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City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Ensuring Appropriate and Timely Access to Care with Triage Call Nurse

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Axis Community Health

Ensuring Appropriate and Timely Access to Care with Triage Call Nurse

USD\$ 9,195.00 USD\$ 13,195.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Gillian Flagg

Report 2

Gillian Flagg

2. Title:

Report 1

Grants & Contracts Manager

Report 2

Grants & Contracts Manager

3. Telephone:

Report 1

(925) 201-6035

Report 2

(925) 201-6035

4. E-Mail:

Report 1

contracts@axishealth.org

Report 2

contracts@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

This project ensures patients have phone access to a triage nurse to talk with about health symptoms and to guide them in accessing treatment. This ensures patients receive safe, timely and appropriate care and reduces risk for acute health problems. The current status of the project is fully operational. The focus of activities include the caller describing symptoms to the nurse and responding to the nurse's questions; the nurse using a web-based decision-making tool called Clear Triage to assist in the process; and the nurse advising the patient based on symptom severity and patient condition. The nurse also provides discharge planning for patients being discharged from the hospital.

Report 2

The status of the project is fully operational and is more essential than ever before given the current health emergency. This project ensures patients have phone access to a triage nurse to talk with about health symptoms and to guide them in accessing treatment. This ensures patients receive safe, timely and appropriate care and reduces risk for acute health problems. The project also has had the added significance of supporting Axis patients by responding to questions about COVID-19, providing guidance for care, and responding to community questions about coronavirus.

Activities include the caller describing health symptoms to the nurse and responding to the nurse's questions; the nurse using a web-based decision-making tool called Clear Triage to assist in the process; and the nurse advising the patient based on symptom severity and patient condition. The nurse also provides discharge planning for patients being discharged from the hospital and other care settings.

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

Report 1

During this reporting period significant actions were that an Axis nurse provided patients with triage services by phone, a key part of the Axis continuum of care. This succeeded at keeping patients experiencing symptoms safe by ensuring care that was timely and appropriate; at preventing delay in care by providing information on treatment by phone; and at assuring continuity of care for patients being discharged from the hospital or other settings. Axis used its phone tracking system to monitor call volume and data. The data and call information was reviewed by the Nurse Manager and Chief of Clinic Operations, and was assessed for efficiency and quality. During the reporting period, the Axis triage nurse received 2579 phone calls, of which 671 were Pleasanton residents. The triage nurse spent approximately 95 hours assisting Pleasanton residents with their medical needs.

Report 2

During the reporting period, the most significant action has undoubtedly been the ongoing public health crisis due to the global COVID-19 pandemic. In response to the pandemic, Axis completely transformed daily operations at an organization-wide level to minimize face-to-face interactions. As a result, 90% of Axis's patient visits were converted to telehealth visits. Axis has been able to phase in providing essential visits, either in-person or by drive-thru service. The triage nurse service supported by Pleasanton played a key role in these operational shifts by providing patients with guidance in accessing needed care.

Throughout this time, the Axis triage nurse continued to provide patients with services by phone, thus maintaining a key part of the Axis continuum of care. This succeeded at keeping patients experiencing symptoms safe by ensuring care that was timely and appropriate for all health needs; at preventing delay in care by providing information on treatment by phone; and at assuring continuity of care for patients being discharged from the hospital or other settings. Axis used its phone tracking system to monitor call volume and data. The data and call information was reviewed by the Nurse Manager and Chief of Clinic Operations, and was assessed for efficiency and quality. During the reporting period, the Axis triage nurse received 2506 phone calls, of which 651 were from Pleasanton residents. The triage nurse spent approximately 95 hours assisting Pleasanton residents with their medical needs.

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

This project does not require any modifications.

Report 2

This project did not require any modifications.

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).

Numeric GOAL for THIS FISCAL YEAR.	2680		2,680.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	2,680.00	0.00	2,680.00	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):

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.]	671	651	1,322.00	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.]
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)	2579	2506	5,085.00	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)
TOTAL	3,250.00	3,157.00	6,407.00	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:

Extremely Low Income (<30% Median)	262	254	516.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	261	254	515.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	148	143	291.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)		0	0.00	Moderate Income and Above (>80% Median)
TOTAL	671.00	651.00	1,322.00	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:

Seniors (62 and older)	87	85	172.00	Seniors (62 and older)
Disabled	34	33	67.00	Disabled
Female-Headed Households	101	98	199.00	Female-Headed Households
Homeless				Homeless

	13	13	26.00	
TOTAL	235.00	229.00	464.00	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	188	182	370.00	White
White + HISPANIC	262	254	516.00	White + HISPANIC
Black/African American	27	26	53.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	155	150	305.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	6	7	13.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	7	6	13.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	0	0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	0	0.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	13	13	26.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	13	13	26.00	Other/Multi Racial + HISPANIC
TOTAL	671.00	651.00	1,322.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	95	95	190.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	359	359	718.00	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)

zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

TOTAL

454.00

454.00

908.00

TOTAL

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

Report 1

Please note that while 671 Pleasanton residents accessed the Triage Nurse by phone this quarter, the Triage Nurse service is available as needed to all 2,680 Pleasanton residents who are Axis patients.

Report 2

Please note that while 651 Pleasanton residents accessed the Triage Nurse by phone during the reporting period, the Triage Nurse service is available as needed to all 2680 Pleasanton residents who are Axis patients.

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

This project ensures patients have phone access to a triage nurse to talk with about health symptoms and to guide them in accessing treatment. This ensures patients receive safe, timely and appropriate care and reduces risk for acute health problems. The role of the call center triage nurse is a vital part of the Axis care delivery system because it gives patients quick access to medical advice through our call center.

All funds from this grant were expended during the grant term.

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's accomplishments have been many. In addition to successfully completing planned goals, the Triage Nurse became a center point for patients needing to access care for COVID related health needs. Axis responded to the needs of the community for continued health care by transitioning most all medical visits to telehealth, which ensured safety for patients and staff. The Triage Nurse provided guidance to patients on how and where to access needed care. The Triage Nurse also provided guidance for COVID patients on symptoms, testing, and at-home care. Throughout this time, the Triage Nurse continued to provide non-COVID patients with services by phone, thus maintaining a key part of the Axis continuum of care. The nurse was also an important link for parents/guardians of children who tend to require more frequent medical guidance. This succeeded at keeping patients experiencing symptoms safe by ensuring care that was timely and appropriate; at preventing delay in care by providing information on treatment by phone; and at assuring continuity of care for patients being discharged from the hospital or other settings.

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 found this project to be very successful in meeting the immediate needs for health care advice of Pleasanton patients who called our call center and spoke to the Triage Nurse. The Triage Nurse was available as needed to all 2680 Pleasanton patients, of which 1322 Pleasanton residents utilized the service during the project period. The project became particularly critical for providing immediate and essential medical advice during the COVID health crisis, and the Triage Nurse was the pivotal staff member for assisting patients with questions about COVID symptoms, when to seek treatment, and how to maintain care at home. We measured the success of the project by the health outcomes and successes for the patients who received guidance from the Triage Nurse. We utilized phone system tracking data, workflow reviews for effectiveness, and health data quality reviews of health outcomes to determine success. The project met or exceeded all goals for: 1) Keeping patients experiencing symptoms safe and ensuring timely and appropriate care, especially with the on-set of COVID; 2) Preventing delay in care by promptly responding to patients, or parents/guardians of patients, about medical conditions; and 3) Assuring continuity of care for patients being discharged from an acute care setting or other care settings.

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 implementing the project. The biggest challenge faced during the project was the COVID-19 pandemic. This resulted in a huge increase in calls to the Triage Nurse seeking information about COVID symptoms and treatment. It also increased calls to the Triage Nurse from patients who were uncertain how to manage other non-COVID health situations. The successful management of these calls demonstrates that the Triage Nurse project continues to be a critical center point for providing patients guidance on accessing health care, especially during a health emergency.

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

This project did not require any collaboration with other agencies to provide triage nurse 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

Axis also obtained funding for this project from the following sources:

-City of Livermore: \$16,800

-City of Dublin: \$9,135

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Pleasanton Child Abuse Intervention

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: 1/22/2019

CALICO Center

Pleasanton Child Abuse Intervention

USD\$ 7,800.00 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 07/1/19 thru 12/31/19. During this time CALICO conducted 17 interviews for children between the ages of 5-17 and provided family support services to 13 caregivers.

Report 2

The project activity is under way for the dates of 1/1/20 thru 06/30/20. During this time CALICO conducted 1 interview for a 16 year old child and provided family support services to 1 caregiver.

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

Report 1

GOAL 1: Minimize trauma to abused children

1a. At least 75% of children interviewed will feel positive/neutral about their experience. 84% of children felt positive/neutral.

1b. At least 75% of caregivers will indicate a favorable response to their child's treatment. 84% of caregivers indicated 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. An MDT observed 100% of the interviews.

2b. At least 70% of children eligible for a forensic medical exam will receive one. No children eligible for an medical exam this reporting period.

2c. Monthly Case Review meetings will be held at least 10 times per year to review select cases in depth from start to finish. 4 Case Review meetings held this reporting period.

GOAL 3: Improve the mental health of caregivers.

3a. An FA will conduct an on-site crisis assessment with at least 75% of families. 84% of families received an on-site crisis assessment.

3b. An FA will initiate a California Victim Compensation Program (CalVCP) application on behalf of at least 50% of caregivers (for mental health services for the caregiver). 84% of caregivers had an application initiated.

3c. An FA will contact at least 75% of caregivers by phone after they leave CALICO. 84% of caregivers received a phone call.

Goal 4: Improve the mental health of victims

4a. An FA will provide at least 75% of caregivers with psycho-education on the effects of trauma on children. 77% of caregivers received psycho-education.

4b. An FA will assist at least 75% of families with a CalVCP application on behalf of the child to provide funds for counseling. 82% of families received assistance with the application.

4c. An FA will refer at least 75% of children to applicable mental health services. 71% of children received a referral to mental health services.

Report 2

Goal 1: Minimize trauma to abused children.

Due to social distancing rules, we temporarily stopped surveying caregivers and clients that have come to CALICO this quarter. We have resumed the survey as of July 1, 2020.

Goal 2: Improve coordination of child abuse case investigations among multiple agencies.

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

2b. At least 70% of children eligible for a forensic exam will receive one. No children were eligible for an exam this quarter.

2c. Monthly case review meetings will be held at least 10 times per year to review select cases in depth; Due to COVID-19, we had 9 cases were reviewed this quarter.

GOAL 3: Improve the mental health of caregivers.

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

3b. An FA 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 FA 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 FA 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 FA will assist at least 75% of families with a CalVCP application on behalf of the child to provide funds for counseling; 100% of families were assisted with the app.

4c. An FA will refer at least 75% of children to applicable mental health services; 100% 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

On March 17, 2020, CALICO had to temporarily change some of the guidelines for services provided in order to adhere to the shelter-in-place order due to the COVID-19 crisis. For a portion of this reporting period, we were only available to conduct emergency forensic interviews. Child Interview Specialists were and will continue to be on call 24 hours a day, 7 days a week until the shelter-in-place order ends. All interviews for non-urgent cases were postponed until the COVID-19 restrictions are modified.

CALICO has provided all partner agencies, including Pleasanton Police Department with the new protocol. To date, we have not received any requests for emergency interviews by Pleasanton Police Department.

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).

Numeric GOAL for THIS FISCAL YEAR.	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="40.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="20.00"/>	<input type="text" value="20.00"/>	<input type="text" value="40.00"/>	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):

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="30"/>	<input type="text" value="2"/>	<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.]
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="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)

TOTAL

30.00

2.00

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:

Extremely Low Income (<30% Median)	4		4.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	4		4.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	16	2	18.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	6		6.00	Moderate Income and Above (>80% Median)
TOTAL	30.00	2.00	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:

Seniors (62 and older)		0	0.00	Seniors (62 and older)
Disabled		0	0.00	Disabled
Female-Headed Households	1	0	1.00	Female-Headed Households
Homeless		0	0.00	Homeless
TOTAL	1.00	0.00	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.]

