sessions during the second half of the fiscal year.

6. Describe any significant actions taken during the reporting period.**Report 1**

No significant actions were taken during this reporting period.

Report 2

No significant actions were taken during this reporting period.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.**Report 1**

No modifications at this time.

Report 2

No modifications at this time.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)

Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

19	19	38.00	Numeric GOAL for THIS FISCAL YEAR.
19.00	19.00	38.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

17	12	29.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
754	525	1,279.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
771.00	537.00	1,308.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

7	7	14.00	Extremely Low Income (<30% Median)
4	2	6.00	Very Low Income (30% to 50% Median)
3	3	6.00	Low Income (50% to 80% Median)
3	0	3.00	Moderate Income and Above (>80% Median)
17.00	12.00	29.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

17	12	29.00	Seniors (62 and older)
13	9	22.00	Disabled
5	4	9.00	Female-Headed Households
35.00	25.00	60.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

15	6	21.00	White
0	0	0.00	White + HISPANIC

0	1	1.00	Black/African American
0	0	0.00	Black/African American + HISPANIC
1	4	5.00	Asian
0	0	0.00	Asian + HISPANIC
0	0	0.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
0	0	0.00	Native Hawaiian/Other Pacific Islander
0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
0	0	0.00	Other/Multi Racial
1	1	2.00	Other/Multi Racial + HISPANIC
17.00	12.00	29.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

113.4	100.4	213.80	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
8310.84	8142.77	16,453.61	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
8,424.24	8,243.17	16,667.41	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

We are pleased to be working with the City of Pleasanton again this year and are happy to report that we have excelled with meeting the contracted goal of serving 75 Medicare recipients with individual counseling and we are on track when it comes to meeting the rest of

our goals.

Report 2

We are pleased to have worked with the City of Pleasanton again this year and are happy to report that we have met and exceeded our FY 2018/19 contract goals.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

James Treggiari (Executive Director) or Lenora Merlander (Chief Financial Officer).

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

LAS was granted funding to provide 86 hours of free legal services to 19 Pleasanton seniors in the areas of public benefits, health law, elder abuse, naturalization, and legal guardianship of minor children and to provide legal consultations at the Pleasanton Senior Center once a month. LAS was also granted funding to conduct six educational presentations to 220 Pleasanton seniors, service providers, and caregivers at various sites throughout the city. The Health Insurance Counseling and Advocacy Program goal was to provide individual counseling sessions to 75 Medicare recipients at the Pleasanton Senior Center.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

LAS far exceeded the number of legal clients to be reached with this program. While contracted to provide legal services to 19 Pleasanton seniors, we provided legal services to 29 seniors and 213.8 hours of direct legal service. LAS also provided a total of 16 community education presentations and seven outreach events with a total of 716 people having been reached in Pleasanton.

To meet the needs of the Pleasanton community, which is a great distance from our Oakland office, LAS attorneys met legal clients in their homes or at other designated locations when clients were unable to travel, in addition to holding consultations at the Pleasanton Senior Center once a month. Also, LAS staff provided community education presentations at seven different sites throughout Pleasanton to ensure we reached out to as many in the Pleasanton senior community as possible.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

LAS believes this program was a great success; we provided services to more individuals than originally projected, and more

importantly, as a vast majority of the legal clients served were low or extremely low income, provided free services to seniors who would otherwise be unable to afford the assistance of an attorney. In addition to our contract goals, we also measure success by the satisfaction of our clients. Legal clients, as well as community education attendees, are provided with an evaluation form to provide feedback; the responses we receive are overwhelmingly positive, providing confirmation that we are meeting the needs of our clients and that they are satisfied with the services received.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

There were no problems or delays encountered. The fact that LAS attorneys are able to make home visits to Pleasanton clients and hold office hours at the Pleasanton Senior Center makes this project especially successful in addressing client needs.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

LAS relies on collaborative relationships to leverage resources, expand services to reach more seniors, and improve seniors' access to services. These collaborations lead to greater service integration. LAS partnered with the following agencies to provide community education presentations to Pleasanton seniors: Alameda County Fairgrounds, Kottinger Place Apartments, John Muir Health, Hilton Pleasanton at the Club, Senior Support Program of Tri Valley, Pleasanton Senior Center, Ridgeview Commons, Stoneridge Creek and Senior Support Program of Tri Valley.

Through a contract with Adult Protective Services (APS), LAS accepts legal referrals for elder abuse restraining orders and other areas of law as needed.

LAS has relationships with DayBreak Adult Care Centers, Family Support Services, Alameda County Department of Children and Family Services, which make referrals for those seniors needing guardianship assistance and family support or services.

We also work with the State Bar of California, the Alameda County Area Agency on Aging, Alameda County Courts as well as the California Department of Aging and California Health Advocates.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

LAS is funded by the Alameda County Department of Social Services (which includes the Area Agency on Aging) for legal services as well as the cities of Dublin, Union City, Pleasanton, Alameda, Fremont, Hayward and Livermore. We are also funded by the State Bar of California and California Department of Social Services. We received funding from private foundations including California Health Advocates, Hindu Community and Cultural Center, True North, Van Loben Sels/Rembe Rock, West Davis and Bergard, Bernard E. & Alba Witkin, East Bay Foundation on Aging and San Francisco Foundation.

During fiscal year 2018/2019, LAS received \$1,151,911 from governmental sources, \$505,588 from foundations and corporations, \$132,491 from court appointed fees, \$126,740 from the State Bar of California, \$61,403 from conference sponsorships, registration fees and training events, and \$135,553 from individual donors, client donations and fundraising campaigns.

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My Account > FY 2018/19 Housing and Human Services Grant Program > Pleasanton Hot Meal & Bag Lunch Program

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Open Heart Kitchen

Pleasanton Hot Meal & Bag Lunch Program

USD\$ 13,000.00 USD\$ 15,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Heather Greaux

Report 2

Heather Greaux

2. Title:

Report 1

Executive Director

Report 2

Executive Director

3. Telephone:

Report 1

925-500-8247

Report 2

925-500-8247

4. E-Mail:

Report 1

heather@openheartkitchen.org

Report 2

heather@openheartkitchen.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

Open Heart Kitchen's Hot Meal Program and Children's Weekend Bag Lunch Program are both underway.

Report 2

Open Heart Kitchen's meal programs are underway.

6. Describe any significant actions taken during the reporting period.

Report 1

There were no significant actions taken during the reporting period. The meal programs are ongoing.

Report 2

N/A

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

0	0	0.00	Numeric GOAL for THIS FISCAL YEAR.
0.00	0.00	0.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

437	64	501.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
2727	331	3,058.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
3,164.00	395.00	3,559.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

396	52	448.00	Extremely Low Income (<30% Median)
28	7	35.00	Very Low Income (30% to 50% Median)
10	4	14.00	Low Income (50% to 80% Median)
3	1	4.00	Moderate Income and Above (>80% Median)
437.00	64.00	501.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

73	43	116.00	Seniors (62 and older)
44	18	62.00	Disabled
33	19	52.00	Female-Headed Households
150.00	80.00	230.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

178	19	197.00	White
14	7	21.00	White + HISPANIC
10	4	14.00	Black/African American
		0.00	Black/African American + HISPANIC
139	18	157.00	Asian
		0.00	Asian + HISPANIC
2	3	5.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
1	1	2.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
3	2	5.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
2	2	4.00	Asian and White

Pleasanton Hot Meal & Bag Lunch Program

		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
16	6	22.00	Other/Multi Racial
72	2	74.00	Other/Multi Racial + HISPANIC
437.00	64.00	501.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

17222	16040	33,262.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
120657	132085	252,742.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
137,879.00	148,125.00	286,004.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

N/A

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Heather Greaux, Executive Director or Denise Bridges, Development Director

21. For CAPER: Describe the original purpose for which the City granted the HHS funds. If applicable, explain why your

agency did not spend the entire grant.

Report 1

N/A

Report 2

HHS grant funds for FY1819 were awarded to Open Heart Kitchen to support the Hot Meal Program and the Children's Weekend Bag Lunch Program. Open Heart Kitchen delivers bag lunch meals to 11 Pleasanton schools and serves hot meals on Fridays and Sundays in Pleasanton.

22. For CAPER: Describe the accomplishments of the project or program funded through HHS. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

With the help of the funds received from the City of Pleasanton, Open Heart Kitchen distributed bag lunches to 11 schools in Pleasanton. Last year, we introduced several new items such as oatmeal and low sugar granola cereal. And we changed the flavors of the 100% fruit juice and type of muffin and crackers based on student survey feedback. We also doubled the amount of protein in the bag lunches as recommended by our Registered Dietician. We strive to provide a delicious and nutritious source of food to children so that they are healthy and ready to learn.

Open Heart Kitchen's Hot Meal clients are often forced to choose between food and utilities, food and medicine, and food or housing. By providing a stable source of food for their families they can utilize what resources they have left to pay rent or utility bills. If clients can rely on Open Heart Kitchen for food for the month, they may be able to pay rent and avoid eviction.

Food has the power to transform lives. There are stories of families getting back on their feet because, despite job loss or illness, they could count on food from Open Heart Kitchen.

"If it wasn't for Open Heart Kitchen I don't think I could've survived on the street. A true blessing." – Diner at our Pleasanton Hot Meal Site

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

Open Heart Kitchen served a total of 53,903 meals in Pleasanton in FY1819. OHK served 8,309 meals to seniors at Ridgeview Commons, 12,242 meals to seniors at the Pleasanton Senior Center, OHK delivered 24,822 bag lunch meals to Pleasanton schools, and served 8,530 hot meals in Pleasanton.

Since the OHK meal sites are a perfect gathering place for clients to gain exposure to other service providers and their programs, OHK continues to work with other organizations to do outreach at meal sites.

Open Heart Kitchen has served a total of 321 unduplicated Pleasanton school children who qualify for the USDA free/reduced school lunch program during the grant period. Out of the 321 children served 8 are homeless and 9 are disabled.