White	16		16.00	White
White + HISPANIC	14	2	16.00	White + HISPANIC
Black/African American			0.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian			0.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC
American Indian/Alaskan Native			0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White			0.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial			0.00	Other/Multi Racial

Other/Multi Racial + HISPANIC

		0.00
TOTAL	30.00	2.00

Other/Multi Racial + HISPANIC

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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)

30	2	32.00
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Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)

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)

252	0	252.00
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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)

TOTAL

282.00	2.00	284.00
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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

CALICO met some of the performance measure this quarter. Due to the temporary change in our schedule due to the COVID-19 pandemic, we have had to reduce our non-emergency in office services. The Family Advocates have continued to reach out to caregivers but some have been unresponsive.

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 HHS funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

City of Pleasanton HHS 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.

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

All children in Pleasanton deserve to have a non-traumatic, coordinated, evidence-based response to any disclosure of abuse. CALICO proved it meets this community need as it obtained re-accreditation by the National Children's Alliance during this grant period. In addition, CALICO provided child-friendly, evidenced based interviewing services to all Pleasanton children referred to it. The high rate of satisfaction demonstrated by these children in their exit interviews shows CALICO is successful at creating a safe and welcoming environment and experience for children experiencing great trauma.

Moreover, every child deserves to have their caregiver supported. Research shows that one of the most effective ways to support children is to support their caregivers. Thus, to respond better to our victims (i.e., to "community needs"), CALICO has created an integrated system with the Center for Child Protection at UCSF Benioff Children's Hospital Oakland to ensure that the same information and applications, including CalVCP application, are given to caregivers at both locations, ensuring a seamless continuity of services. Therefore, whether a child presents first at CALICO or at the hospital, the response and information they are given are similar in nature.

In addition, in order to ensure that CALICO was being referred all the cases eligible for CALICO services, CALICO staff met with all law enforcement jurisdictions as well as CPS to answer any questions about who may be brought to CALICO, how to refer children to CALICO and to ensure that all of CALICO's partners were aware of CALICO's pager number so that they could schedule an emergency after-hours or weekend interview if needed. CALICO also developed a brochure that investigators may give caregivers explaining the CALICO process, what to tell their child about CALICO and directions to CALICO's offices.

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 nearly every performance measure that it tracked for this grant. 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

The COVID-19 pandemic created great challenges for our agency. We remained open to provide services to the most vulnerable children in Pleasanton, but had to rapidly re-configure how to do so in a safe and healthy manner. We adjusted to having most staff work remotely when not providing direct services to children. As a result, we had to increase quickly our remote technology and communication abilities. In addition, we had to ensure that our office environment remained a safe place for those who entered it. As a result, in addition to social distancing staff through remote work, we invested in masks, hand sanitizer, disinfectants, PECO air filters and more. We created office cleaning protocols and new protocols for clients and partners coming to our office. We have recently purchased new recording equipment which we hope will make it easier to hear children who are speaking with masks on. In addition, have purchased zoom licenses, laptops, sneeze guards and more to facilitate this work. It has been a rapid and difficult adjustment to not only purchase these items, but to create protocols around working with first responders to child abuse during a pandemic. At the same time, our two major fundraisers we cancelled because they were in-person events. We were able to obtain funding from the California Office of Emergency Services to purchase supplies to help adjust to working during the pandemic.

Finally, at the beginning of the pandemic, our number of referrals greatly dropped, as children were not around mandated reporters and police and investigators

were staggering their shifts. We are starting to see numbers return to normal, and expect an increase in report once communities fully open up and children are able to disclose to safe adults what happened to them during quarantine periods.

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

1. Pleasanton PD: \$11,000
2. CalOES: \$75,000 to purchase items to respond to COVID-19 (laptops, masks, air filters, etc.)
3. Alameda County Social Services contract, \$69,000 for county-wide services, a portion of which went to Livermore clients

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Pleasanton Career & Business Services 2019,2020

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: 1/22/2019

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

Pleasanton Career & Business Services 2019-2020

USD\$ 6,393.00 USD\$ 12,703.00 Requested

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 Career and Business Services program is on-going and actively underway. We continue to provide high-quality career services to job seekers and to connect with local employers both in-person and online. The small business services have been delayed due to the slow upstart with the Alameda County Small Business Development Center.

Report 2

Though the work continues, the 19-20 Pleasanton project has concluded. We continue to work remotely and to serve job seekers and employers virtually through the Covid-19 pandemic.

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

Report 1

We continue to provide high-quality services at our Career Center to job seekers and employers. We are beginning to talk to the Pleasanton Library on ways we can offer workshops and complement the volunteer they have reviewing resumes. We hosted a large job fair in September in Pleasanton. 42 employers and nearly 200 employees attended.

Report 2

The last quarter of the 19-20 fiscal year was entirely virtual due to the Coronavirus closure of the economy and the Career Center. The Career Center was able to pivot it's services quickly in March 2020 in order to offer all workshops and counseling via Zoom or Google calls. We continued our career services immediately and have continue to offer services virtually for the foreseeable future. We added workshops specific to the pandemic as well as a self-care and stress reduction. We have special guests for our Job Club and attempt to bring in employers or guest speakers each week for a virtual job club.

We launch a new website in June 2020 and continue to be active online.

However, with the Career Center closed, we were not able to offer the free use of our computers or space. Thus, we were not able to collect our usual data on use of the Career Center. This includes race and income.

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

Given the slow process of the Alameda County Small Business Development Center, we won't be able to provide as many workshops and advising sessions with local small businesses. We are starting these monthly in February. However, we have made up for that in our activity working with local employers in providing recruitment assistance.

Additionally, the development of our website has taken much longer than expected. We are still using a stop-gap site that gives bare minimum information but is not as dynamic as we'd like. Also, this temporary site does not track users as we have in the past. Thus, we are not able to track website usage as we had hoped in our proposal.

Report 2

Coronavirus has changed all modes of operation. All services are virtual. Though we hit 80% of our annual goal by the end of Q3, we were not able to unique visitors to the Career Center as we have in the past. Our tracking was workshop attendance, which had duplication of clients. However, we used past experience (pre-covid) of the number of workshops attended by unique individuals each month (1.3) to come up with the unique number for the city.

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).

Numeric GOAL for THIS FISCAL YEAR.	250	250	500.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	250.00	250.00	500.00	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):

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.]	152	146	298.00	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.]
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)	651	890	1,541.00	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)
TOTAL	803.00	1,036.00	1,839.00	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:

Extremely Low Income (<30% Median)	36		36.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	7		7.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	15		15.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	94		94.00	Moderate Income and Above (>80% Median)
TOTAL	152.00	0.00	152.00	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:

Seniors (62 and older)	8		8.00	Seniors (62 and older)
Disabled	2		2.00	Disabled
Female-Headed Households	11		11.00	Female-Headed Households
Homeless	0		0.00	Homeless
TOTAL	21.00	0.00	21.00	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	83		83.00	White
White + HISPANIC	30		30.00	White + HISPANIC
Black/African American	12		12.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	19		19.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC
American Indian/Alaskan Native			0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White			0.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	8		8.00	Other/Multi Racial
Other/Multi Racial + HISPANIC			0.00	Other/Multi Racial + HISPANIC
TOTAL	152.00	0.00	152.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	152	146	298.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	651	890	1,541.00	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)

TOTAL

803.00

1,036.00

1,839.00

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

The above numbers are a combination of data collected pre-Covid-19 and during the Shelter in Place order. The latter is based on number of people who attended our virtual workshops divided by 1.3, which is about the number of workshops attended by unique individuals pre-Covid.

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 HHSF funds. If applicable, explain why your agency did not spend the entire grant.

Report 1

N/A

Report 2

To provide career services to job seekers, recruitment assistance to employers and small businesses of Pleasanton.

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

We met the goal of 250 Pleasanton residents served both at our Dublin offices and throughout the Livermore community. We successful in developing new outlets and workshops for job seekers as well as recruitment assistance for employers. We provided workshops to teach job search skills as well as 1-on-1 career counseling. We also offered space for job seekers without technology at home to use computers and conduct their job search at our offices.

Unfortunately, our relationship with the Alameda County SBDC did not come to fruition as expected so services to small businesses did not pan out.

When the Shelter-in-Place took effect, we were able to pivot our core services to online and virtual in order to continue to respond to the needs of the community and the growing numbers of unemployed workers.

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 measure success by the number of people we serve, the number of people who come through the doors, or take our workshops. However, the ultimate success is when one of job seekers find work. In that area, 82% of our enrolled clients found work. Our Pleasanton residents within this group had an average

starting wage of \$35.40/hour.

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

Covid-19 and the Shelter-in-Place order was the largest problem that we experienced. Though we were able to pivot our services, it did stop people from starting with us. We continued to serve our currently clients but did not see new clients in larger numbers until May 2020 when we started offering our Orientation again. The high unemployment would normally drive job seekers to our doors, but our doors were closed. We've overcome a lot of our hurdles and are putting in as much in place as we can virtually.

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

The following are organizations with which we currently work. This list includes many organizations doing great work and helping people find employment.

- Las Positas Community College: educating students for the workforce. Work w/ staff & faculty, coordinate job fairs, partner with small business offerings
- Ohlone College: connecting regional employers to job seekers through Covid-19
- 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 is co-located at TVCC once 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

Alameda County/Oakland Community Action Partnership - \$25,000

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Pleasanton VITA Program 2019_2020

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

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

Pleasanton VITA Program 2019-2020

USD\$ 5,000.00 USD\$ 9,164.00 Requested

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 VITA tax program is in the planning phase through the first 6 months. We have close to 60 volunteers who will start training and certification in January. Tax sites open the last week of January.

Report 2

Due to the Coronavirus pandemic, the tax deadline was extended to July 15. Thus the program just recently finished (thus the reason for the late submission of this report).

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

Report 1

The first months of the program is all about planning and recruiting of volunteers. Volunteer training and the actual tax preparation happens in the third and fourth quarters.

Report 2

All of the tax preparation happens during this reporting period. Starting at the end of January, we began preparing taxes for households throughout the Tri-Valley, including Pleasanton. We prepared taxes in our Dublin office, the Pleasanton Library and at Las Positas College.

In March of 2020, all services came to an abrupt stop due to the Covid-19 Shelter-in-Place. All of our sites were closed as of March 16, 2020. However, staff and volunteers worked remotely to determine a way serve clients virtually. Services were offered remotely for four weeks beginning the end of June through July 15, the new tax due date for the state and federal taxes. In the end, we were one of only 3 tax sites open in the East Bay.

In the end, we met 82% of our overall goal of 600 returns prepared. We prepared 492, a third of which were prepared at the Pleasanton Library.

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

The health pandemic hit at the height of tax season. There are 3 phases to tax season: the beginning, middle and end. The beginning and end are the busiest phases as people want their money/refund as quickly as possible or they procrastinate and do not want to pay a tax bill. Thus, when the sites were shut on March 16, we left the second busiest phase of the season hanging. Many people were left to find their own solutions.

The TVCC staff and volunteers, however, made every effort to help people virtually through Zoom and on the phone. They figured out a way to offer the services virtually with secure file transfer between volunteers as they worked from home. In this way, we were able to help nearly another 100 households that would have been left out.

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).

Numeric GOAL for THIS FISCAL YEAR.	<input type="text" value="140"/>	<input type="text" value="140"/>	<input type="text" value="280.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="140.00"/>	<input type="text" value="140.00"/>	<input type="text" value="280.00"/>	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):

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"/>	<input type="text" value="115"/>	<input type="text" value="115.00"/>	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.]
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"/>	<input type="text" value="492"/>	<input type="text" value="492.00"/>	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)
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="607.00"/>	<input type="text" value="607.00"/>	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:

Extremely Low Income (<30% Median)	<input type="text"/>	<input type="text" value="67"/>	<input type="text" value="67.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text"/>	<input type="text" value="38"/>	<input type="text" value="38.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text"/>	<input type="text" value="10"/>	<input type="text" value="10.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="115.00"/>	<input type="text" value="115.00"/>	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:

Seniors (62 and older)	<input type="text"/>	<input type="text" value="14"/>	<input type="text" value="14.00"/>	Seniors (62 and older)
Disabled	<input type="text"/>	<input type="text" value="5"/>	<input type="text" value="5.00"/>	Disabled
Female-Headed Households	<input type="text"/>	<input type="text" value="18"/>	<input type="text" value="18.00"/>	Female-Headed Households
Homeless	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Homeless
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="37.00"/>	<input type="text" value="37.00"/>	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	<input type="text"/>	<input type="text" value="61"/>	<input type="text" value="61.00"/>	White
White + HISPANIC	<input type="text"/>	<input type="text" value="30"/>	<input type="text" value="30.00"/>	White + HISPANIC

Black/African American		4	4.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian		14	14.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC
American Indian/Alaskan Native			0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White			0.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial		6	6.00	Other/Multi Racial
Other/Multi Racial + HISPANIC			0.00	Other/Multi Racial + HISPANIC
TOTAL	0.00	115.00	115.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)		115	115.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)		492	492.00	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)
TOTAL	0.00	607.00	607.00	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

The shelter-in-place order hit this program and others like it across the country profoundly. The order essentially shut off services at the busiest time. Our team was adamant in getting the services open again and worked tirelessly to come up with a plan to offer the services virtually and safely with health protections in place. As mentioned, we were only 3 such sites in the East Bay to offer any services at all.

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 grant helped support the Volunteer Income Tax Assistance (VITA) program for the Tri-Valley. This program serves low-income working families through the preparation of the federal and state tax returns. This is a national program that is not offered anywhere else in the Tri-Valley. It serves tax payers who can ill-afford the costs of paid tax preparers but need to file both to follow the law and to receive their refund that pays for day-to-day necessities.

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 staff and volunteers really came through this year with their tenacity to serve clients. While other sites closed down completely, the TVCC staff and volunteers worked to find a way to continue to serve clients virtually. Prior to the Shelter-in-Place order, the team was on track to meeting and exceeding their goals. Still, they met 82% of their Pleasanton goals, even while being out for 3 months due to the Covid-19 pandemic, and limiting their services to one location once they opened virtually at the end of June.

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, with all the complications of the Shelter-in-Place order happening during the season, we believe it was still a success. We measure the success by the number of people served throughout the season. We continue to create goals that stretch the staff and volunteers. This year, they met 82% of the goals, even though they were not able to complete the tax season as they normally would. With the extension of the tax dead line for both the state and federal returns, the staff and volunteers were able to devise a plan to offer the services virtually. That included a one-a-week drop off and a pick up the next week, with the taxes actually being prepared virtually by volunteers at home and files being shared securely. It gave the over 80 families services within the last month of the extended deadline and we were one of only 3 sites open in the entire East Bay.

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 was a 3-month delay in finishing the tax season due to the pandemic Shelter-in-Place order. The tax sites were immediately shut down in mid-March with no option to reopen as before. Working virtually, the staff and volunteers created a plan to offer the services virtually. However, there was a limited number of volunteers who were able to be part of this plan as we wanted to be sure that the files were transfer securely and service done properly. This put a limited on the number of people we could service in the last 4 weeks of the extended season. Cost associated with this virtual service was mostly the PPE needed to make both the staff/volunteers and the clients safe. These costs were not invoices to Pleasanton but to another grantor.

The efforts made to offer taxes virtual this year will help us in the future to offer them in a similar fashion next year or in the future. Should there not be in-person services next tax season, we should be able to recreate this virtual offering in the future.

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

Currently, we have five main partners in this program, each of which contribute to its success. They include:

- Pleasanton Library – The Pleasanton Library is our second site for tax preparation. The Library assists in taking appointments for the Saturday sessions as well as offers us their space, technology and printing capabilities.
- Las Positas College – Las Positas College (LPC) is a new location for us in our tax sites in the 2019 season. The LPC site offers students and the public an opportunity to complete their taxes themselves for free, under the facilitation of certified volunteers. We use a particular software for this service that allows for clients to complete the taxes themselves, gaining confidence to do their own taxes in future years, in they wish.
- United Way of the Bay Area – the United Way is both a funder and a partner. They are the lead agency in the Bay Area for the VITA program. In addition to funding, they provide oversight and training for our site coordinators, marketing materials, volunteer recruitment help and ongoing support.
- Internal Revenue Service – the IRS provides the tax law, software and technical support, training materials and ongoing support.
- Alameda County Community Action Coalition/City of Oakland – Our newest partner is the ACCAC which is a funder and marketing partner. The ACCAC is promoting the California Earned Income Tax Credit (EITC) throughout the county along with funding several VITA programs.

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

No, all other sources were included in the grant application.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Crisis Intervention-Sheltered Residents -City of Pleasanton

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: 1/22/2019

CityServe of the Tri-Valley

Crisis Intervention-Sheltered Residents -City of Pleasanton

USD\$ 19,000.00 USD\$ 30,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Marielle Evans

Report 2

Adriana Vennarucci

2. Title:

Report 1

Director of Operations

Report 2

Finance Manager

3. Telephone:

Report 1

925-223-6947

Report 2

510 552 7023

4. E-Mail:

Report 1

connect@cityservetrivalley.org

Report 2

adriana@cityservecares.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

We actively delivering services to Pleasanton Sheltered residents and we are continuing to deepen our capacity, through increased staffing, training, and workflow management, for our Crisis Stabilization Program in order to more adequately serve the demand for case management we are receiving from Pleasanton residents. We are actively serving full caseloads of Livermore residents and are onboarding two more Crisis Stabilization Specialists/Case Workers to help more holistically address the need. All Case Workers are actively working with a full caseload of 20 participants, with an average of 10 participants turnover (either through success outcomes, self-solution, direct referral, or client exiting) per month, and we are managing a robust waiting list. We have recently changed strategies for waitlist prioritization to increase response times for those individuals who are facing eviction (with 3-day notices) in order to ensure homelessness is prevented. Half-way through our program, we are seeing that many participants enrolled in and actively engaging with their Case Worker are stabilizing and making significant and positive life changes.

Report 2

We are actively delivering services to Pleasanton sheltered and unsheltered residents and working to prevent eviction for those at risk of homelessness. Our goal before and after the global pandemic is crisis stabilization. Despite the extreme obstacles that all non-profits are facing, we have continued our service delivery with major modification to protect our staff and clientele. We have restructured our staffing to meet the current needs by implementing an Intervention Team and Prevention Team. Each team is comprised of case managers, intake coordinators, outreach interns, and operations/finance admin to make sure each area is functioning optimally.

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

Report 1

A major significant action taken in the first half of the year has been hiring and onboarding additional members of our case management team to more holistically address the needs of Pleasanton residents. We have also be able to provide 21 households, representing 66 Pleasanton residents, direct referral services and stabilization, including paying back-due utility bills for senior veterans, coordinating legal services and child support advocacy for a disabled single mother, assistance with financial literacy and job skills placement, and more.

Report 2

Due to Covid-19, our team has been working hard to provide relief to Pleasanton residents impacted by this pandemic. Our relief response has included a three day outreach to identify and place the most medically at risk homeless individuals in hotels. We have provided wrap around services by coordinating with multiple service providers and crafted action steps for each individual in our care. During this hotel program we offer assistance with resources such as applying for an ID and other government benefits, PPE and health education for Covid-19 (wellness checks), food and shower resources, job assistance referrals, and research (asking what the need is and how we can better serve the homeless community). We have also added in weekly street outreach interns to do street outreach and hand out water on hot days to homeless individuals. Lastly, we have started a comprehensive encampment and homeless tracking map. We are working closely with our street outreach team, Pleasanton Homeless Liaison officers and other key providers to identify services or resources provided and/or track the lack of services available.

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

During the launch of this program and the evaluation of its effectiveness, we noticed a gap and subsequent delay in our service delivery in regard to the timing between initial contact with clients, follow-up, and case management. While we were able to provide initial intakes and warm referrals at point of contact, there was were instances of significant delay between that service provided and enrollment in full case management. The process of the initial intake was taking a much longer than desired, and that paired with a wait period to be assigned to a case manager for enrollment due to capacity constraints, meant that some individuals in need were having to wait extended periods in order to enrolled and worked with actively with a case manager. After identifying this obstacle and the underlying causes, we have begun modifying the intake process by developing an initial shorter intake form to determine those who need 'passthrough' services such as direct warm referral, gas cards, or other lower-cost stabilization like donated goods, food, or clothing. This allows us to maximize the capacity of our case managers who are assigned to higher-need individuals (both sheltered and unsheltered), to allow them more prompt response times for the more robust level of service or financial assistance the participant may require. Part of the problem identified is limited support for program administration and case management workflow oversight that we plan to write into our next grant and strategic plan.

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).

Numeric GOAL for THIS FISCAL YEAR.	285	285	570.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	285.00	285.00	570.00	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):

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.]	104	71	175.00	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.]
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	277	277.00	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)
TOTAL	104.00	348.00	452.00	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:

Extremely Low Income (<30% Median)	74	52	126.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	27	16	43.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	3	2	5.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	0	1	1.00	Moderate Income and Above (>80% Median)
TOTAL	104.00	71.00	175.00	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:

Seniors (62 and older)	6	18	24.00	Seniors (62 and older)
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Disabled	12	19	31.00	Disabled
Female-Headed Households	40	36	76.00	Female-Headed Households
Homeless	10	17	27.00	Homeless
TOTAL	68.00	90.00	158.00	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	45	29	74.00	White
White + HISPANIC	2	20	22.00	White + HISPANIC
Black/African American	23	8	31.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	6	5	11.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	0	2	2.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	2	0	2.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	1	1.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	12	6	18.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	14	0	14.00	Other/Multi Racial + HISPANIC
TOTAL	104.00	71.00	175.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	104	71	175.00	Number of units of service provided to Pleasanton clients during THIS
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			REPORTING PERIOD (if none, enter a zero)
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)	<input type="text" value=""/>	<input type="text" value="277"/>	<input type="text" value="277.00"/>
			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)
TOTAL	<input type="text" value="104.00"/>	<input type="text" value="348.00"/>	<input type="text" value="452.00"/> 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
Due to Covid-19 we froze all new enrollments in traditional case management services and instead pivoted to outreach efforts and resourcing to which will be captured more in the new grant cycle.

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
Christine Beitsch-Bahmani

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 were granted in order to provide crisis intervention services to Pleasanton's most vulnerable residents. The goal was 240 "Pathway to Resources" participants through warm hand off to qualifying agencies and limited direct services support, and 45 "Pathway to Stability" participants through comprehensive case management and direct services support.

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 first part of the year we had a Services Director who built a small team of case managers to address the needs of homeless individuals. The team did a good job with the clients that were motivated to make changes in their lives. However, the process in place became an obstacle since each person they connected with had to be enrolled in comprehensive case management to participate in the program. Mid-way through the year with the addition of a new CEO, the program was assessed and restructured to better serve the needs of unsheltered individuals in all three cities. We creatively implemented an Intervention Team and Prevention Team. The intervention team works as a unit to 1) provide street outreach as a first touch/screening of individual needs and frontline immediate resource specialist 2) when the outreach worker finishes an assessment a referral may be made to a case manager to assist with more complex and/or multiple requests. This new two-step approach allows for broader outreach and the ability to serve a great amount of people as well as allowing for those who are really motivated to be connected to a caseworker. We learned that not all homeless individuals are willing and ready to participate in case management and therefore they were consuming the caseload and time of caseworkers when others may have benefited more. Just in the last quarter, we have facilitated three families into permanent housing. When Covid-19 hit and the shelter in place was ordered we placed them into a hotel for 30 days and then worked with Abode to place them into permanent housing. This was a natural progression from total crisis, to crisis stabilization, to sustainability.

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 program was successful for that particular season. We measure success by outcomes. Our outcomes include participants completing action steps toward sustainability, decreasing need requests, increased resources and benefit access and collaborative solutions involving multiple service providers. We believe those who were matched with a case manager and completed customized action steps were successful. Looking to the future in the next season we are making adjustments to serve more individual and families by proactively matching those in case management with community care advocates (volunteers) so our case managers can hand the baton to trained volunteers and increase their client load serving more people.

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

Looking to the future, in the next season we are making adjustments to serve more individuals and families by proactively matching those in case management with community care advocates (volunteers) so that our case managers can hand the baton to trained volunteers in order to increase their client load and ultimately serve more people. We recognize our capacity is limited with an ever-increasing need especially with Covid-19--we are concerned that our small staff will not be able to address all the needs in an effective way unless there is capacity built into 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

We work closely with Open Heart Kitchen to set up meal deliveries to those we identify during street outreach or for those we place in hotels. We also closely with the Pleasanton Homeless Liaison Officers, we are almost in daily contact to provide assistance. We have tried to work with Tri-Valley Haven for Domestic Violence cases which has been a challenge during Covid-19, we are working on better ways to partner with this organization. We are trying to work more effectively with Abode to house individuals and place people in Operation Comfort and Safer Ground. We collaborate with over 22 churches to provide in-kind donations such as toiletries, clothing, shoes, car repair and care advocacy. We also have used SAVE in Fremont many times for domestic violence cases. During the last quarter, we have partnered with Bay Area Health to provide mobile medical care to our hotel clients. We have also partnered with Monthly Miracles, Inklings, Lanna Thai and Axis Health.