The bag lunch program increases access to healthy foods, especially fresh produce. Every week, approximately 1,900 pounds of fresh produce are included in the bag lunches such as baby carrots, apples and oranges. Nutrition education flyers are also sent home in the bag lunches at least four times a year.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

There were no problems or delays with OHK's meal programs in FY1819. Every year OHK surveys children who receive the bag lunches to determine what items they really like and which items may need to be replaced. A mid-year survey of the bag lunch items indicated that one of the new bag lunch items does not seem to be very popular at a particular school. If it is determined that the majority of students are rating this particular item as "least favorite", OHK may replace the item mid-year. It continues to be a challenge to find shelf-stable, nutritious items that are high in protein and popular with the kids.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.**Report 1**

N/A

Report 2

OHK collaborates with several community service organizations in the Tri-Valley. The following agencies provide fresh produce for the meal programs: The Alameda County Community Food Bank provides more than 2 pallets of fresh produce weekly, Fertile Groundworks provides a source of organic produce, and Sunflower Hill provides over 2,000 pounds of fresh produce every year.

OHK works closely with the school districts in the Tri-Valley to identify children with the highest need that will benefit from the Bag Lunch Program. Some children whose families could benefit from nutrition services do not apply due to social stigma or because they are not eligible because of immigration status. The relationship that OHK has with the schools is increasingly important so that some of the most vulnerable families can be identified. The schools are important partners as they are assuring that the lunches reach the children who are most in need. Overcoming social stigma and fear of signing up for programs will continue to be a challenge for most service providers.

Several local corporations provide volunteer grants or pay their employees to volunteer during work hours. This expands OHK's volunteer workforce and exposes the corporate workforce to its work, the greater community, and its needs. All of these collaborations play a role in providing services to OHK's guests and reduces the costs of doing so.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.**Report 1**

N/A

Report 2

Major Funding Sources:

City of Dublin: \$22,500

City of Livermore: \$10,000

Corporate Grants: \$96,812

Foundation Grants: \$73,535

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My Account > FY 2018/19 Housing and Human Services Grant Program > Pleasanton Senior Meal Program

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Open Heart Kitchen
Pleasanton Senior Meal Program
USD\$ 47,818.00 USD\$ 50,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Heather Greaux

Report 2
Heather Greaux

2. Title:

Report 1
Executive Director

Report 2
Executive Director

3. Telephone:

Report 1
925-500-8247

Report 2
925-500-8247

4. E-Mail:

Report 1
heather@openheartkitchen.org

Report 2

heather@openheartkitchen.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

Open Heart Kitchen's Senior Meal Program is underway.

Report 2

Open Heart Kitchen's Senior Meal Program is underway.

6. Describe any significant actions taken during the reporting period.

Report 1

Open Heart Kitchen has implemented a computerized reservation and meal tracking system at the Pleasanton Senior Center and Ridgeview Commons.

Report 2

N/A

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

0	950	950.00	Numeric GOAL for THIS FISCAL YEAR.
0.00	950.00	950.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

590	268	858.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
507	279	786.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
1,097.00	547.00	1,644.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

261	111	372.00	Extremely Low Income (<30% Median)
329	157	486.00	Very Low Income (30% to 50% Median)
		0.00	Low Income (50% to 80% Median)
		0.00	Moderate Income and Above (>80% Median)
590.00	268.00	858.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

585	268	853.00	Seniors (62 and older)
84	65	149.00	Disabled
221	30	251.00	Female-Headed Households
890.00	363.00	1,253.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

336	137	473.00	White
73	17	90.00	White + HISPANIC
2	4	6.00	Black/African American
		0.00	Black/African American + HISPANIC
80	41	121.00	Asian

Pleasanton Senior Meal Program

		0.00	Asian + HISPANIC
7	3	10.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
3	1	4.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
89	59	148.00	Other/Multi Racial
	6	6.00	Other/Multi Racial + HISPANIC
590.00	268.00	858.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

9985	10566	20,551.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
9216	10063	19,279.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
19,201.00	20,629.00	39,830.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

N/A

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Heather Greaux, Executive Director or Denise Bridges, Development Director

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

HHSG grant funds for FY1819 were awarded to Open Heart Kitchen to support the Senior Meal Program. Open Heart Kitchen serves meals to seniors 5 days a week at the Pleasanton Senior Center and Ridgeview Commons Senior Housing Complex.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

Open Heart Kitchen's Senior Meal Program provides necessary nutrition as well as support for emotional well-being. In addition to having special dietary requirements, seniors are often left alone for too long without meaningful human interaction. The Senior Meal Program encourages seniors to get out of the house and socialize with their neighbors in a safe and friendly environment. Food insecurity especially impacts our growing senior population. Food is a basic human need and no senior should ever have to question where their next meal is coming from.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

Open Heart Kitchen served a total of 53,903 meals in Pleasanton in FY1819. OHK served 8,309 meals to seniors at Ridgeview Commons, 12,242 meals to seniors at the Pleasanton Senior Center, OHK delivered 24,822 bag lunch meals to Pleasanton schools, and served 8,530 hot meals in Pleasanton.

OHK's Senior Meal Program underwent a Fiscal Monitoring audit as well as a general operational and administrative inspection by the Alameda County Social Services Agency, Department of Adult and Aging Services. The monitoring results were found to be in compliance with minor corrections suggested. In a letter dated April 12, 2019 the Senior Nutritionist from the Area Agency on Aging stated, "Mary Louise went to visit the Livermore Community Center and noticed that there is a significant increase in the

number of participants compared to her last visit there. The atmosphere was cheerful and welcoming. There was a charming presentation—with prizes—from a center staffmember and many volunteers from a local business were helping out in the kitchen. Making the site a fun and engaging place makes such a difference in how the program is perceived! Well done. "

Since the OHK meal sites are a perfect gathering place for clients to gain exposure to other service providers and their programs, OHK continues to work with other organizations to do outreach at meal sites.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

Historically OHK relied on "paper and pencil" as a reservation system. OHK struggled with this system as the senior meal program grew over time. At the end of FY1718, OHK invested in a new reservations computer system, My Senior Center. The system was launched at Ridgeview Commons in Pleasanton in the beginning of FY1819 then it was launched at the Pleasanton Senior Center. OHK feels that the addition of a computerized reservation system has greatly reduced the times when the kitchen "over produces" food due to an inaccurate reservation count. Note on food "overproduction": when the kitchen prepares too many meals for the senior meal program, AAA considers it waste. OHK cannot re-use the food in the senior meal program, but does use the food in the Hot Meal program as long as all time and temperature requirements are met.

OHK feels that implementing the My Senior Center reservations system at all of the senior sites has been extremely successful.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

OHK collaborates with several community service organizations in the Tri-Valley. The following agencies provide fresh produce for the meal programs: The Alameda County Community Food Bank provides more than 2 pallets of fresh produce weekly, Fertile Groundworks provides a source of organic produce, and Sunflower Hill provides over 2,000 pounds of fresh produce every year. OHK also works closely with the Alameda Agency on Aging who provides technical and financial support for the program.

Several local corporations provide volunteer grants or pay their employees to volunteer during work hours. This expands OHK's volunteer workforce and exposes the corporate workforce to its work, the greater community, and its needs. All of these collaborations play a role in providing services to OHK's guests and reduces the costs of doing so.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

Major Funding Sources:

Alameda County Area Agency on Aging: \$260,343

Foundation Grants: \$130,000

Senior Program Revenue: \$100,867

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My Account > FY 2018/19 Housing and Human Services Grant Program > Student Health Services

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Pleasanton Unified School District
Student Health Services
USD\$ 5,000.00 USD\$ 5,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Susan Han, RN, MSN

Report 2
Susan Han, RN

2. Title:

Report 1
District Nurse

Report 2
Lead District Nurse

3. Telephone:

Report 1
925-426-4290

Report 2
925-426-4290

4. E-Mail:

Report 1
shan@pleasantonusd.net

Report 2

shan@pleasantonusd.net

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

Identifying students in need of medical/dental services, referring students and connecting with families, working with medical/dental providers regarding students currently receiving care.

Report 2

School is on summer break. We made last efforts to refer students for services before school went out on June 1. In the month of June we worked with summer school staff to refer students who might need assistance for vision, hearing or dental needs.

6. Describe any significant actions taken during the reporting period.

Report 1

Historically we ran out of funding in March of each funding cycle, this year, we've used some other funding sources to provide students the services they need with the hope that this funding will last until the end of the school year.

Report 2

We noticed there was a need for students with mental emotional challenges to engage in organized activities such as summer camps etc. The underserved families were not able to send their children to these camps. We tried to use the grant money to cover the cost of these activities but they were not described in the grant contract, therefore the request was denied. It gave us an opportunity to reevaluate our needs and possibly put them in the future grant/contract.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

All invoices have been submitted.

We did not use up the money this year due to a few factors. First of all, we always tried to use other resources first so we can conserve this funding for students who absolutely do not meet criteria for other resources. Secondly, we had some issues with vendors who cannot accept the grant, such as all the local pharmacies.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

15	15	30.00	Numeric GOAL for THIS FISCAL YEAR.
15.00	15.00	30.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

2	6	8.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
0	6	6.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
2.00	12.00	14.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

		0.00	Extremely Low Income (<30% Median)
	1	1.00	Very Low Income (30% to 50% Median)
2	5	7.00	Low Income (50% to 80% Median)
		0.00	Moderate Income and Above (>80% Median)
2.00	6.00	8.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

0		0.00	Seniors (62 and older)
0		0.00	Disabled
0	2	2.00	Female-Headed Households
0.00	2.00	2.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

Student Health Services

1	2	3.00	White
1	4	5.00	White + HISPANIC
		0.00	Black/African American
		0.00	Black/African American + HISPANIC
		0.00	Asian
		0.00	Asian + HISPANIC
		0.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
		0.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
		0.00	Other/Multi Racial
		0.00	Other/Multi Racial + HISPANIC
2.00	6.00	8.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

20	6	26.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
0	6	6.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

20.00	12.00	32.00	TOTAL
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19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

N/A

Report 2

We do not collect income data from families. The answers on question 13 are estimates based on staff observations and interaction with the families.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Susan Han, RN and Maria Dykzuel

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

The funding will help provide access to dental care, medical (including mental health), vision and other types of medical care services for our low income, under-insured or uninsured school age children in Pleasanton Unified School District.