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

Churches contributed approximately \$58,000 during the period 07/01/2019 - 06/30/2020.

Businesses, Foundations and Individual donors collectively contributed approximately \$170,000 during the period 07/01/2019 - 06/30/2020.

Additionally, we received approximately \$350,000 from HEAP county grant funding during the period 07/01/2019 - 06/30/2020 to cover crisis needs for residents in Pleasanton, Dublin and Livermore.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > CBDG Grant for Facility Build Out

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

CityServe of the Tri-Valley

CBDG Grant for Facility Build Out

USD\$ 53,024.00 USD\$ 60,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Christine Beitsch-Bahmani

Report 2

Christine Beitsch-Bahmani

2. Title:

Report 1

CEO

Report 2

CEO

3. Telephone:

Report 1

925-222-2273

Report 2

925-222-2273

4. E-Mail:

Report 1

christine@cityservecares.org

Report 2

christine@cityservecares.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

delayed due to covid-19

Report 2

Public Office Space for those in need to come into. We currently do not have walk-in's so this will make access to service much easier for those in crisis.

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

Report 1

Met with Livermore City Engineer to review preliminary drawings. The city decided to have their architect do more specific drawings before going to bid. Then a bid walk will be set with with our project leader.

Report 2

basic drawings have been submitted to the City of Livermore architect for 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

delayed due to covid-19

Report 2

delayed due to covid-19

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).

Numeric GOAL for THIS FISCAL YEAR.	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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):

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
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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.]

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
--	--	------

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)

TOTAL

0.00	0.00	0.00
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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:

Extremely Low Income (<30% Median)

		0.00
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Extremely Low Income (<30% Median)

Very Low Income (30% to 50% Median)

		0.00
--	--	------

Very Low Income (30% to 50% Median)

Low Income (50% to 80% Median)

		0.00
--	--	------

Low Income (50% to 80% Median)

Moderate Income and Above (>80% Median)

		0.00
--	--	------

Moderate Income and Above (>80% Median)

TOTAL

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:

Seniors (62 and older)

		0.00
--	--	------

Seniors (62 and older)

Disabled

		0.00
--	--	------

Disabled

Female-Headed Households

		0.00
--	--	------

Female-Headed Households

Homeless

		0.00
--	--	------

Homeless

TOTAL

0.00	0.00	0.00
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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

0	0	0.00
---	---	------

White

White + HISPANIC

0	0	0.00
---	---	------

White + HISPANIC

Black/African American

0	0	0.00
---	---	------

Black/African American

Black/African American + HISPANIC

0	0	0.00
---	---	------

Black/African American + HISPANIC

Asian

0	0	0.00
---	---	------

Asian

Asian + HISPANIC

0	0	0.00
---	---	------

Asian + HISPANIC

American Indian/Alaskan Native

0	0	0.00
---	---	------

American Indian/Alaskan Native

American Indian/Alaskan Native + HISPANIC

0	0	0.00
---	---	------

American Indian/Alaskan Native + HISPANIC

Native Hawaiian/Other Pacific Islander

0	0	0.00
---	---	------

Native Hawaiian/Other Pacific Islander

Native Hawaiian/Other Pacific Islander + HISPANIC

0	0	0.00
---	---	------

Native Hawaiian/Other Pacific Islander + HISPANIC

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
American Indian/ Alaskan Native and White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian and White
Asian and White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian and White + HISPANIC
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
Black/African American and White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American and White + HISPANIC
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
American Indian/Alaskan Native and Black/African American + 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 + HISPANIC
Other/Multi Racial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Other/Multi Racial + HISPANIC
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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)
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	TOTAL

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

Report 1

delayed due to covid-19

Report 2

delayed due to covid-19

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

Christine Beitsch-Bahmani

Report 2

Christine Beitsch-Bahmani

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

Public Office (walk in) for Tri-Valley people in need.

Report 2

Public office for clients

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

specification have been made.

Report 2

delayed due to covid-19

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

delayed due to covid-19

Report 2

delayed due to covid-19

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

delayed due to covid-19

Report 2

delayed due to covid-19

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

Report 1

City of Livermore

Report 2

City of Livermore

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

Report 1

City of Livermore

Report 2

City of Livermore

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Housing Grant for Homeless Street Outreach/Homelessness Prevention-City of Pleasanton

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: 1/22/2019

CityServe of the Tri-Valley

Housing Grant for Homeless Street Outreach/Homelessness Prevention-City of Pleasanton

USD\$ 50,000.00 USD\$ 50,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Marielle Evans

Report 2

Adriana Vennarucci

2. Title:

Report 1

Director of Operations

Report 2

Finance Manager

3. Telephone:

Report 1

925-223-6947

Report 2

510 552 7023

4. E-Mail:

Report 1

connect@cityservetrivalley.org

Report 2

adriana@cityservecares.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

We actively delivering services to Pleasanton sheltered and unsheltered residents and we are continuing to deepen our capacity, through increased staffing, training, and workflow management, for our Crisis Intervention and Stabilization Program in order to more adequately serve the demand for case management we are receiving from Pleasanton residents. We are actively serving full caseloads of Pleasanton residents and are onboarding two more Crisis Stabilization Specialists/Case Workers to help more holistically address the need. All Case Workers are actively working with a full caseload of 20 participants, with an average of 10 participants turnover (either through success outcomes, self-solution, direct referral, or client exiting) per month, and we are managing a robust waiting list. We have recently changed strategies for waitlist prioritization to increase response times for those individuals who are facing eviction (with 3-day notices) in order to ensure homelessness is prevented. Half-way through our program, we are seeing that many participants enrolled in and actively engaging with their Case Worker are stabilizing and making significant and positive life changes.

Report 2

Our goal before and after global pandemic is crisis stabilization. Despite the extreme obstacles all non-profits are facing, we have continued our service delivery with major modification to protect our staff and clientele. We have restructured our staffing to meet the current needs by implementing an Intervention Team and Prevention Team. Each team is comprised of case managers, intake coordinators, outreach interns, and operations/finance administration to make sure each area is functioning optimally.

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

Report 1

A major significant action taken in the first half of the year has been hiring and onboarding additional members of our case management team to more holistically address the needs of Pleasanton residents. We have also been able to provide 104 Pleasanton residents with direct referral services and stabilization, including providing 50 residents with case management services. This grant funding along with our Regional HEAP funding allowed for us to prevent 9 evictions in Pleasanton, representing 22 Pleasanton residents from not entering homelessness. Additionally, we were able to place unsheltered participants in wraparound shelter and stability programs, as well as have them access and qualify for government benefits.

Report 2

Due to Covid-19, our team has been working hard to provide relief to Pleasanton residents impacted by this pandemic. Our relief response has included a three day outreach to identify and place the most medically at risk homeless individuals in hotels. We have provided wrap around services by coordinating with multiple service providers and crafted action steps for each individual in our care. During this hotel program we offer assistance with resources such as applying for an ID and other government benefits, PPE and health education for Covid-19 (wellness checks), food and shower resources, job assistance referrals, and research (asking what the need is and how we can better serve the homeless community). We have also added in weekly street outreach interns to do street outreach and hand out water on hot days to homeless individuals. Lastly, we have started a comprehensive encampment and homeless tracking map. We are working closely with our street outreach team, Pleasanton Homeless Liaison officers and other key providers to identify services or resources provided and/or track the lack of services available.

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

During the launch of this program and the evaluation of its effectiveness, we noticed a gap and subsequent delay in our service delivery in regard to the timing between initial contact with clients, follow-up, and case management. While we were able to provide initial intakes and warm referrals at point of contact, there were instances of significant delay between that service provided and enrollment in full case management. The process of the initial intake was taking a much longer than desired, and that paired with a wait period to be assigned to a case manager for enrollment due to capacity constraints, meant that some individuals in need were having to wait extended periods in order to enrolled and worked with actively with a case manager. After identifying this obstacle and the underlying causes, we have begun modifying the intake process by developing an initial shorter intake form to determine those who need 'passthrough' services such as direct warm referral, gas cards, or other lower-cost stabilization like donated goods, food, or clothing. This allows us to maximize the capacity of our case managers who are assigned to higher-need individuals (both sheltered and unsheltered), to allow them more prompt response times for the more robust level of service or financial assistance the participant may require. Part of the problem identified is limited support for program administration and case management workflow oversight that we plan to write into our next grant and strategic plan.

Report 2

Due to Covid-19 and shelter in place, we froze all new case management enrollments other than emergency hotel placement participants. We focused efforts on existing clients and street outreach to serve the most vulnerable on the streets as well as launched the ERAP program. In the next grant cycle we will see more impact as a result of these modifications.

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).

Numeric GOAL for THIS FISCAL YEAR.	185	185	370.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	185.00	185.00	370.00	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):

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.]	104	71	175.00	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.]
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	277	277.00	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)
TOTAL	104.00	348.00	452.00	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:

Extremely Low Income (<30% Median)	74	52	126.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	27	16	43.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	3	2	5.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	0	1	1.00	Moderate Income and Above (>80% Median)
TOTAL	104.00	71.00	175.00	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:

Seniors (62 and older)	6	18	24.00	Seniors (62 and older)
------------------------	---	----	-------	------------------------

Disabled	12	19	31.00	Disabled
Female-Headed Households	40	36	76.00	Female-Headed Households
Homeless	10	17	27.00	Homeless
TOTAL	68.00	90.00	158.00	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	45	29	74.00	White
White + HISPANIC	2	20	22.00	White + HISPANIC
Black/African American	23	8	31.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	6	5	11.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	0	2	2.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	2	0	2.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	1	1.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	12	6	18.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	14	0	14.00	Other/Multi Racial + HISPANIC
TOTAL	104.00	71.00	175.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	104	71	175.00	Number of units of service provided to Pleasanton clients during THIS
--	-----	----	--------	---

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	277	277.00
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REPORTING PERIOD (if none, enter a zero)

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)

TOTAL

104.00	348.00	452.00
--------	--------	--------

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

Christine Beitsch-Bahmani

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

To provide Homeless Street Outreach & Homelessness Prevention services to homeless Pleasanton residents and sheltered Pleasanton residents at imminent risk of becoming homeless. Intervention and Stabilization services to include 150 "Pathway to Resources" participants including warm hand-off to qualifying agencies and limited direct service support, 25 "Pathway to Stability" participants through case management and direct service support, and 10 "High-Need Pathway to Success" participants through longer-term case management and wraparound resourcing.

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 first part of the year we had a Services Director who built a small team of case managers to address the needs of homeless individuals. The team did a good job with the clients that were motivated to make changes in their lives. However, the process in place became an obstacle since each person they connected with had to be enrolled in comprehensive case management to participate in the program. Mid-way through the year with the addition of a new CEO, the program was assessed and restructured to better serve the needs of unsheltered and at-risk individuals. We creatively implemented an Intervention Team and Prevention Team. The intervention team works as a unit to 1) provide street outreach as a first touch/screening of individual needs and frontline immediate resource specialist 2) when the outreach worker finishes an assessment a referral may be made to a case manager to assist with more complex and/or multiple requests. This new two-step approach allows for broader outreach and the ability to serve a great amount of people as well as allowing for those who are really motivated to be connected to a caseworker. We learned that not all homeless individuals are willing and ready to participate in case management and therefore they were consuming the caseload and time of caseworkers when others may have benefited more. Just in the last quarter, we have facilitated three families into permanent housing. When Covid-19 hit and the shelter in place was ordered, we placed them into a hotel for 30 days and then worked with Abode to place them into permanent housing. This was a natural progression from total crisis, to crisis stabilization, to sustainability.

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 program was successful. We measured success by outcomes and total served. Our outcomes include participants completing action steps toward sustainability, decreasing need requests, increased resources and benefit access and collaborative solutions involving multiple service providers. We believe those who were matched with a case manager and completed customized action steps were successful.