We did not spend the entire funding this year due to a few factors. First of all, we always tried to use other resources first so we can conserve this funding for students who absolutely do not meet criteria for other resources. Secondly, we had some issues with vendors who cannot accept the grant, such as all the local pharmacies.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

The program has really helped several families to access much needed services for their children. For example, 5 children were able to get glasses and 2 students received dental services. One of student was suffering tooth pain and it was significantly impacting his ability to focus and study, through the referral of the teacher and office staff, this student was able to see the dentist we contracted with, not only he examined and addressed the student's dental needs, he also gave us a discount for his services. This community is truly blessed with caring health care providers.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it

meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

Yes, the program has been very successful. We've applied and been granted this funding for the past 5 years and many students have been benefited from the services it provided. Our success is measured that 90% of the referred students will receive the services they need. However, we have exceeded this goal, 100% of the referrals have received the services.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

We did have challenges processing the invoices in a timely manner. Sometimes it was due to the slow response from the vendors; sometimes due to our support staff being overwhelmed. Like any other new program/project, it needs people to run it. However, we do not have additional staff hired and the extra work fell on the existing staff. But, we are more than grateful for the help this program provided to the students we serve.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

Foothill Optometric Group and Pleasanton Optometry
Dr. Steven Chew, DDS

These providers work closely with us to provide vision and dental care to our low income, uninsured or underinsured students. Dr. Chew always gives us a discount on the dental services. The optometrists have their office staff communicate with us directly when need arises.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

TriValley Health Initiative through Alameda county, amount varies, we use this fund first before using this grant.

VPS vouchers through NASN (National School Nurses Association), it provides a free vision exam and free pair of glasses if student qualifies, if not we use this grant money.

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My Account > FY 2018/19 Housing and Human Services Grant Program > Meals on Wheels for Pleasanton's Homebound Elderly

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Spectrum Community Services
Meals on Wheels for Pleasanton's Homebound Elderly

USD\$ 11,000.00 USD\$ 15,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Becky Bruno

Report 2
Becky Bruno

2. Title:

Report 1
Senior Nutrition Program Manager

Report 2
Senior Nutrition Program Manager

3. Telephone:

Report 1
510-876-8807

Report 2
510-876-8807

4. E-Mail:

Report 1
BBruno@SpectrumCS.org

Report 2

BBruno@SpectrumCS.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

Spectrum Community Services is serving nutritious meals to homebound seniors in Pleasanton. The meals provided meet the nutrition requirements outlined in Title III C of the Older Americans Act. In addition to providing a nutritious meal, the volunteer delivery drivers provide a safety check to ensure the client's well-being.

Report 2

Spectrum Community Services is serving nutritious meals to home-bound seniors in Pleasanton every day. The meals provided meet the nutrition requirements outlined in Title III C of the Older Americans Act. In addition to providing a nutritious meal, the volunteer delivery drivers provide a safety check to ensure the client's well-being. This interaction allows for needed social connection for these homebound elderly.

6. Describe any significant actions taken during the reporting period.

Report 1

The previous cutbacks reported affected our ability to serve all who requested our service, therefore we had a wait list. We held a successful fundraiser at the end of September which allowed us to take everyone off the wait list in October. Now we are serving all who want our service in the Tri-Valley. In November we were able to resume serving meals for Saturdays and Sundays.

Report 2

The previous cutbacks reported affected our ability to serve those in need who requested our service. This forced us to have a waitlist for new applicants, as well as a reduction in service from 7 to 5 meals per week. We held a successful fundraiser at the end of September, which allowed us to take everyone off the waitlist in October. Now we are serving all eligible seniors who want our service in the Tri-Valley, and in November we were able to resume serving meals on Saturdays and Sundays.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

n/a

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

Yes

No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

Yes (already submitted invoice/s)

Yes (but invoice/s not yet submitted)

No (no expenditures this period)

Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

90	90	180.00	Numeric GOAL for THIS FISCAL YEAR.
90.00	90.00	180.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

95	28	123.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
182	70	252.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
277.00	98.00	375.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

19	12	31.00	Extremely Low Income (<30% Median)
13	9	22.00	Very Low Income (30% to 50% Median)
28	7	35.00	Low Income (50% to 80% Median)
35		35.00	Moderate Income and Above (>80% Median)
95.00	28.00	123.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

95	28	123.00	Seniors (62 and older)
		0.00	Disabled
2	3	5.00	Female-Headed Households
97.00	31.00	128.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

37	12	49.00	White
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Meals on Wheels for Pleasanton's Homebound Elderly

11		11.00	White + HISPANIC
13		13.00	Black/African American
		0.00	Black/African American + HISPANIC
17		17.00	Asian
		0.00	Asian + HISPANIC
2		2.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
		0.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
15	16	31.00	Other/Multi Racial
		0.00	Other/Multi Racial + HISPANIC
95.00	28.00	123.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

6,760	8,299	15,059.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
13,312	17,800	31,112.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
20,072.00	26,099.00	46,171.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

n/a

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Lara Calvert, Executive Director

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

Grant funds were intended to help cover the costs of 40% of the Pleasanton Meals on Wheels Coordinator's salary and benefits. This position is responsible for conducting assessments of our clients, performing intakes, and ensures meals are delivered to each client. Grant funds were also intended to cover 8% of the Meals on Wheels Volunteer and Outreach Coordinator's salary and benefits. The Volunteer/Outreach Coordinator recruits, trains and schedules volunteers, and also works to cultivate connections in the community.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

Spectrum was able to provide 15,059 meals, an annual increase of 12.5%, reaching 123 clients in this fiscal year. The Meals on Wheels program helps to increase chances for senior residents of Pleasanton to remain independent in their homes. The program provides up to seven healthy, balanced meals each week. This program not only helps with nutrition but provides a safety check. The client can rely on the Meals on Wheels driver to come by each day and check in on their safety and well being.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

We set a goal to serve at least 11,000 nutritious meals to 90 homebound Pleasanton seniors. We well exceeded our goals by serving

15,059 meals to 123 seniors in FY 2018-19, even with the funding challenges we faced this year. We know that we could have served even more seniors, more meals, if we did not face funding challenges. During the year, some Pleasanton eligible seniors were put on a waitlist and weekend meals were not served. We know we would have served even more if we had been fully funded.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

In this fiscal year, we encountered more needy seniors than we were budgeted to serve, given all of our funding sources. We found it necessary to stop serving meals on weekends, and at one point were forced to put people on a waiting list. We were able to find some additional funding, which allowed us to start serving those on the waitlist.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

Stanford Health Care - Valleycare: The hospital prepares the meals that we deliver to the clients. The hospital also provides us with an office space for our Livermore employees.

City of Pleasanton Senior Center: Provides an office space for us to provide Meals on Wheels out of as well as a venue and opportunities for Spectrum to increase awareness of the Meals on Wheels program.

Senior Support Program of the Tri-Valley: Provides a broad range of social services and care management for Spectrum's seniors, and makes regular referrals to our Meals on Wheels program.

Meals on Wheels of Alameda County: An exchange of information and techniques to enhance countywide senior services, as well as to measure progress of service countywide. They also assist Spectrum with fundraising and provide program support.

Alameda County Area Agency on Aging: Provides countywide services and a 1-800 number assistance line and is the contractor with Spectrum's Congregate Meals and Meals on Wheels to seniors.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

Dublin: \$13,000

Livermore: \$18,324

Area Agency on Aging: \$29,179

Measure A: \$75,000

Meals on Wheels of Alameda County: \$74,816

Client Donations: \$56,708

Private Donations: \$91,232

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My Account > FY 2018/19 Housing and Human Services Grant Program > Special Needs Horticulture Teaching Support

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Sunflower Hill
Special Needs Horticulture Teaching Support
USD\$ 10,000.00 USD\$ 32,670.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
kathyl@sunflowerhill.org

Report 2
Pamela Zielske

2. Title:

Report 1
President, Sunflower Hill Board of Directors

Report 2
Advancement Director

3. Telephone:

Report 1
(925) 963-9675

Report 2
925-519-1347

4. E-Mail:

Report 1
kathyl@sunflowerhill.org

Report 2

Pamela@sunflowerhill.org

PROJECT / PROGRAM STATUS**5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.****Report 1**

Sunflower Hill Gardens has been actively underway providing horticultural training and life skills coaching to individuals with developmental disabilities since April 2015. We continue to innovate and evolve this program to meet the needs of our community. We offer a place for high school transition programs and adult day programs to learn at no cost. In CY 2018 we donated 81% of our produce, roughly 7,471 lbs., to partners like Open Heart Kitchen, Culinary Angels and Tri-Valley Haven. We provide Sunflower Hill baskets, which include fresh produce and items made in our garden by our special needs ranchers, to non-profits for use at their fundraisers. Our request focused on providing support for our Special Needs Teacher, Becca, and Lead Farmer, Lina. Becca has updated our curriculum so that it can be adapted to enhance the skills of each individual. Horticultural lessons begin with a sensory discussion; ranchers learn concepts and decide upon their task for the session. Becca and Lina ensure there are tasks for all abilities; hands-on activities to improve fine motor skills, table top options for those who cannot bend or squat, and large muscle group activities for those who like to be very active. Each rancher successfully completes a task each session. Math and writing skills are also practiced. Ranchers use measuring tools to determine spacing or quantities of seeds and amendments needed for sowing and planting. Ranchers identify and weigh produce; they then record the harvest. Ranchers also add up the total amount harvested and subtract the weight of baskets to achieve the actual weight of the produce. Closing circle is a continuation of life-skills coaching; practicing table manners, serving each other garden produce as snack, and practicing conversation skills. Our special needs Interns have a daily task list that they refer to independently and begin their work. Once independent tasks are completed, they are assigned specific tasks for that day.

Report 2

Sunflower Hill Gardens has been actively providing horticultural vocational training and life skills coaching to individuals with intellectual and developmental disabilities since April 2015. We have continued to innovate and evolve this program to meet the needs of the community we serve. We offer a place for high school transition and adult day programs to learn and develop vital life skills at no cost. In 2018, we donated 81% of our produce, over 7,000 lbs., to nonprofit partners, Open Heart Kitchen, Culinary Angels and Tri-Valley Haven. We continue to provide Sunflower Hill baskets, with fresh produce and items made in our garden by neuro-diverse ranchers, to local nonprofits to use at their fundraisers.

Our request focused on providing support for our Special Needs Teacher, Becca Langstaff, and Lead Farmer, Lina Valenzuela. Becca has continued to update our curriculum during this reporting period so that it can be adapted to enhance the skills of each individual. Horticultural lessons begin with a sensory discussion where ranchers learn concepts and decide upon their task for the session. Becca and Lina ensure there are tasks for all abilities; hands-on activities to improve fine motor skills, table top options for those who cannot bend or squat, and large muscle group activities for those who like to be very active. Each rancher successfully completes a task that day. Math and writing skills are also practiced with ranchers using measuring tools to determine spacing or quantities of seeds and amendments needed for sowing and planting. Ranchers identify and weigh produce, record the harvest, and add up the total amount harvested. Closing circle is a continuation of life-skills coaching, practicing table manners and conversation skills, and sampling the produce harvested that day. Special needs interns have a daily task list that they refer to independently. Once independent tasks are completed, they are assigned additional tasks for that day.

6. Describe any significant actions taken during the reporting period.**Report 1**

In November 2018 we hired a part-time Vocational Coach, Allison Arons, to work alongside our special needs interns, employee and workability programs. Allison is a licensed MFT and has worked as a job skills developer for autistic people. The first year will be an important time for Allison to assess areas where we can adapt our gardens program to more successfully support our clients. This will include working closely with interns to set their individual goals, hiring and coaching our special needs employee on workplace expectations, i.e., adhering to a schedule, tracking time in/out, accomplishing tasks, and setting goals. We do not anticipate this to be easy to quantify, but that measurable results will be the daily successes achieved as our interns develop life skills and work place skills needed in the workforce on a daily basis. These will be small wins, a little at a time.

During the reporting period we served 141 unduplicated special needs ranchers. We have 10 adult in transition programs and 4 adult day programs attending once a week, and are pleased to have program attendees returning each week as we continue to build upon their skills. As there is a huge need and our resources are limited, we developed an experiential field trip day for programs to visit us once a semester, at no cost, to experience a simple horticultural program. Two adult in transition programs will take advantage of this program this spring.

Sunflower Hill has also been the beneficiary of grants and volunteer hours. This has enabled us to create an infrastructure that is more accessible for our clients. Volunteers have built benches, carts and tables for our programs as we frequently have 2 classes needing places to sit for closing circle at the same time. We hosted 3 family workdays for families with special needs loved ones to work in the garden or part-take in the arts & crafts activities. We are fortunate to be able to offer these programs at no cost to our community.

Report 2

In addition to the accomplishments outlined above, we have developed an experiential field trip day where programs can visit the garden once per semester/trimester, at no cost, and experience a hands-on horticultural program in a nurturing environment.

We also extended the contract for our Garden and Teaching Assistant, Stefanie Landman. Stefanie has dual degrees in environmental studies and sociology, and she is currently enrolled in a master's program at San Francisco State University in clinical mental health counseling. Additionally, she has professional experience in leading experiential outdoor education to adults and children with special needs. Her addition to the team has proved integral to the success of our programs as she has greatly supported both our Lead Farmer and Garden Teacher.

In June, our Vocational Coach brought on 3 new neuro-diverse individuals to work with us in the garden over the summer. We also brought on a Career Enhancement Intern (CEI) to work directly under our Vocational Coach. This role is a volunteer internship for individuals interested in growing their knowledge of and experience with the special needs population.

We continue to develop opportunities for the community to enjoy the garden. We hosted a Saturday Family Work Day, which was our April Spring Planting event. This event was staffed with the assistance of a local volunteer agency (NCL) and hosted community members of all ages and abilities to enjoy crafts, games, and assist in the bulk of our spring planting and maintenance in the fields.

Our team also continues to find creative ways to further develop our program. In April, our Lead Farmer and Garden Teacher visited a nearby garden, Common Roots in Santa Cruz, which provides a similar service in their community. The visit to Common Roots sparked many new ideas surrounding the concept of Therapeutic Gardening and challenged our team to find new ways to meet this need in our own space moving forward.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

50	50	100.00	Numeric GOAL for THIS FISCAL YEAR.
50.00	50.00	100.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

19	1	20.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
141	17	158.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
160.00	18.00	178.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

19	1	20.00	Extremely Low Income (<30% Median)
		0.00	Very Low Income (30% to 50% Median)
		0.00	Low Income (50% to 80% Median)
		0.00	Moderate Income and Above (>80% Median)
19.00	1.00	20.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

		0.00	Seniors (62 and older)
19	1	20.00	Disabled
		0.00	Female-Headed Households
19.00	1.00	20.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

15		15.00	White
		0.00	White + HISPANIC
			Black/African American

Special Needs Horticulture Teaching Support

1		1.00	
		0.00	Black/African American + HISPANIC
3	1	4.00	Asian
		0.00	Asian + HISPANIC
		0.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
		0.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
		0.00	Other/Multi Racial
		0.00	Other/Multi Racial + HISPANIC
19.00	1.00	20.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

44	38	82.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
308	228	536.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
352.00	266.00	618.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

Sunflower Hill Gardens was open and staffed 23 Saturdays in this reporting period for individuals with special needs, and community volunteers, to work alongside our farmers and programmatic team. This offers an additional time for Tri-Valley residents to work in the garden.

A unit of service is considered a class period which is typically 90 minutes in length. Each unit of service begins with an sensory friendly opening circle where the class learns about the activities of the day, client centered work in the garden where tasks are created to meet and challenge the abilities of the individual based on their goals, and the closing circle where clients share the work they accomplished and enjoy a snack together, which is harvested from the garden.

Amador High School Transition and Village Pleasanton Adult in Transition program participate regularly.

Report 2

Sunflower Hill Gardens was open and staffed on 20 Saturdays during this time period for individuals with special needs, and community volunteers, to work alongside our farmers and programmatic team. This offers an additional time for members of the surrounding community to work in the garden. It also enables families with younger children with developmental disabilities to work with our teaching team and neuro-diverse ranchers.

A unit of service is considered a class period, which is typically 90 minutes in length. Each unit of service begins with an sensory friendly opening circle where the class learns about the activities of the day, client centered work in the garden where tasks are created to meet and challenge the abilities of the individual based on their goals, and the closing circle where clients share the work they accomplished and enjoy a snack together, which is harvested from the garden.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

N/A

Report 2

Pamela Zielske, Advancement Director

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

The original purpose of this grant application was for Special Needs Horticultural Teaching Support. Specifically, the grant enabled us to support retaining a credentialed teacher to formalize our horticulture program and develop a client-centered curriculum.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

N/A

Report 2

As Sunflower Hill has grown, we have continued to innovate and evolve our programs to meet our community's needs. In 2018, Sunflower Hill hired its first executive director, and under her leadership, we have transitioned the Board of Directors from a working Board to a managing Board. This structural reorganization has enabled us to professionalize our program by hiring a high quality teaching team, including Garden Teacher, Becca Langstaff, Vocational Coach, Allison Arons, and Garden Assistant, Stefanie

Landman. Our highly qualified teaching team has created a unique client-centered curriculum that enables each neuro-diverse rancher to thrive in the garden. They have updated our lesson plans into an organized curriculum that can be adapted to the skills of each individual who participates in a class at the garden. The teaching team also works collaboratively with Lead Farmer, Lina Valenzuela, to ensure there are appropriate tasks available for all ability levels.

Our vocational coach is also providing individualized client-centered coaching to our neuro-diverse garden interns, and has recently added 3 new summer interns to the program. Her primary focus has been on working closely with interns on successful job skills as well as formalizing and professionalizing our internship and employment programs. As part of this effort, she has coordinated professional development opportunities for Sunflower Hill staff, which includes training from outside experts.

The garden team continues to provide opportunities for the community at large to enjoy the garden as well, by being open to the public on most Saturdays, and by hosting special events, such as family work days.

Additionally, Sunflower Hill continues to donate a large portion of the produce harvested in the garden by our neuro-diverse ranchers. In 2018, we donated over 7,000 lbs. of produce to our nonprofit partners, Open Heart Kitchen, Culinary Angels, and Tri-Valley Haven.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

N/A

Report 2

The Sunflower Hill Horticulture program is a tremendous success. We provide a unique space for individuals with intellectual and developmental disabilities to enjoy the beauty of being outside as well as gain valuable life and educational skills. It is one of the few programs in the Tri-Valley that is outdoors and provides opportunities for functional fitness, vocational training, and nutrition. Our highly qualified teaming team has developed a diverse and nurturing client-centered curriculum, which tailors every task to each rancher's unique ability level.

Additionally, we also have continued to develop our internship and employment program that provides horticulture and life skills training to moderate to high functioning neuro-diverse adults. This program has evolved and grown to support 3 new interns this summer.