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

Looking to the future, in the next season we are making adjustments to serve more individuals and families by proactively matching those in case management with community care advocates (volunteers) so that our case managers can hand the baton to trained volunteers in order to increase their client load and ultimately serve more people. We recognize our capacity is limited with an ever-increasing need, especially with Covid-19--we are concerned that our small staff will not be able to address all the needs in an effective way unless there is capacity built into 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

We work closely with Open Heart Kitchen to set up meal deliveries to those we identify during street outreach or for those we place in hotels. They also coordinate with us when they identify new people and we send our street outreach out to meet them. We also work very closely with the Pleasanton Homeless Liaison Officers. We are almost in daily contact to provide assistance. In regard to sheltering, we have seen a HUGE gap. We have tried to work with Tri-Valley Haven for Domestic Violence cases to which is has been a challenge during Covid-19. We are trying to work on better ways to connect. We also have tried to work in a more effective way with Abode to house individuals and place people in Operation Comfort and Safer Ground. Their housing navigation piece has been lacking a bit due to their extra obligations with the hotels therefore we have had many obstacles to getting our clients into permanent housing. We collaborate with over 22 churches to provide in-kind donations such as toiletries, clothing, shoes, car repair and care advocacy. We also have used SAVE in Fremont many times for domestic violence cases. During the last quarter we have partnered with Bay Area Health to provide mobile medical care to our hotel clients. We have also partnered with Monthly Miracles, Inklings, Lanna Thai and Axis Health.

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

Churches contributed approximately \$58,000 during the period 07/01/2019 - 06/30/2020.

Businesses, Foundations and Individual donors collectively contributed approximately \$170,000 during the period 07/01/2019 - 06/30/2020.

Additionally, we received approximately \$350,000 from HEAP county grant funding during the period 07/01/2019 - 06/30/2020 to cover crisis needs for residents in Pleasanton, Dublin and Livermore.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Easterseals Bay Area Kaleidoscope Community Adult Program

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Easter Seals Bay Area

Easterseals Bay Area Kaleidoscope Community Adult Program

USD\$ 5,000.00 USD\$ 15,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Zach Lupton

Report 2

Abigail Guerdat

2. Title:

Report 1

Program Manager

Report 2

Director of Marketing & Communications

3. Telephone:

Report 1

925-248-9925

Report 2

925.448.4949

4. E-Mail:

Report 1

zach.lupton@esnorcal.org

Report 2

abigail.guerdat@catalight.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

This current project is underway. The Kaleidoscope Community Adult Program is currently focusing on money management, life skills, recreational and leisure skills, and prevocational skills.

Report 2

Our program is actively underway with modification due to Covid-19 and shelter in place guidelines.

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

Report 1

During this time period the Kaleidoscope participant's focused on learning and creating job skills. The participants made and sold items on the Kaleidoscope Cart. Some of the items included hot chocolate where the clients needed to measure the ingredients pour in the mason jar, label the directions, and wrap the lid. Other items included holiday magnets and a free "Snowman & Reindeer Poop" give away which consisted of marshmallows and chocolate chips.

This process teaches the money management, life skills, communication skills, and the responsibility to complete a task.

Report 2

Modifying service from in-person to a telehealth model due to Covid-19.

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 modification have been made during this period.

Report 2

Moved program to a telehealth model to support continuity of care and maintain goals, provide socialization and life skills training.

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).

Numeric GOAL for THIS FISCAL YEAR.

Numeric GOAL for THIS FISCAL YEAR.

TOTAL	10.00	10.00	20.00	TOTAL
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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):

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	0	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.]
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	0	1.00	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)
TOTAL	1.00	0.00	1.00	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:

Extremely Low Income (<30% Median)	0	0	0.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	0	0	0.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	1	0	1.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	4	0	4.00	Moderate Income and Above (>80% Median)
TOTAL	5.00	0.00	5.00	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:

Seniors (62 and older)	0	0	0.00	Seniors (62 and older)
Disabled	5	0	5.00	Disabled
Female-Headed Households	1	0	1.00	Female-Headed Households
Homeless	0	0	0.00	Homeless
TOTAL	6.00	0.00	6.00	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	4	0	4.00	White
White + HISPANIC	1	0	1.00	White + HISPANIC
Black/African American	0	0	0.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	0	0	0.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native

American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	0	0	0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	0	0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	0	0.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	0	0	0.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	0	0	0.00	Other/Multi Racial + HISPANIC
TOTAL	5.00	0.00	5.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	3325	4,255	7,580.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	8915	9,760	18,675.00	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)
TOTAL	12,240.00	14,015.00	26,255.00	TOTAL

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

Report 1

Thank you for your continued support of our program.

Report 2

We're so grateful for the generous funding from the City of Pleasanton in support of this important program, helping Tri-Valley adults with developmental disabilities achieve goals of independence and inclusion.

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

Kyle Dieker

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

To supplement salary of the Lead Life Skills Coach for the Kaleidoscope program.

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

Kaleidoscope was able to transition to a telehealth model quickly to continue providing services remotely, such as social skills development, arts and crafts, science and cooking projects, hygiene and life skills, how-to lessons, games, physical exercise, mental health check-ins and deliver supplies for activities through a safe and responsible process.

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 program continues to be a success based on participant and parent/caregiver feedback with the request to continue providing these vital services through telehealth until returning to the facility is safe and approved. We exceeded our goals of hours of service provided, especially in response to Covid-19 and ensuring our participants received continuity of care, their concerns were addressed, and they received a regular cadence of communication from staff.

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

Sheltering in place due to Covid-19 resulted in our quick and successful transition to telehealth. The only delay we have experienced with this situation is not knowing when we can return to an in-person model, however we have achieved a highly successful and well-received modality.

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

I Heart Art - Supplies for activities and creative projects

myBrightlink Club - Registration tool and digital adult day platform

Regional Center of the East Bay - Programmatic guidance and restrictions

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 HHSG - \$8,736.73 - Supplement Lead Life Skills Coach salary

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Behavioral Health Care Services

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Hively

Behavioral Health Care Services

USD\$ 12,500.00 USD\$ 25,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Kelly O'Lague Dulka, MSW

Report 2

Kelly O'Lague Dulka, MSW

2. Title:

Report 1

Chief Executive Officer

Report 2

Chief Executive Officer

3. Telephone:

Report 1

925-980-2468

Report 2

925-980-2468

4. E-Mail:

Report 1

kelly@behively.org

Report 2

kelly@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

Because we were unable to secure the funding necessary from the Cities of Pleasanton, Dublin and Livermore to launch the full project, we scaled back and revised our plan to open a comprehensive mental health clinic. We have spent the first half of FY 2019-20 planning and preparing facilities and will begin offering an array of services that help families who are coping with mental health issues. As of the close of the second quarter, we have engaged in the initial planning and preparation to launch mental health services beginning in January including consultation, assessment, diagnosis and treatment of mild to moderate mental health concerns. Throughout the first half of the fiscal year, we have engaged stakeholders, educators, child care providers, mental health clinicians and families with children to determine the most pressing needs in Pleasanton and throughout the Tri-Valley.

Report 2

Currently, Hively is actively engaged in providing mental health services including consultation, assessment, diagnosis and treatment of a wide range of mental health issues facing children and families in the Tri-Valley. With the current shelter at home order in place, most services are being offered virtually, utilizing telehealth best practices.

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

Report 1

We have begun engaging the community in workshops to offer support to families dealing with some of the more common mental health/behavioral health challenges (situational stressors, behavioral concerns, social and emotional concerns, etc.). We are offering consultation to families and child care providers and will begin with more one-on-one services in the second half of the fiscal year.

Report 2

During the current reporting period, Hively has worked to build and expand the mental health services needed by children and families in our community. As families have grappled with the realities of a global pandemic, we have seen the need for services dramatically expand. We have scrambled to acquire additional resources to meet the growing need for services.

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

Because we received only about 20% of the grant funding we requested from the three Tri-Valley cities, and only 50% of the funding we requested from the City of Pleasanton, we reduced the number of children and families we targeted to serve. Specifically in Pleasanton, we reduced the number of people to be served by 50%. We also reduced the number of service hours/units by the same percentage.

Report 2

The biggest modification to the project has been the need to provide services virtually. While we have fully furnished treatment rooms in our Pleasanton location, we are not seeing clients in person because of the requirements and recommendations of the Alameda County Public Health Department regarding physical distancing. We have had to pivot and adapt to both the dramatic increase in demand for services and the limitations on how services can be provided.

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).

Numeric GOAL for THIS FISCAL YEAR.	63	63	126.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	63.00	63.00	126.00	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):

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.]	12	173	185.00	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.]
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)	16	389	405.00	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)
TOTAL	28.00	562.00	590.00	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:

Extremely Low Income (<30% Median)	6	27	33.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	4	29	33.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	2	93	95.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	0	24	24.00	Moderate Income and Above (>80% Median)
TOTAL	12.00	173.00	185.00	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:

Seniors (62 and older)	0	27	27.00	Seniors (62 and older)
Disabled	0		0.00	Disabled
Female-Headed Households	8	47	55.00	Female-Headed Households
Homeless	2	4	6.00	Homeless
TOTAL	10.00	78.00	88.00	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	2	64	66.00	White
White + HISPANIC	8	29	37.00	White + HISPANIC
Black/African American			0.00	Black/African American

Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	2	68	70.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC
American Indian/Alaskan Native			0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White		12	12.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial			0.00	Other/Multi Racial
Other/Multi Racial + HISPANIC			0.00	Other/Multi Racial + HISPANIC
TOTAL	12.00	173.00	185.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	120	1078	1,198.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	16	1433	1,449.00	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)
TOTAL	136.00	2,511.00	2,647.00	TOTAL

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

Report 1

Because the program was only partially funded, most of the funding has been held for the second half of the fiscal year. The program is expanding and will fully utilize all funding.

Report 2

With the current shelter in place order, most services in this fiscal year have been provided virtually utilizing telehealth best practices.

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, MSW

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

To be included in final report

Report 2

There has been a known shortage of mental health services for children and families throughout the Tri-Valley for at least two decades. Hively is seeking to address this unmet need.

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

To be included in final report

Report 2

While we were aware of the shortage of mental health services before the pandemic, the need has skyrocketed since. We have been overwhelmed with requests for services and have responded. We have pivoted services from face to face, individual counseling as we had originally planned, to offering weekly support groups via zoom, mental health consultations to child care providers, educators and parents concerned about the emotional and physical well being of the children in our 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

To be included in final report

Report 2

The program has far exceeded our goals, despite the lack of adequate funding. The number of children and families served is significantly higher than we were contracted to serve.

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

To be included in final report

Report 2

The biggest challenge, as noted above, was the dramatic increase in demand for services because of the Covid-19 pandemic. Families are experiencing significant stressors and Hively was able to respond.

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

Report 1

To be included in final report

Report 2

We collaborated with educators, faith leaders, child care providers, physicians, and other mental health providers. Agencies and organizations that serve families have experienced significant increases in demand for services.

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

Report 1

To be included in final report

Report 2

We received funding from the City of Dublin, the Sunlight Giving Foundation, the East Bay Community Foundation and from a variety of individuals and corporations. Contributions ranged from \$5 to \$30,000.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Child Care Links Diaper Pantry

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Hively

Child Care Links Diaper Pantry

USD\$ 5,500.00 USD\$ 12,000.00 Requested

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

925-595-5177

4. E-Mail:

Report 1

vdilks@behively.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

As of November 30th, 2019 the Hively Diaper Pantry has distributed a total of 101,460 diapers to 248 unduplicated families. Each child served received a book to take home with them to build their own personal library. Of the 248 served, 62 were Pleasanton residents. Due to receiving services through the Hively Diaper Pantry, 38% of families reported they are changing their child's diaper more often, 30% are experiencing less stress due to being able to provide an adequate supply of diapers, and 61% 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.

Report 2

As of June 30th, 2020 the Hively Diaper Pantry has distributed a total of 223,144 diapers to 422 families.

The Hively Diaper Pantry distributed diapers to a total of 126 Pleasanton families, resulting in 100 babies residing in Pleasanton had access to clean, fresh diapers each month.

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

Report 1

There have not been any significant actions taken during this reporting period.