We have a number of methods to measure the overall success of our program. One method has been the quality of the lessons themselves within the context of an organized and appropriately adaptive curriculum that can be taught across all ability levels present in the groups attending the gardens' classes. In addition, the Garden Teacher works collaboratively with classroom teachers to integrate garden lessons into classroom lesson plans.

Another key measurement of success is the amount of produce that is donated to local nonprofit organizations. In 2018, we donated over 7,000 lbs of produce to Open Heart Kitchen, Tri-Valley Haven, and Culinary Angels, that was ultimately used to feed low-income individuals and families throughout the Tri-Valley region. We have continued to regularly donate produce to these organizations in 2019. Between January - June 2019, we have grown 1,569 lbs of produce and have donated 1,022 lbs to the organizations listed above.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

N/A

Report 2

In May 2019, we lost our paid neuro-diverse Farm Technician due to an upcoming move. However, the absence led us to focus our efforts on growing this vocational component in the garden. Our Vocational Coach brought on 3 new neuro-diverse individuals to work with us over the summer beginning in June.

Significant rain kept the garden team out of the garden several days this spring, which pushed some planting and other timely tasks

out a bit and impacted our already planted crops. Our Garden Teacher visited a few program classrooms at their sites to provide indoor activities when we were not able to host them on site.

We were prepared to host a 1-day large group event for a brand new Adult Day Program in March, but rain forced us to cancel. While we were not able to reschedule the single day event, we signed the program on as a twice a month group, which will begin in July.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

N/A

Report 2

Sunflower Hill donates 51% or more of the produce harvested in the garden each year to low income families and individuals. In 2018, we donated 81% of fresh produce harvested, or 7,471 lbs. to the following local nonprofit organizations: Open Heart Kitchen; Tri-Valley Haven; Culinary Angels.

Additionally, SFH Gardens has partnered with the following organizations to provide direct educational and vocational services free of charge:

- School Districts in Livermore, Pleasanton, Dublin, and San Ramon;
- Local Adult Day Programs, including Arc of Alameda County in Dublin, Enjoy More Life in Livermore, RES in Danville, Future Explorers in Livermore, and Kaleidoscope in Dublin.

Sunflower Hill also has partnered with the following organizations and businesses, which provide volunteer community services at the garden:

- Livermore Valley Rotary
- Rotary Club of Livermore
- Pleasanton North Rotary
- Rotary Club of Pleasanton
- Rotary Club of Danville / Sycamore Valley Community Foundation
- Pleasanton Boys Team Charity
- Pleasanton Girls National Charity League
- Local Boy Scout troops and Eagle Scout Projects
- Livermore National Charity League
- Pleasanton National Charity League
- Blue Oaks Church
- HandsOn Bay Area
- Robert Half
- Sensiba San Fillippo
- Armanino

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

N/A

Report 2

We obtained funding from the following additional sources:

City of Pleasanton Youth Grant: \$5,881

City of Livermore Housing and Human Services Grant: \$5,000

Rotarian Foundation of Livermore: \$5,000

Grant from the Clif Bar Family Foundation: \$3,500

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My Account > FY 2018/19 Housing and Human Services Grant Program > Capital Improvements

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Tri-Valley Haven

Capital Improvements

USD\$ 110,630.00 USD\$ 228,776.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Cynthia Cunningham Morales

Report 2

Cynthia Cunningham Morales

2. Title:

Report 1

Data Manager

Report 2

Contracts Manager

3. Telephone:

Report 1

925-449-5845

Report 2

925-449-5845

4. E-Mail:

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cynthia@trivalleyhaven.org

Report 2

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PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

The project is still in the pre-development phase, though we are relieved to have hired a Project Manager, Kenneth Jones with Landis Development. Through Kenneth and help from the cities' staff, we have also hired an architect from Walovich Architects. Kenneth is developing a request for qualifications (RFQ) for a general contractor for the project as well. One of the major barriers to moving forward with the project has been the lack of interest by companies to work on a smaller scaled job.

Report 2

TVH continues to work Kenneth Jones with Landis Development and Walovich Architects.

Walovich Architects completed destructive testing during the reporting period.

6. Describe any significant actions taken during the reporting period.

Report 1

Hiring the architect is the most significant action taken in the reporting period. This took much longer than expected, as there were only two candidates and the scheduling/rescheduling during a holiday week was challenging.

Report 2

Destructive testing was completed during this reporting period.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

A general contractor will need to be hired and s/he will have to make some recommendations on some of the work. It is likely that the scope of work will be modified and that will be one of the priority tasks of the team of Project Manager, Architect and General Contractor. We intend to complete the work with as little as possible disruption to our clients.

Report 2

TVH has not submitted invoices for this project. According to the City of Pleasanton an Environmental Review needs to be completed before invoices can be processed.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

		0.00	Numeric GOAL for THIS FISCAL YEAR.
0.00	0.00	0.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

		0.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
		0.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
0.00	0.00	0.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

		0.00	Extremely Low Income (<30% Median)
		0.00	Very Low Income (30% to 50% Median)
		0.00	Low Income (50% to 80% Median)
		0.00	Moderate Income and Above (>80% Median)
0.00	0.00	0.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

		0.00	Seniors (62 and older)
		0.00	Disabled
		0.00	Female-Headed Households
0.00	0.00	0.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

Capital Improvements

		0.00	White
		0.00	White + HISPANIC
		0.00	Black/African American
		0.00	Black/African American + HISPANIC
		0.00	Asian
		0.00	Asian + HISPANIC
		0.00	American Indian/Alaskan Native
		0.00	American Indian/Alaskan Native + HISPANIC
		0.00	Native Hawaiian/Other Pacific Islander
		0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
		0.00	American Indian/ Alaskan Native and White
		0.00	American Indian/ Alaskan Native and White + HISPANIC
		0.00	Asian and White
		0.00	Asian and White + HISPANIC
		0.00	Black/African American and White
		0.00	Black/African American and White + HISPANIC
		0.00	American Indian/Alaskan Native and Black/African American
		0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
		0.00	Other/Multi Racial
		0.00	Other/Multi Racial + HISPANIC
0.00	0.00	0.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

		0.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
		0.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

0.00	0.00	0.00	TOTAL
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19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

N/A

Report 2

n/a

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Ann King, Executive Director

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

The Pleasanton HHSG funds were requested for three Tri-Valley Haven buildings: Community Building, Shiloh Domestic Violence Shelter, and Sojourner House Homeless Family Shelter. We will be addressing many ADA issues such as bathrooms and ramps this year with current funding at both shelters; and if that work is not all completed by June 30th, it may carry into next year.

At Shiloh we will resurface the children's playground, replace most flooring, repair inside and outside walls, directed in part by how the laboratory results for lead, asbestos and termites comes back. For the Community Building, the parking lot will be resurfaced, HV/AC units will be replaced, outside walls will be repaired and painted, floors will be replaced. For Sojourner House, Shiloh, and the Community Building, solar panels will finally be purchased and installed. According to the energy assessments, we should replace 2 of 3 roofs before installing solar panels. Contrary to that, the facilities assessments suggest roof replacements could be 10 years out. More investigation would need to be done on this issue.

The entire grant was not spent because TVH is waiting for the Environmental Review to be completed to submit invoices.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

This is in progress.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

Although we have faced challenges implementing this project, we continue to provide shelter and services to clients at both of our shelters: Shiloh and Sojourner House. During this fiscal year we served 94 women and 137 children at Shiloh and we served 41 adults and 32 children at Sojourner House.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

There have been delays in scheduling planning meetings with all parties involved.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

Since this is a capital project and not direct services for our clients, agency collaboration is not relevant, though we do hold formal memorandums of understanding with over 60 local organizations.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

Local: \$408,000.

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My Account > FY 2018/19 Housing and Human Services Grant Program > Counseling and Temporary Restraining Order Clinic

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division

FY 2018/19 Housing and Human Services Grant Program

Tri-Valley Haven

Counseling and Temporary Restraining Order Clinic

USD\$ 13,000.00 USD\$ 20,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Cynthia Cunningham Morales

Report 2

Cynthia Cunningham Morales

2. Title:

Report 1

Data Manager

Report 2

Contracts Manager

3. Telephone:

Report 1

925-449-5845

Report 2

925-449-5845

4. E-Mail:

Report 1

cynthia@trivalleyhaven.org

Report 2

cynthia@trivalleyhaven.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

Tri-Valley Haven continues to offer weekly restraining order clinics in our Pleasanton office each Tuesday evening from 5:30 to 7:30.

Tri-Valley Haven's Behavioral Health Care Program provides intakes, assessments and both in-person individual and group counseling for adults, teens, and children in Pleasanton. Tri-Valley Haven (TVH) serves local survivors of sexual assault, domestic violence, homelessness and poverty. The Haven provides individual therapy and support groups at our office in Pleasanton, on Black Avenue, for victims of abuse. Our mission is to empower each client by giving them the information, therapy and resources necessary to keep them safe.

We aim to create a Pleasanton community free from violence, one individual at a time.

Report 2

Tri-Valley Haven provides counseling services to Pleasanton residents both at our Livermore Community Building and at our office centrally located on Black Avenue in Pleasanton.

Tri-Valley Haven's Counseling Services Program provides intakes, assessments and in-person individual and group counseling for adults and children in our community. Tri-Valley Haven (TVH) serves survivors of sexual assault, domestic violence, homelessness and poverty. We support each Pleasanton participant by empowering them and providing them the resources necessary to stay safe. Together we are creating a community without violence, one individual, one family at a time.

Tri-Valley Haven continues to offer weekly restraining order clinics at our Pleasanton office on Tuesday evenings from 5:30-7:30. Staff and volunteers assist with preparing and filing the paperwork, orienting clients about court procedures and providing court accompaniment. They also provide safety planning and referrals to other services within Tri-Valley Haven or the community.