Report 2

Due to the shelter in place mandate, on March 19th, 2020, Hively closed the office to the public, however, the agency continued to provide diapers each month to Diaper Pantry clients. One Saturday a month, families were invited back to the agency to pick up a full box of diapers, in addition to baby wipes and children's books.

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).

Numeric GOAL for THIS FISCAL

Numeric GOAL for THIS FISCAL

YEAR.	100	100	200.00	YEAR.
TOTAL	100.00	100.00	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):

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.]	62	64	126.00	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.]
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)	248	174	422.00	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)
TOTAL	310.00	238.00	548.00	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:

Extremely Low Income (<30% Median)	59	62	121.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	3	2	5.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)		0	0.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)		0	0.00	Moderate Income and Above (>80% Median)
TOTAL	62.00	64.00	126.00	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:

Seniors (62 and older)			0.00	Seniors (62 and older)
Disabled			0.00	Disabled
Female-Headed Households			0.00	Female-Headed Households
Homeless			0.00	Homeless
TOTAL	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.]

White	10	1	11.00	White
White + HISPANIC	30	9	39.00	White + HISPANIC
Black/African American	3	7	10.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	8	1	9.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC

American Indian/Alaskan Native			0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White			0.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	11	3	14.00	Other/Multi Racial
Other/Multi Racial + HISPANIC		43	43.00	Other/Multi Racial + HISPANIC
TOTAL	62.00	64.00	126.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	62	64	126.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	248	174	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)
TOTAL	310.00	238.00	548.00	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

Vanessa Dilks

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.

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 successfully served 126 Pleasanton families (100 babies). This is an increase of 27 on unduplicated Pleasanton families in comparison to last fiscal year.

Due to the mandated shelter in place, Hively closed the agency to the public, however, staff continued to provide Diaper Pantry services. One Saturday a month, Hively staff distributed diapers to families in the Tri-Valley.

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 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 223,144 diapers to 422 families. A total of 126 families (100 Pleasanton babies) received 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

No problems or delays were encountered during this fiscal year. As mentioned in question 22, although the shelter in place was mandated on the County, Hively continued to provide services.

Moving forward in the next fiscal year, Hively will continue to facilitate monthly diaper distributions for the community.

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, and First 5 Alameda County to provide diapers, and books low income families living 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

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

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Grief Support Center and Hospice Volunteer Services

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: 1/22/2019

Hope Hospice, Inc

Grief Support Center and Hospice Volunteer Services

USD\$ 8,400.00 USD\$ 15,000.00 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

(925) 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

Due to the growth of the agency and expanding needs of our local community, the Grief Support Services Program has returned to in-house management. Formerly under contract for services with Hospice of the East Bay, the program is now under the management and supervision of Kathleen Brand, a long-time Hope Hospice employee and grief support specialist. She is currently evaluating and reformatting some of the current services, support groups, and other grief support activities to ensure they meet the growing and diverse needs of the Tri-Valley.

Similarly, the Volunteer Services department has also been realigned during this reporting period. Jill Smith, RN, is now full-time manager of our Living with Dementia program. Last year, Hope saw an increase of more than 20 percent in its patient admissions. Fifty percent were admitted with a dementia-related condition either as a primary or secondary condition. This brings many challenges for families, so Hope is now dedicating our former director of the Volunteer program to direct this support service full time. The Volunteer Services program is now managed by her former assistant, Nikki Tildesley. More than 150 volunteers serve in various capacities throughout the agency, from patient care volunteers to board members to event volunteers. All are under the recruitment, scheduling and management of the Volunteer Services Dept.

Report 2

Due to public health requirements and safety concerns, Hope had to suspend in-home visits to patients by our volunteers during this reporting period. However, volunteers have been conducting visits by telephone and Zoom to patients and family members, as appropriate and assisting the agency with administrative and donor engagement phone-calling projects.

Grief Support Dept. is moved its programs online through the Zoom format.

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

Report 1

In FY18-19, Hope cared for more than 600 patients and their families and offered grief support services to hundreds more in the community at no charge. This growth represents a 20 percent increase in demand and we expect this growth trajectory to continue. In response to these growing needs, the Grief Support Services Program has returned to in-house management. Kathleen Brand, a long-time Hope employee and grief support specialist now manages the program. She is currently evaluating and reformatting some of the current services, support groups, and other grief support activities to ensure they continue to meet the growing and diverse needs of the Tri-Valley.

Similarly, the Volunteer Services department has also been realigned during this reporting period. Jill Smith, RN, has moved to full-time manager of our Living with Dementia patient care and family support program. Last year, Hope saw an increase of more than 20 percent in its patient admissions. Fifty percent are admitted with a dementia-related condition either as a primary or secondary condition. This brings many challenges for families, so Hope is now dedicating a full position to this service, separating it from part of the Volunteer Services Dept. This has allowed us to add such specialized services as one-on-one family consulting and a dementia support group. The Volunteer Services program is now managed by Jill Smith's former assistant, Nikki Tildesley. She oversees more than 150 volunteers serving in various capacities throughout the agency, from patient care volunteers to board members to event volunteers. All are under the recruitment, scheduling and management of the Volunteer Services Dept.

Report 2

Hope Hospice had to temporarily suspend in-home patient care visits by volunteers and has had to cancel its 2020 fundraising events for which we utilize volunteer assistance in planning and producing the events. We now have some volunteers working on other projects, such as donor thank you calls and mailings.

Where and when possible, grief and volunteer support services are delivered via telephone or online through the Zoom platform.

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

See above.

Report 2

See above descriptions for modifications.

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).

Numeric GOAL for THIS FISCAL YEAR.	213	212	425.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	213.00	212.00	425.00	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):

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.]	88	58	146.00	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.]
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)	408	283	691.00	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)
TOTAL	496.00	341.00	837.00	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:

Extremely Low Income (<30% Median)			0.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	49	14	63.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	39	44	83.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)			0.00	Moderate Income and Above (>80% Median)
TOTAL	88.00	58.00	146.00	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:

Seniors (62 and older)	38	14	52.00	Seniors (62 and older)
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Disabled			0.00	Disabled
Female-Headed Households			0.00	Female-Headed Households
Homeless			0.00	Homeless
TOTAL	38.00	14.00	52.00	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	53	12	65.00	White
White + HISPANIC	1		1.00	White + HISPANIC
Black/African American			0.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	4	1	5.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC
American Indian/Alaskan Native			0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White			0.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial		45	45.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	30		30.00	Other/Multi Racial + HISPANIC
TOTAL	88.00	58.00	146.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)		799	799.00	Number of units of service provided to Pleasanton clients during THIS
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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)

	3400	3,400.00
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REPORTING PERIOD (if none, enter a zero)

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)

TOTAL

0.00	4,199.00	4,199.00
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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

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

To support Hope Hospice' Volunteer and Grief Support programs most of which are offered to the community at no charge. Grants, such as that by the City of Livermore, individual donations, and other fundraising activities help support the costs of providing these services to the public.

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

Though the ongoing public health crisis has caused great disruption in community life, there has been no disruption in Hope Hospice's quantity, quality or content of service to patients and families. In fact, the number of grief sessions and persons reached has increased through our online formats. Teens especially have increased attendance presumably because they are comfortable with using an online teleconference platform for their interactions and support. One-on-one sessions are still being offered.

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 the program is a success. Following each program, satisfaction surveys are completed by family members of those who have been in our care, in our grief support sessions, and elsewhere within our service lines. Hope consistently rates in the 90 percent range for service quality and responsiveness. The surveys help inform any needed adjustments or improvements to ensure services continue to meet the needs of the community.

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

When shelter-in-place orders came down from the Alameda County and Contra Costa County health departments on March 16 due to the pandemic, Hope Hospice had to quickly rethink and re-imagine ways to reach out to our constituents and other community members to continue to serve their needs.

While core patient care services continued, we temporarily suspended in-home patient care visits by volunteers and cancelled our 2020 fundraising events for which we utilize volunteer assistance in planning and producing the events. Many of our volunteers are now helping us with administrative projects such as donor thank-you calls and mailings.

Where and when possible, many support services by volunteers and staff services are delivered via telephone or online through the Zoom platform.

We also began a series of webinars to continue to engage the community and to provide the public with current information about hospice and health services in the pandemic era, end-of-life care planning and grief support. More than 40 listeners attended each seminar and we have another six planned in the coming months.

The only relative costs experienced with these changes were the opening and maintaining the Zoom broadcast accounts and staff time in preparing the presentations.

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

Hospice of the East Bay provided management services of the Grief Support program for the first six months of the fiscal year. The program is now under the management and direction of Hope's own grief support specialist.

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 Livermore \$4,399

City of Dublin \$12,975

Sunstate Equipment Foundation \$7,500

Rotarian Foundation of Livermore \$4,500 (Dementia support)

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Legal Services, Medicare Counseling and Community Education for Pleasanton Seniors

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: 1/22/2019

Legal Assistance for Seniors

Legal Services, Medicare Counseling and Community Education for Pleasanton Seniors

USD\$ 6,500.00 USD\$ 10,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Edita Mercado

Report 2

Edita Mercado

2. Title:

Report 1

Accounting Associate

Report 2

Accounting Associate

3. Telephone:

Report 1

510-832-3040

Report 2

510-832-3040

4. E-Mail:

Report 1

emercado@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 2019-2020, the program scope of work is to provide free legal assistance to 16 low income seniors and a total of 74 direct legal service hours. Through our Community Education Program, we are to hold five community education presentations for 195 seniors, senior service providers and caregivers. The Health Insurance Counseling and Advocacy Program goal is to provide individual counseling sessions to 78 Medicare recipients at the Pleasanton Senior Center.

During the period of July 1, 2019 and December 31, 2019, Legal Assistance for Seniors assisted 14 Pleasanton clients on legal matters and provided 103.1 hours of case time. Also, twelve community education presentations were held with a total of 318 attendees. As for HICAP, 70 Medicare recipients were provided with individual counseling sessions during the first half of the fiscal year.

Report 2

During FY 2019-2020, the program scope of work is to provide free legal assistance to 16 low income seniors and a total of 74 direct legal service hours. Through our Community Education Program, we are to hold five community education presentations for 195 seniors, senior service providers and caregivers. The Health Insurance Counseling and Advocacy Program goal is to provide individual counseling sessions to 78 Medicare recipients at the Pleasanton Senior Center.

During the period of January 1, 2020 and June 30, 2020, Legal Assistance for Seniors assisted 3 Pleasanton clients on legal matters and provided 62.4 hours of case time. Also, two community education presentations were held with a total of 20 attendees. As for HICAP, 36 Medicare recipients were provided with individual counseling sessions during the first 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 HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

Numeric GOAL for THIS FISCAL YEAR.	16	16	32.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	16.00	16.00	32.00	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):

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.]	14	3	17.00	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.]
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)	853	398	1,251.00	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)
TOTAL	867.00	401.00	1,268.00	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:

Extremely Low Income (<30% Median)	6	1	7.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	1	1	2.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	5	1	6.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	2	0	2.00	Moderate Income and Above (>80% Median)
TOTAL	14.00	3.00	17.00	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:

Seniors (62 and older)	14	2	16.00	Seniors (62 and older)
Disabled	13	3	16.00	Disabled
Female-Headed Households	2	2	4.00	Female-Headed Households
Homeless	0	0	0.00	Homeless
TOTAL	29.00	7.00	36.00	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	8	2	10.00	White
White + HISPANIC	0	0	0.00	White + HISPANIC

Black/African American	1	0	1.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	5	1	6.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	0	0	0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	0	0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	0	0.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	0	0	0.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	0	0	0.00	Other/Multi Racial + HISPANIC
TOTAL	14.00	3.00	17.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	103.1	62.4	165.50	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	7738.9	9303.1	17,042.00	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)
TOTAL	7,842.00	9,365.50	17,207.50	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 are on track when it comes to meeting our contract

goals.

Report 2

We are pleased to be working with the City of Pleasanton again this year and are happy to report that we are on track when it comes to meeting our contract goals. Due to the Shelter in Place order that has been placed in Alameda County, our LAS office has been closed until further notice. Our attorneys and advocates have been working remotely and continue to provide services to seniors during this period. Due to the vulnerability of the population that we serve, the majority of our services during this period have been provided via phone counseling.

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 HHSF 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 74 hours of free legal services to 16 Pleasanton seniors in the areas of public benefits, housing, 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 five educational presentations to 195 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 78 Medicare recipients at the Pleasanton Senior Center.

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

LAS far exceeded the number of legal clients to be reached with this program. While contracted to provide legal services to 16 Pleasanton seniors, we provided legal services to 17 seniors and 165.5 hours of direct legal service. LAS also provided a total of 14 community education presentations with a total of 338 people having been reached in Pleasanton. Through our HICAP program, a total of 106 seniors were reached in the City of 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. Also, LAS staff provided community education presentations at six 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 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:

John Muir Health, Kottinger Gardens II Apartments, Pleasanton Senior Center, Ridgeview Commons and Stoneridge Creek.

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 2019/2020, LAS received \$1,548,804 from governmental sources, \$384,410 from foundations and corporations, \$201,166 from court appointed fees, \$198,260 from the State Bar of California, \$90,000 from conference sponsorships, registration fees and training events, and \$133,000 from individual donors, client donations and fundraising campaigns.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Pleasanton Housing and Human Services Grant Application

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

NAMI Tri-Valley

Pleasanton Housing and Human Services Grant Application

USD\$ 4,000.00 USD\$ 7,766.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Rosemarie Thorne and Gwen Lewis

Report 2

Rosemarie Thorne and Gwen Lewis

2. Title:

Report 1

1st Vice President (Rosemarie), President (Gwen)

Report 2

NAMI Tri-Valley 1st Vice President (Rosemarie), and President (Gwen)

3. Telephone:

Report 1

925-487-8766

Report 2

Rosemarie 925-487-8766, Gwen 925-980-4569

4. E-Mail:

Report 1

RomieGT@aol.com

Report 2

Rosemarie: RomieGT@aol.com; Gwen: balllewis@comcast.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

Activity is underway and ongoing with Connections, which is a weekly recovery support group. Our focus is always to connect, encourage, and support participants using a structured support group model led by trained peer facilitators.

Participants discuss their personal challenges with recovery, share coping strategies, and offer one another support and understanding. By sharing experiences in a safe and confidential setting, a person can gain hope and feel a sense of connection. The group encourages empathy, productive discussion and a sense of community. A participant benefits from others' experiences, discovering inner strength and self-empowerment by sharing experiences in a non-judgmental space.

Report 2

As we have not been able to provide our traditional in-person support groups since mid-March, due to the Covid-19 quarantine, we have pivoted to online support groups via Zoom.

Our current focus is to be able to provide our weekly support group, and to be able to get our demographic data remotely from the attendees.

We currently have an adequate group of trained facilitators.

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

Report 1

We were able to send a participant to the required two-day training to become a facilitator.

We now have two facilitators, but need to train more so that we can rotate the weekly duties.

We have been able to increase our attendance from an average of 7 participants per meeting in the 1st Quarter, to an average of 10 participants per meeting in the 2nd Quarter.

Report 2

In January 2020, we had only two support group facilitators remaining and were on the verge of losing them. One had become employed and was less available for the group, and his attendance was spotty; the other had been a reliable facilitator for some time, but no longer wanted to do it and gave us advance notice that she would be resigning within two months. Thus, we found ourselves with the immediate need to train a group of new facilitators. We needed to have two per support meeting, with substitutes, and be able to rotate them so that they did not have to facilitate every week (to try to avoid burnout). We acted quickly to meet this need.

The experienced, retiring facilitator took on the much needed, newly created, role of Peer Manager to schedule and monitor the facilitators, and also act as a substitute.

As previously mentioned, we had to change our service delivery method.

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

At the time that we submitted our original budget, we did not realize that facilitator turnover is so common in peer groups. Training is expensive and our need for it and the resulting costs exceeded what was in our budget for that item. Therefore, we requested the following line item budget adjustments:

- Took the balance of \$80.36 from Supplies,
- Took the balance of \$50.00 from Rent,
- Took \$1410 of the balance from Stipends, and
- Re-allocate all of that to Training, which only had \$300 originally allocated.

We were then able to pay for this large training expense, but exhausted all of our grant money by the end of the 3rd quarter.

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).

Numeric GOAL for THIS FISCAL YEAR.	128	128	256.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	128.00	128.00	256.00	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):

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.]	32	15	47.00	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.]
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)	22	13	35.00	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)
TOTAL	54.00	28.00	82.00	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:

Extremely Low Income (<30% Median)	25	7	32.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	4	4	8.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	0	0	0.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	3	4	7.00	Moderate Income and Above (>80% Median)
TOTAL	32.00	15.00	47.00	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:

Seniors (62 and older)	4	3	7.00	Seniors (62 and older)
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Disabled	<input type="text" value="32"/>	<input type="text" value="15"/>	<input type="text" value="47.00"/>	Disabled
Female-Headed Households	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="2.00"/>	Female-Headed Households
Homeless	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Homeless
TOTAL	<input type="text" value="36.00"/>	<input type="text" value="21.00"/>	<input type="text" value="57.00"/>	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	<input type="text" value="27"/>	<input type="text" value="10"/>	<input type="text" value="37.00"/>	White
White + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	White + HISPANIC
Black/African American	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3.00"/>	Black/African American
Black/African American + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
Asian	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="5.00"/>	Asian
Asian + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Asian and White
Asian and White + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Asian and White + HISPANIC
Black/African American and White	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1.00"/>	Black/African American and White
Black/African American and White + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Other/Multi Racial + HISPANIC
TOTAL	<input type="text" value="32.00"/>	<input type="text" value="15.00"/>	<input type="text" value="47.00"/>	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	<input type="text" value="24"/>	<input type="text" value="24"/>	<input type="text" value="48.00"/>	Number of units of service provided to Pleasanton clients during THIS
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	REPORTING PERIOD (if none, enter a zero)			
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)	24	24	48.00	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)
TOTAL	48.00	48.00	96.00	TOTAL

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

Report 1

RE question #18: We had meetings on all except two possible weeks, taking off only for Thanksgiving and Christmas.

RE #14: The highest age group we have on our data collection tool is 51+ years, so we do not know exactly how many of those were 62+ years. We entered the number of those age 51+. We will see if we can re-program the electronic questionnaire to ask specifically about 62+ in the future.

ALL of our participants have a serious mental illness (ie, Major Depression, Bipolar Disorder, Schizophrenia, Schizoaffective Disorder) and, thus, are considered disabled.

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. CAPER report not due yet.

Report 2

Gwen Lewis, President of NAMI Tri-Valley and Rosemarie Thorne, 1st Vice President

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. CAPER report not due yet.

Report 2

Our Connections Support Group was intended to provide mental health services for individuals with Serious Mental Illness (SMI) living in the Pleasanton and Tri-Valley area.

It's design addressed the housing and human services needs of transition, maintenance and stabilization.

This free, peer-based support group provides a continual weekly drop-in program available to this population with SMI. It supports individuals working towards recovery, and those desiring increased mental health.

We spent the entire \$4,000 grant by the end of the third quarter.

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. CAPER report not due yet.

Report 2

Group attendance increased overall from about 7 participants to an average of 12 per meeting by the end of the fiscal year. Participants are attending consistently, feeling comfortable, and establishing friendships that extend outside the meetings. Their confidence has increased to the point that many participants want to take on a leadership role and become peer facilitators.

There was a great need for supportive services for individuals living with Serious Mental Illness (SMI) in Pleasanton and the Tri-Valley, and where lack of income or insurance would not be barriers. Our program is free to all, inclusive, and provides mental health care services to this underserved population. It is the only such service in the area.

With the advent of COVID-19 and the resulting quarantine, we could no longer hold in-person support groups. There was still a demand for services, so we were able to pivot and provide virtual support groups online via ZOOM, which have been well received.

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. CAPER report not due yet.

Report 2

Yes, we feel it was a success, due in part to increased attendance, participation, self-esteem and enthusiasm. Additionally, we collect data by having participants complete an 11 item questionnaire weekly on tablet computers (when they met in person), and asking them to complete it online from their personal computers in virtual meetings. This provides demographic information, as well as their self-assessment of how this group affects their mental health.

For the FY 2019/20, we found the following results:

342 participants said they feel more socially connected by attending this support group,

257 participants said that their mental health improves by attending this support group,

222 participants said they receive information/resources regarding their mental health,

247 participants said they feel they can be themselves in this support group.

The overwhelming numbers of positive responses indicate success.

We met our goal for units of service, which was to hold 48-52 weekly support groups per year. We held 48 meetings, missing only the Thanksgiving, Christmas, and New Year's Day holidays, plus the first week of the (unanticipated) Covid quarantine, when we had to cancel a meeting.

Our numeric goal for the number of Pleasanton clients served in the fiscal year was 128. We exceeded this goal by serving 171 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. CAPER report not due yet.

Report 2

Our major problems were the sudden need for more facilitators, and adjusting service delivery due to Covid-19 Quarantine.

RE: Facilitators: Please refer to the answer to Question #6, which explains how this need arose and how we handled it. The answer to Question #7 explains the effects on budget and the need for line item adjustments.

RE: Covid-19 Quarantine: When the quarantine was declared in mid-March, our rental space was unavailable and we could no longer hold in-person meetings. We had to cancel our 3/18 meeting, regroup, and figure out how to proceed. One of our facilitators who works in IT was able to arrange for online virtual support groups using Zoom. There was a minimal cost for the Zoom subscription.

Related to this, we found that we were lacking some statistical information after the start of the COVID19 shutdown. When we were able to have in-person support groups prior to mid-March, we had each participant complete an 11-question survey on an electronic tablet to collect demographic information. After we started holding the group meetings online via Zoom in late March, we were not getting this information. After stressing the importance of it, the Connections Manager found a way to provide a link to the survey to the participants and instructed them to fill it out during or after the Zoom meetings.

As participants became more comfortable with the technology and online meetings, the attendance increased, and some even prefer the virtual support group format.

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

Report 1

N/A. CAPER report not due yet.

Report 2

We collaborated with NAMI California regarding facilitator training. In the first half of the fiscal year, we were able to send 1 participant to training that they sponsored in Sacramento. When we had the sudden, unexpected need in the third quarter (and the state was not providing training) we had to arrange it in accordance with their requirements and hiring a certified trainer.

St. Clare's Episcopal Church provided a meeting place for our weekly support group, before Covid-19.

FERC (Family Education Resource Center), BACS (Bay Area Community Services), and Kaiser Behavior Health in Pleasanton continue to partner with us and provide referrals to the group.

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

Report 1

N/A. CAPER report not due yet.

Report 2

Since we spent all of the grant money by the end of the 3rd quarter, we had to rely on NAMI Tri-Valley's general fund to pay for expenses in the 4th quarter. It amounted to \$1500.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Pleasanton Hot Meal and Children's Bag Lunch Programs

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: 1/22/2019

Open Heart Kitchen

Pleasanton Hot Meal and Children's Bag Lunch Programs

USD\$ 13,400.00 USD\$ 20,000.00 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

All activities are underway.

Report 2

OHK's children's weekend bag lunch program was suspended in early March. All Livermore hot meal sites were suspended in March and consolidated to Robert Livermore Community Center. Open Heart Kitchen is delivering meals to encampments 6 days a week.

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

Report 1

There were no significant actions taken during the reporting period.

Report 2

As a food assistance and social service organization, we regularly maintain the highest levels of food safety and employee safety certifications. According to the Centers for Disease Control and Prevention (CDC) there is no evidence to support the spread of COVID-19 through food. Nevertheless, we are reinforcing adherence to our rigorous and established hygiene processes and increasing sanitation measures throughout.

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

Schools throughout the Tri-Valley have continued their lunch programs for students and the Alameda County Community Food Bank is offering bags of groceries to students and families to all school districts. In an effort to not duplicate the services offered by ACCFB, Open Heart Kitchen suspended the children's weekend bag lunch program in March.

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).

Numeric GOAL for THIS FISCAL YEAR. Numeric GOAL for THIS FISCAL YEAR.

TOTAL **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):

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.]

365	27	392.00
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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.]