6. Describe any significant actions taken during the reporting period.

Report 1

Our Legal Services Advocate Susannah Kaplan reduced her hours from 30 to 20, but we were able to quickly hire one of our Legal Clinic volunteers, Andleeb Ali, to cover the other ten hours and six additional hours assisting at our shelter. This worked out very well not only because Andleeb came into the position fully trained, resulting in no down time, but she also speaks Hindi, thus increasing our on-site language capabilities for our legal and shelter clients.

Tri-Valley Haven serves each counseling client quickly and provides them excellent therapy. The Haven offers crisis counseling within one business day of the client's request for services. We do this by assigning a trained counselor to respond to the Haven's counseling line each day, several times every day. Many agencies have a waiting list that is weeks or months long. A waiting for clients in crisis is unacceptable to Tri-Valley Haven. Pleasanton clients in crisis see a counselor when needed. The addition of Tri-Valley Haven's Pleasanton Office on Black Avenue has made it much easier for Pleasanton residents to seek our services. Tri-Valley Haven gives each client the tools needed to get out of crisis and to be safe.

Report 2

Our Legal Services Advocate, Susannah Kaplan has transitioned to another position at the Haven. Rachel Smith, a Pleasanton native, has taken over the Legal Services Advocate position.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

Yes

No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

50	50	100.00	Numeric GOAL for THIS FISCAL YEAR.
50.00	50.00	100.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

23	25	48.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
84	106	190.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
107.00	131.00	238.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

15	13	28.00	Extremely Low Income (<30% Median)
6	3	9.00	Very Low Income (30% to 50% Median)
2	5	7.00	Low Income (50% to 80% Median)
0	4	4.00	Moderate Income and Above (>80% Median)
23.00	25.00	48.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

1	1	2.00	Seniors (62 and older)
1	0	1.00	Disabled
11	20	31.00	Female-Headed Households
13.00	21.00	34.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

8	7	15.00	White
0	0	0.00	White + HISPANIC
0	0	0.00	Black/African American
0	0	0.00	Black/African American + HISPANIC
1	7	8.00	Asian
0	0	0.00	Asian + HISPANIC
0	1	1.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
0	0	0.00	Native Hawaiian/Other Pacific Islander
0	2	2.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
5	5	10.00	Other/Multi Racial
9	3	12.00	Other/Multi Racial + HISPANIC
23.00	25.00	48.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

122	205	327.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
379	559	938.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
501.00	764.00	1,265.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

We are well on track to meet our unduplicated client goals. In fact, we actually served 32 unduplicated Pleasanton clients during this period, but we were unable to count them in this report either because income information was not available, or the clients' income levels were too high to be counted in this report. We have already met and exceeded our goals for units of service for the entire grant period.

Thank you for this important funding.

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Ann King, Executive Director or Vicki Thompson, Director of Domestic Violence Services or Christine Dillman, Director of Sexual Assault and Counseling Services

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

The funds requested from Pleasanton paid for a part of a Legal Services Advocate's time and part of a Counselor's time.

The entire grant was spent.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

TVH ensures that services are easily accessible to Pleasanton residents by running an office centrally located in Pleasanton near the downtown and on the bus lines. At this location, we offer one-on-one in-person counseling services and a support group.

We provide trauma informed individual and group therapy. We offer two group therapy focused on: survivors of domestic violence and survivors of sexual assault. Both groups are open to the Tri-Valley community and free of charge to attend. These groups are run by clinical counselors and are transformative. We've added therapeutic art sessions to our groups which is engaging and effective. In addition, these groups provide a support system and a safe place for clients to process emotions.

Legal advocates talk with each client about their situation, present the options available to them, and work with the client to develop an individualized safety plan. Not every client chooses to pursue a restraining order. Every client who followed through with the restraining order process after attending our legal clinic was granted a permanent order by the judge.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or

exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

We use trauma focused Cognitive Behavioral Therapy (CBT) that helps clients to recognize negative patterns of thought, evaluate their validity, and replace them with healthier ways of thinking, and as a result achieve a higher ADLs - Activities of Daily Living.

TVH provides Client Feedback Forms at all of our locations. Many of our clients tell us they would not be functioning today or they may not be alive today without TVH's counseling services. In addition, a former client sits on the Haven's Board of Directors. We are committed to providing trauma informed services

Clients continue to tell us that they feel safer after receiving services from our Legal Services advocates. Most meet with our team several times to develop their plan. We provided a total of 103 units of legal services to Pleasanton residents.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

There were no problems or delays with the program.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

Our legal services program is supported by the Alameda County Family Justice Center, and we participate in the Family Violence Council of Alameda County.

We also collaborate with numerous nonprofits. Our Director of Sexual Assault and Counseling Services is on the Board of Directors of the Tri-Valley Non-Profit Alliance, an agency that now serves over 300 local nonprofits.

We work with other agencies to ensure all Pleasanton survivors as aware of our counseling and legal services.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

County: \$33,311

Local: \$10,000

Donations: \$460

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My Account > FY 2018/19 Housing and Human Services Grant Program > Tri-Valley Haven Food Pantry

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Tri-Valley Haven
Tri-Valley Haven Food Pantry
USD\$ 17,000.00 USD\$ 25,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Cynthia Cunningham Morales

Report 2
Joe Maguigad

2. Title:

Report 1
Data Manager

Report 2
Data Manager

3. Telephone:

Report 1
925-449-5845

Report 2
925-667-2718

4. E-Mail:

Report 1
cynthia@trivalleyhaven.org

Report 2
joe@trivalleyhaven.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

Tri-Valley Haven's Food Pantry continues to provide free food and personal necessities to low income, homeless, and "at risk of becoming homeless" Tri-Valley residents. The TVH Food Pantry operates Monday through Friday each afternoon. On average 35-50 households are provided assistance each day. Each household may access the Food Pantry twice a month. The Food Pantry receives a monthly food delivery from the Alameda County Community Food Bank consisting of USDA and Emergency Food Box allocations. Our involvement in the local Grocery Rescue Program includes weekly pickups at Whole Foods, Target, Trader Joe's, Walmart, the Walmart Neighborhood Store and Safeway. During the reporting period we have added weekly pickups at Raley's/Nob Hill and Grocery Outlet. This donated food includes fresh bread, meat, fish, eggs and produce. TVH's Food Pantry is also the recipient of food drives sponsored by local churches, businesses and schools. TVH's Food Pantry is a member of the FEED TRI-VALLEY (Give Local/Stay Local) project along with other Tri-Valley food pantries. This allows our agency to encourage the Tri-Valley Community to end local hunger by giving locally. Clothing vouchers for TVH's Thrift Store and referrals to other social services is also provided. We also continue to assist the Valley Humane Society with their monthly "AniMeals" program to provide community members free pet food once a month.

Report 2

Tri-Valley Haven's Food Pantry continues to provide free food and personal necessities to low income, homeless, and "at risk of becoming homeless" Tri-Valley residents. On average 30-40 households are provided aid each day. Households access the Food Pantry twice a month. The FP receives a monthly food delivery from the Alameda County Community Food Bank consisting of USDA and Emergency Food Box allocations. Our involvement in the local Grocery Rescue Program includes weekly pickups at Target, Trader Joe's, Walmart, the Walmart Neighborhood Store, Nob Hill/Raley's, Grocery Outlet and Safeway. This donated food includes fresh bread, meat, fish, eggs and produce. TVH's FP is the recipient of food drives sponsored by local churches, businesses and schools. TVH's FP is a member of the FEED TRI-VALLEY (Give Local/Stay Local) project along with other Tri-Valley food pantries. This allows our agency to encourage the Tri-Valley Community to end local hunger by giving locally. Clothing vouchers for TVH's Thrift Store and referrals to other social services is also provided. We continue to assist the Valley Humane Society with their monthly "AniMeals" program to provide community members free pet food once a month.

6. Describe any significant actions taken during the reporting period.

Report 1

On the first Wednesday of each month our Mobile Food Pantry distributes USDA items, meat and produce at two housing complexes in Pleasanton: Kottinger Drive and Ridgeview Commons. These efforts assist individuals who are not able to travel to the food pantry site. On average 50 - 60 households are assisted monthly through this endeavor. We have offered space at the food pantry site for other organizations (AXIS Community Health and Open Heart Kitchen) to be present to inform our customers of their services to the community.

Report 2

Every first Wednesday of each month our Mobile Food Pantry distributes USDA items, meat and produce at two housing complexes in Pleasanton: Kottinger Drive and Ridgeview Commons. Every third Friday of each month we distribute Emergency Food Box items, meat and produce through our Mobile FP to three housing complexes in Livermore: Arbor Vista, Vineyard Village and Heritage Estates Apartments. On the first Tuesday of each month we distribute USDA items, meat, eggs, bread and produce to Vandenburg Villa in Livermore. Each second Friday of each month our Mobile FP distributes USDA items, meat and produce to three housing complexes in Dublin: Wexford and Carlow Court Apartments and Wicklow Square. These efforts assist individuals who are not able to travel to the food pantry site. On average 70-80 households are assisted monthly through this endeavor. We have offered space at the food pantry site for other organizations (AXIS Community Health and Open Heart Kitchen) to be present to inform our customers of their services to the community.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

No modifications were made.

Report 2

No modifications were made.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

600	600	1,200.00	Numeric GOAL for THIS FISCAL YEAR.
600.00	600.00	1,200.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

785	53	838.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
3915	617	4,532.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
4,700.00	670.00	5,370.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

768	29	797.00	Extremely Low Income (<30% Median)
7	24	31.00	Very Low Income (30% to 50% Median)
0	0	0.00	Low Income (50% to 80% Median)
10	0	10.00	Moderate Income and Above (>80% Median)
785.00	53.00	838.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

233	17	250.00	Seniors (62 and older)
26	0	26.00	Disabled
119	13	132.00	Female-Headed Households
378.00	30.00	408.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

132	25	157.00	White
0	0	0.00	White + HISPANIC
52	5	57.00	Black/African American
0	0	0.00	Black/African American + HISPANIC
221	14	235.00	Asian
0	0	0.00	Asian + HISPANIC
13	0	13.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
4	2	6.00	Native Hawaiian/Other Pacific Islander
0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
53		53.00	Other/Multi Racial
310	7	317.00	Other/Multi Racial + HISPANIC
785.00	53.00	838.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

415.65	224.75	640.40	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
870.63	1084.55	1,955.18	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
1,286.28	1,309.30	2,595.58	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

We are very thankful for our dedicated volunteers that make TVH's Food Pantry a reality. The Food Pantry Manager relies on over twenty volunteers each week to pick up food donations at local stores, unload donations and stock shelves, assemble bags of government food items and provide counter assistance in the distribution of food to our clients. In addition to adding weekly pickup locations for the Grocery Rescue Program we have added one new mobile food pantry site in Dublin and one new site in Livermore. We plan to add an additional site in Pleasanton before the end of the next reporting period.

During the reporting period we were able to meet and exceed the projected number of unduplicated Pleasanton clients to be served (600).

During the reporting period 785 Pleasanton clients were served.

Additionally, during Tri-Valley Haven's annual Holiday Food Distribution Event held on November 19th there were 492 households served, 80 of which were from Pleasanton. During the Holiday Gift & Food Distribution Event held on December 13th and 15th there were 658 households served, 98 of which were from Pleasanton.

Report 2

We are very thankful for our dedicated volunteers that make TVH's Food Pantry a reality. The Food Pantry Manager relies on over twenty volunteers each week to pick up food donations at local stores, unload donations and stock shelves, assemble bags of government food items and provide counter assistance in the distribution of food to our clients. During the reporting period we were successful in securing local grants (Kaiser Permanente and StopWaste) to support and expand the Food Pantry operations.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Ann King, Executive Director or Ralph Johnson, Director Homeless and Family Services

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

Tri-Valley Haven's (TVH) Food Pantry provided food to low income, homeless and at-risk of becoming homeless families and individuals living in Pleasanton, Livermore, and Dublin. The Food Pantry also provided information and referrals to community services available in the Tri-Valley Area. Our Mobile Food Pantry van delivered food to two sites in Pleasanton every first Wednesday of the month helping residents with limited or no access to public transportation.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

Tri-Valley Haven's Food Pantry continues to provide any household in need with food (Alameda County Community Food Bank allocations in addition to donated food), personal hygiene items, clothing vouchers to be used at Tri-Valley Haven's Thrift Store and referrals to local social service programs and agencies. New customers, on-going customers and returning customers who had been self-sustaining but unfortunately found themselves requiring help again, continue to receive our services. We actively network and outreach to the local community to solicit food donations to meet the needs of our program participants. We continue to collaborate with the Valley Humane Society to provide free pet supplies once a month at our Food Pantry site. We continue to provide Mobile Food Pantry services once a month at two Pleasanton locations. Tri-Valley Haven holds annual Winter and Summer Outreach Events to provide homeless customers with seasonal supplies, an annual Back-To-School Backpack event to prepare local students for the upcoming school year, as well as Thanksgiving and December holiday distribution events to provide Tri-Valley households with holiday food and gifts. We have recently purchased new refrigeration/freezer units to enhance our capacity of services to the community.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

Yes, we believe our Food Pantry program is a success. This success is defined by our ability to meet, and hopefully exceed, the needs of our program participants from the Tri-Valley community. We were able to meet and exceed the projected number of new Pleasanton clients served (600) and units of service (600/employee hours) provided to Pleasanton clients. During the fiscal year 838 new Pleasanton clients were served and 831 units of service were provided to Pleasanton clients.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

There were no problems or delays encountered with the Food Pantry program. We were able to purchase new equipment, secure additional resources for our grocery rescue program and were successful in securing local grants (Kaiser Permanente and StopWaste) to support and expand the Food Pantry operations.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

Tri-Valley Haven is a member agency of the local Grocery Rescue Program. This involvement compliments the government issued food items we receive monthly from the Alameda County Community Food Bank. Through the Grocery Rescue Program Food Pantry staff and volunteers conduct weekday morning pickups at Tri-Valley area stores (Target, Trader Joe's, Walmart, Walmart Neighborhood Store, Nob Hill/Raley's, Grocery Outlet and Safeway). As a result we are able to offer our customers fresh meat, chicken, fish, bread, milk, produce, etc. each day. We also receive donations each week from local churches and individuals consisting of fresh produce taken straight from their gardens.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

Local: \$20,625

County: \$116,514

Corporation: \$7,201

Faith and Individual Donations, Fundraising: \$32,286

In-Kind Donations: \$441,184 (note: this is food donations ONLY. This is NOT cash donations)

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My Account > FY 2018/19 Housing and Human Services Grant Program > Shiloh Domestic Violence Shelter and Services

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Tri-Valley Haven
Shiloh Domestic Violence Shelter and Services

USD\$ 23,000.00 USD\$ 35,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Cynthia Cunningham Morales

Report 2

Joe Maguigad

2. Title:

Report 1

Data Manager

Report 2

Data Manager

3. Telephone:

Report 1

925-449-5845

Report 2

925-667-2718

4. E-Mail:

Report 1

cynthia@trivalleyhaven.org

Report 2

joe@trivalleyhaven.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Report 1

The program continues actively underway. With this funding, we are able continue to provide overnight staffing five days per week, which enhances the safety of the shelter, a Spanish-speaking bilingual and bicultural case manager and a CalWORKS Case Manager who assists clients with public benefits applications and questions and conducts Life Skills and Job Readiness groups at the shelter.

Report 2

Project continues to provide shelter and supportive services to survivors of domestic violence and their children.

6. Describe any significant actions taken during the reporting period.

Report 1

Our Bilingual Case Manager Juliet Torres Olive informed us in November that she will be leaving the agency in early February because her husband, who is in the military, is being transferred to Germany. There will be a seamless transition when she departs, however, because Dulce Ramirez, our previous Bilingual Case Manager, will be returning to the role, and we are taking the opportunity to expand the position with a community domestic violence support group in Spanish and other outreach into the Latinx community.

Report 2

Our CalWORKS Case Manager Shannon Walker left the Haven and moved out of state in June. We promoted Program Assistant Alyssa Flores into the position, and she was able to train with Shannon and assume the job duties immediately, so there was no gap in services. This position assists clients in applying for social services benefits, or resolving problems clients have in the system, and also provides weekly Life Skills and Job Readiness groups.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

N/A

Report 2

N/A

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

5	5	10.00	Numeric GOAL for THIS FISCAL YEAR.
5.00	5.00	10.00	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

1	2	3.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
107	101	208.00	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
108.00	103.00	211.00	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

1	2	3.00	Extremely Low Income (<30% Median)
0	0	0.00	Very Low Income (30% to 50% Median)
0	0	0.00	Low Income (50% to 80% Median)
0	0	0.00	Moderate Income and Above (>80% Median)
1.00	2.00	3.00	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

0	0	0.00	Seniors (62 and older)
0	0	0.00	Disabled
0	1	1.00	Female-Headed Households
0.00	1.00	1.00	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

0	0	0.00	White
0	0	0.00	White + HISPANIC
0	0	0.00	Black/African American
0	0	0.00	Black/African American + HISPANIC
0	0	0.00	Asian
0	0	0.00	Asian + HISPANIC
0	0	0.00	American Indian/Alaskan Native
0	0	0.00	American Indian/Alaskan Native + HISPANIC
0	0	0.00	Native Hawaiian/Other Pacific Islander
0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
0	0	0.00	American Indian/ Alaskan Native and White
0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
0	0	0.00	Asian and White
0	0	0.00	Asian and White + HISPANIC
0	0	0.00	Black/African American and White
0	0	0.00	Black/African American and White + HISPANIC
0	0	0.00	American Indian/Alaskan Native and Black/African American
0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
1	0	1.00	Other/Multi Racial
0	2	2.00	Other/Multi Racial + HISPANIC
1.00	2.00	3.00	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

23	0	23.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
745	0	745.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

768.00	0.00	768.00	TOTAL
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19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

Although the number of Pleasanton residents midway through the grant is low, there has been a significant increase in the amount of services utilized, and we are on track to well exceed our units of service goal. Also, we frequently see residents who have a previous connection with one of the Tri-Valley cities who return here after living elsewhere with their abuser in order to be in familiar surroundings and close to family and friends, so we have had more clients with previous Tri-Valley residency than is reflected in this report.

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Ann King, Executive Director or Vicki Thompson, Director of Domestic Violence Services

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

Shiloh Domestic Violence Shelter Services Program provided a 30 bed emergency shelter in a confidential location, job readiness and Life Skills classes, 24x7 Crisis Line Assistance, case management, a variety of educational and support groups, and referral services to women and children who are survivors of family violence. Shiloh accepted single women and women with children. Male victims can utilize our crisis line, counseling and legal services; shelter is provided through ESTA (Emergency Shelter and Transportation Assistance), or male victims requiring longer term shelter may be housed at Sojourner House.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

The program responds to the community through our crisis line, counseling and legal services programs as well as through the shelter. We conduct outreach throughout the year through in-person presentations, newsletters, fliers, the Haven's mobile food pantry and annual briefings at the Pleasanton Police department to keep them informed of our services.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

Although we fell short of the anticipated number of shelter clients from Pleasanton, we feel the program was a success. The Pleasanton client who entered the program during the first reporting period took full advantage of the program and alone accounted for the 23 units of service provided through the program. The Pleasanton residents who entered the program during this reporting period entered the shelter just two days before the end of the fiscal year, and had not yet begun attending groups or case management. An additional 19 Pleasanton residents who were not seeking shelter utilized our crisis line to obtain crisis counseling, information and referrals.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

N/A

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

Our CalWORKS case management program is part of a collaboration between Alameda County Social Services, the Family Violence Law Center (the lead agency for the collaborative), International Institute of the East Bay and four other Alameda county domestic violence agencies to assist clients with navigating the social services system and preparing to become self-sufficient.

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

State: \$360,3022

County: \$117,138

Local: \$34,625

Foundation: \$4,000

In-Kind: PGE/CARE Utilities

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My Account > FY 2018/19 Housing and Human Services Grant Program > Sojourner House Homeless Shelter Program

City of Pleasanton

USD\$ 500,000.00 Available
1/22/2018 Deadline

Housing Division
FY 2018/19 Housing and Human Services Grant Program

Tri-Valley Haven
Sojourner House Homeless Shelter Program
USD\$ 39,000.00 USD\$ 80,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1
Cynthia Cunningham Morales

Report 2
Joe Maguigad

2. Title:

Report 1
Data Manager

Report 2
Data Manager

3. Telephone:

Report 1
925-449-5845

Report 2
925-667-2718

4. E-Mail:

Report 1
cynthia@trivalleyhaven.org

Report 2
joe@trivalleyhaven.org

PROJECT / PROGRAM STATUS**5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.****Report 1**

Sojourner House continues to provide homeless clients (women, women with children, two parent families with children, men with children) with shelter and support services to help them to overcome the barriers that led to their homelessness and to assist them in securing stable housing. Program participants are offered up to six months shelter residency.

Adult shelter clients are provided case management, group life skills and parenting classes and counseling services. Assessments are made on each client with regards to individual needs. Case management staff then provides referrals to the appropriate public/private community resources. Weekly group parenting classes are held to address issues and concerns that parents are experiencing with their children. Recent topics have included Helping Your Child Succeed in School and Children's Social & Emotional Growth. Weekly Life Skills groups were held for discussion on such topics as Stress Management, Co-Dependency, Saving money on a limited income. Counseling services are available to both individuals and families. TVH continues as a participant in the Southern Alameda County Housing/Jobs LINKAGES program along with four other shelter providers in the county. The lead agency of the collaborative is Alameda County Housing & Community Development (HCD). This HUD funded program provides for a Case Manager located at each agency (one each at TVH's family and domestic violence shelters) and rental subsidies. For eligible families residing at Sojourner House or referred by community service agencies, the Linkages Case Manager completes an application which is submitted to Alameda County HCD. Once approved for the program the Case Manager will assist the family in locating housing. Once housing is secured the family enters a lease and the subsidy is applied. The Linkages program provides each family subsidy support and continued case management services for up to one year.

Report 2

Tri-Valley Haven's Sojourner House continues to provide homeless family clients with shelter and support services to help them to overcome the barriers that led to their homelessness and to assist them in securing stable housing. Program participants are offered up to six months shelter residency.

Adult shelter clients are provided case management, group life skills, parenting classes and counseling services. Assessments are made on each client with regards to individual needs, i.e. health, mental health, housing, employment, public entitlements. Case management staff then provides referrals to the appropriate public/private community resources. Weekly group parenting classes were held to address issues and concerns that parents are experiencing with their children. Recent topics have included Bullying & Cyber bullying, The Importance of Play, Ten Steps to Effective Parenting, Children's Social and Emotional Growth and Family Celebrations and Traditions. Weekly Life Skills groups were held for discussion on such topics as Establishing Credit, Self-Care, Establishing Healthy Personal Boundaries and Using Community Resources. Counseling services are available. The agency continues as a participant in the Southern Alameda County Housing/Jobs LINKAGES program. This HUD funded program provides for a Case Manager located at each agency shelters and rental subsidies. For eligible families residing at Sojourner House or referred by community service agencies, the Linkages Case Manager assists in securing locating housing, family subsidy support and continued case management services for up to one year. During the reporting period six households were in subsidized housing and four households were approved for the program and in housing search.

6. Describe any significant actions taken during the reporting period.**Report 1**

During the reporting period TVH commenced its participation with the County's coordinated entry system. We believe the potential exists for the clients to be served at Sojourner House to change drastically. Local families in need won't necessarily be referred for residency at our shelter and will be placed somewhere else in the county. Additionally, the county has included in their contract program description and requirements that all contractors shall be responsible for complying with the recently established Alameda County Emergency Shelter Standards. TVH has concerns with a number of the standards such as medication storage, visitors and grievance procedures and has shared those concerns with the county staff. As a result a few waivers have been submitted and approved.

Report 2

During the reporting period TVH continued its participation with the county's Coordinated Entry System (CES). We have experienced that the majority of the clients placed through CES present advanced mental health issues. This has resulted in an increase in disruptive behavior among clients and disregard for shelter program expectations. The county has included in their current fiscal year contract Program Description and Requirements that all contractors shall be responsible for complying with the recently established Alameda County Emergency Shelter Standards. Tri-Valley Haven has finalized its Emergency Shelter Standards manual for Sojourner House. During the reporting period a site visit was conducted by Alameda County Social Services staff which included a review of TVH's Emergency Shelter Standards manual. There were no issues cited during this review.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Report 1

No modifications were made.

Report 2

No modifications were made

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes
- No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
- Yes (but invoice/s not yet submitted)
- No (no expenditures this period)
- Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="10.00"/>	Numeric GOAL for THIS FISCAL YEAR.
<input type="text" value="5.00"/>	<input type="text" value="5.00"/>	<input type="text" value="10.00"/>	TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
<input type="text" value="44"/>	<input type="text" value="7"/>	<input type="text" value="51.00"/>	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)
<input type="text" value="45.00"/>	<input type="text" value="7.00"/>	<input type="text" value="52.00"/>	TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

<input type="text" value="1"/>	<input type="text" value="7"/>	<input type="text" value="8.00"/>	Extremely Low Income (<30% Median)
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Very Low Income (30% to 50% Median)
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Low Income (50% to 80% Median)
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
<input type="text" value="1.00"/>	<input type="text" value="7.00"/>	<input type="text" value="8.00"/>	TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Seniors (62 and older)
<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="4.00"/>	Disabled
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="3.00"/>	Female-Headed Households
<input type="text" value="0.00"/>	<input type="text" value="7.00"/>	<input type="text" value="7.00"/>	TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3.00"/>	White
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	White + HISPANIC
<input type="text" value="0"/>	<input type="text" value="4"/>	<input type="text" value="4.00"/>	Black/African American
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander + HISPANIC
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/ Alaskan Native and White
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/ Alaskan Native and White + HISPANIC
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian and White
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian and White + HISPANIC
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American and White
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American and White + HISPANIC
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native and Black/African American
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native and Black/African American + HISPANIC
<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Other/Multi Racial
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Other/Multi Racial + HISPANIC
<input type="text" value="1.00"/>	<input type="text" value="7.00"/>	<input type="text" value="8.00"/>	TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHS contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

-Text questions are not calculated-

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

21	13	34.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
273	149	422.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
294.00	162.00	456.00	TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

Report 1

N/A

Report 2

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

Report 1

n/a

Report 2

Ann King, Executive Director or Ralph Johnson, Director Homeless and Family Services

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

n/a

Report 2

Tri-Valley Haven's family shelter provides homeless clients (women, women with children, men with children, and two parent families with children) with shelter and support services to help them to overcome the barriers that led to their homelessness and to assist them in securing stable housing. Shelter clients are provided case management, life skills classes and counseling services. Assessments are made on each client with regards to individual needs, i.e. health, mental health, housing, employment, public entitlements.

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

Report 1

n/a

Report 2

During the fiscal year Sojourner House provided 41 Adults and 32 Children with shelter and support services. Sojourner House is the only program that accepts two-parent households and single-father households, thus addressing a huge need within the community. Because of the scope of our agency, we are able to assist our shelter clients through other Tri-Valley Haven programs such as counseling, the TVH Food pantry and the TVH Thrift Store, all of which may continue to be resources for the clients after their stay at the shelter. Furthermore, we hold annual community events such as our Holiday Food/Gift Distribution and our Back-To-School Backpack program that provide valuable community outreach as well as assistance for shelter clients.

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or

exceed the goals and outcomes described in the performance measures in the original application? If not, why?

Report 1

n/a

Report 2

The Sojourner House program is an (on-going) success. We measure success when clients obtain full time employment for the first time, obtain a GED or learn English as a second language. Success can also be a parent creating a stable living environment and structure for their children for the first time since becoming homeless. Other successful outcomes include a client's 30 days of sobriety for the first time in years, a family obtaining health insurance, eye exams and glasses for all family members, a child feeling safe because they didn't have to sleep in a car or a park. We were not able to meet the anticipated number of new Pleasanton clients served (5) and units of service (60 client service sessions – case management and groups) provided to Pleasanton clients. During the fiscal year we served 1 Pleasanton client and provided 21 units of service to the Pleasanton client. As indicated below (#24) Tri-Valley Haven commenced participation in the county-wide mandated Coordinated Entry System in December 2018. This has affected the potential for the number of Tri-Valley Area homeless to be referred for placement at Sojourner House.

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

Report 1

n/a

Report 2

In December 2018 Tri-Valley Haven commenced participation in the county-wide mandated Coordinated Entry System (CES). Potential clients at Sojourner House are no longer screened by Tri-Valley Haven staff. Individuals and families in need of shelter are now instructed to call 211 at which time they will be referred to a particular CES Hub. Assessments are then completed which score the individuals vulnerability, i.e. mental health, health, substance abuse. The higher the individual's vulnerability the higher the score they receive. Individuals with the highest scores are the ones referred to shelters throughout the county. Sojourner staff alerts CES Hub staff when there are openings. We have notified CES staff that homeless in the Tri-Valley Area are preferred. This, however, does not guarantee the actual number of individuals referred from the Tri-Valley Area.

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

Report 1

n/a

Report 2

N/A

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

Report 1

n/a

Report 2

Local: \$60,625

County: \$251,056