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)

2834	127	2,961.00
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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)

TOTAL

3,199.00	154.00	3,353.00
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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:

Extremely Low Income (<30% Median)	349	22	371.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	7	3	10.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	9	1	10.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)		1	1.00	Moderate Income and Above (>80% Median)
TOTAL	365.00	27.00	392.00	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:

Seniors (62 and older)	31	16	47.00	Seniors (62 and older)
Disabled	18	8	26.00	Disabled
Female-Headed Households	11	6	17.00	Female-Headed Households
Homeless	20	2	22.00	Homeless
TOTAL	80.00	32.00	112.00	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	99	12	111.00	White
White + HISPANIC	4	3	7.00	White + HISPANIC
Black/African American	28		28.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	76	7	83.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC
American Indian/Alaskan Native		2	2.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC

Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	2	1	3.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	1		1.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White	1		1.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	15	2	17.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	139		139.00	Other/Multi Racial + HISPANIC
TOTAL	365.00	27.00	392.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	13907	7803	21,710.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	134867	108632	243,499.00	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)
TOTAL	148,774.00	116,435.00	265,209.00	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

The client numbers in this report are from January 2020 only. OHK planned additional client surveys in March but was unable to conduct them. OHK is not currently tracking clients receiving hot meals at Robert Livermore Community Center (some of which are Pleasanton residents) or "new" street outreach clients.

We hope to put a system to track client demographics during COVID in place early FY2020-21.

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 or Denise Bridges

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 FY2019-20 were awarded to Open Heart Kitchen to support the Hot Meal Program and the Children's Weekend Bag Lunch Program.

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

With the help of the funds received from the City of Pleasanton, Open Heart Kitchen distributed bag lunches to 11 schools in Pleasanton. 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.

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 21,710 meals in Pleasanton which exceeded the goals stated in the application. In FY2019-20 OHK served 6,408 hot meals in Pleasanton and delivered 15,302 bag lunch meals to Pleasanton schools.

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

Since March 2020, Open Heart Kitchen has experienced several challenges due to the COVID-19 pandemic. The Children's Weekend Bag Lunch Program was suspended, Hot Meal Service was consolidated to curbside pick up at Robert Livermore Community Center, congregate meals for seniors was changed to curbside pick up, and our street outreach team changed their encampment visits from once per week to six days a week.

Open Heart Kitchen suspended its volunteer program in order to comply with social distancing. Nine staff members were hired to support Pleasanton meal programs.

Fluctuations in the availability and cost of food and supply items have also impacted the costs of our services.

Open Heart Kitchen has remained flexible and has adapted well to changes and challenges along the way.

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

Open Heart Kitchen maintains collaborative relationships with organizations throughout the Tri-Valley to better serve our clients. For example, Fertile Groundworks and Sunflower Hill provide Open Heart Kitchen with fresh, organic produce to use in meal programs. The Human Services Departments of Livermore, Dublin, and Pleasanton all work closely with the area's community based organizations to provide wraparound services to Tri-Valley residents. The Alameda County Area Agency on Aging provides partial funding for the senior meal programs as well as fiscal, operational, and administrative oversight.

Throughout the year, Open Heart Kitchen utilizes donated food and holds virtual food drives in an effort to reduce the amount of purchased food. A contract with US Foods has also been established that takes advantage of their Manufacturer Cost Reduction Program. OHK is also a member of the local affiliate of Feeding America, the Alameda County Community Food Bank. As a member agency, OHK is able to purchase food from the Alameda County Community Food Bank in bulk below wholesale prices.

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 (organization wide):

City of Dublin: \$22,390

City of Livermore: \$17,200

Corporate Grants: \$200,583

Foundation Grants: \$194,411

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Pleasanton Senior Meal Program

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Open Heart Kitchen

Pleasanton Senior Meal Program

USD\$ 47,668.00 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

All activities are underway.

Report 2

All meals at the Pleasanton Senior Center and Ridgeview Commons are offered as to-go only with curbside pickup.

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

Report 1

No significant actions were taken during the reporting period.

Report 2

As a food assistance and social service organization, we regularly maintain the highest levels of food safety and employee safety certifications. According to the Centers for Disease Control and Prevention (CDC) there is no evidence to support the spread of COVID-19 through food. Nevertheless, we are reinforcing adherence to our rigorous and established hygiene processes and increasing sanitation measures throughout.

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

Senior meals continue without significant interruption. We are working with all Tri-Valley senior centers and partnering with nonprofit agencies like City Serve of the Tri-Valley and Tri-Valley Haven to ensure our community's most vulnerable residents are fed. Providing our clients with fresh and nutritious meals is a responsibility we take very seriously, and we will continue to prepare each meal with the utmost care.

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).

Numeric GOAL for THIS FISCAL YEAR.	711	0	711.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	711.00	0.00	711.00	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):

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.]

455	513	968.00
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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.]

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)

604	461	1,065.00
-----	-----	----------

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)

TOTAL

1,059.00	974.00	2,033.00
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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:

Extremely Low Income (<30% Median)

230	44	274.00
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Extremely Low Income (<30% Median)

Very Low Income (30% to 50% Median)

225	37	262.00
-----	----	--------

Very Low Income (30% to 50% Median)

Low Income (50% to 80% Median)

	2	2.00
--	---	------

Low Income (50% to 80% Median)

Moderate Income and Above (>80% Median)

		0.00
--	--	------

Moderate Income and Above (>80% Median)

TOTAL

455.00	83.00	538.00
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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:

Seniors (62 and older)

429	513	942.00
-----	-----	--------

Seniors (62 and older)

Disabled

58	75	133.00
----	----	--------

Disabled

Female-Headed Households

184		184.00
-----	--	--------

Female-Headed Households

Homeless

		0.00
--	--	------

Homeless

TOTAL

671.00	588.00	1,259.00
--------	--------	----------

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

249	76	325.00
-----	----	--------

White

White + HISPANIC

53		53.00
----	--	-------

White + HISPANIC

Black/African American

2	4	6.00
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Black/African American

Black/African American + HISPANIC

		0.00
--	--	------

Black/African American + HISPANIC

Asian

72	3	75.00
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Asian

Asian + HISPANIC

		0.00
--	--	------

Asian + HISPANIC

American Indian/Alaskan Native

		0.00
--	--	------

American Indian/Alaskan Native

American Indian/Alaskan Native + HISPANIC

		0.00
--	--	------

American Indian/Alaskan Native + HISPANIC

Native Hawaiian/Other Pacific Islander

4		4.00
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Native Hawaiian/Other Pacific Islander

Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White			0.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC			0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	75		75.00	Other/Multi Racial
Other/Multi Racial + HISPANIC			0.00	Other/Multi Racial + HISPANIC
TOTAL	455.00	83.00	538.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	10764	18648	29,412.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	10876	19451	30,327.00	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)
TOTAL	21,640.00	38,099.00	59,739.00	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

The demographics reported are from Q3 only. Demographic information is not currently being tracked on any clients with the exception of ages of senior clients. We hope to put a system to track senior client demographics during COVID in place early FY2020-21.

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 or Denise Bridges

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

Grant funds for FY2019-20 were awarded to Open Heart Kitchen to support the Pleasanton senior meal programs.

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

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. Open Heart Kitchen's Senior Meal Program sees continual growth as the cost of housing, food, and health care continues to rise. 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 29,412 senior meals in FY2019-20 in Pleasanton which exceeded the goals stated in the application.

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

Since March 2020, Open Heart Kitchen has experienced several challenges due to the COVID-19 pandemic. Congregate meals for seniors was changed to curbside pick up.

Open Heart Kitchen suspended its volunteer program in order to comply with social distancing. Nine staff members were hired to support Pleasanton meal programs.

Fluctuations in the availability and cost of food and supply items have also impacted the costs of our services.

Open Heart Kitchen has remained flexible and has adapted well to changes and challenges along the way.

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

Open Heart Kitchen maintains collaborative relationships with organizations throughout the Tri-Valley to better serve our clients. For example, Fertile Groundworks and Sunflower Hill provide Open Heart Kitchen with fresh, organic produce to use in meal programs. The Human Services Departments of Livermore, Dublin, and Pleasanton all work closely with the area's community based organizations to provide wraparound services to Tri-Valley residents. The Alameda County Area Agency on Aging provides partial funding for the senior meal programs as well as fiscal, operational, and administrative oversight.

Throughout the year, Open Heart Kitchen utilizes donated food and holds virtual food drives in an effort to reduce the amount of purchased food. A contract with US Foods has also been established that takes advantage of their Manufacturer Cost Reduction Program. OHK is also a member of the local affiliate of Feeding America, the Alameda County Community Food Bank. As a member agency, OHK is able to purchase food from the Alameda County Community Food Bank in bulk below wholesale prices.

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

Alameda County Area Agency on Aging \$256,692

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Spectrum's Meals On Wheels for Pleasanton's Homebound Elderly

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Spectrum Community Services

Spectrum's Meals On Wheels for Pleasanton's Homebound Elderly

USD\$ 13,900.00 USD\$ 22,680.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Lara Calvert

Report 2

Carrie Oldes

2. Title:

Report 1

Executive Director

Report 2

Meals on Wheels Program Manager

3. Telephone:

Report 1

(510) 881-0300 ext. 243

Report 2

925-483-1989

4. E-Mail:

Report 1

LCalvert@SpectrumCS.org

Report 2

COldes@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 Livermore. The meals provided meet the nutrition requirements outlined in Title IIIIC of the Older Americans Act. In addition to providing a nutritious meal, the volunteer delivery drivers provide a safety check to ensure the clients well-being.

Report 2

March brought the COVID-19 emergency and Shelter-in-Place. Spectrum Community Services has had no interruption of delivering hot, nutritious meals prepared by our partner Stanford Healthcare Valley Care, to homebound seniors in Pleasanton. All of the meals meet the nutrition requirements in Title IIIIC of the Older Americans Act and in addition to providing a nutritious meal, the volunteer delivery drivers provide a safety check to ensure the clients well-being.

No population is at higher risk from the Coronavirus (COVID-19) than the vulnerable seniors who depend on Spectrum Community Services to deliver meals and services, and we have worked tirelessly to stay on top of this rapidly changing situation.

We have had to ask our volunteers who are 65 and older or in another vulnerable population, to Shelter-in-Place themselves until it is safe for them to return to service. The result of these precautions was a loss of over 50% of our volunteer staff.

The other volunteers, as well as an outpouring of support from the community, City and organizations like Wheels Para-transit and Rotary Club, have made sure that we not only have enough volunteers to deliver to the five routes in Pleasanton, but meet the demand of 7-10 daily routes that we are expecting to grow to.

Thanks to a February notice of additional funding for meals through June 30, 2020, we eliminated our wait list and have served every Pleasanton senior who contacted us with a need for home delivered meals.

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

Report 1

N/A

Report 2

To aid in our volunteer efforts, we started using a new volunteer portal, as well as more software to aid us in scheduling and communication; we also held our first virtual volunteer training session via zoom.

In addition to the above, we have been partnering closer than ever with the other non-profits in Pleasanton serving seniors. We have been collaborating and finding the most efficient ways for us to meet the needs of the seniors.

One partnership that is taking off is with Mercy Brown Bag. They are giving us bags of groceries with food specific to the needs of seniors. We have identified 5 low-income seniors who have the need for this food, and deliver it to them once every two weeks with their meal.

We have made concerted efforts with members of the community to provide more for our seniors. During this reporting period we were able to distribute reusable cloth face masks to help them comply with local mandates. Shelf stable emergency meal kits and hygiene kits have also been distributed, and a collaboration with Young Men's Service League allowed us to give our clients who are fathers a handmade Father's Day card.

We've launched a campaign to help survey the needs of our seniors, also connecting them to other services that may be available.

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 or changes have been made.

Report 2

Although our staff continues to work alternate days in the office and remotely, we have not needed any modifications to our project.

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).

Numeric GOAL for THIS FISCAL YEAR.	61	61	122.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	61.00	61.00	122.00	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):

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.]	93	40	133.00	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.]
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)	189	55	244.00	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)
TOTAL	282.00	95.00	377.00	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:

Extremely Low Income (<30% Median)	26	15	41.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	34	14	48.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	33	11	44.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)		0	0.00	Moderate Income and Above (>80% Median)
TOTAL	93.00	40.00	133.00	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:

Seniors (62 and older)	93	40	133.00	Seniors (62 and older)
------------------------	----	----	--------	------------------------

Disabled		40	40.00	Disabled
Female-Headed Households	7	24	31.00	Female-Headed Households
Homeless		0	0.00	Homeless
TOTAL	100.00	104.00	204.00	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	49	20	69.00	White
White + HISPANIC		0	0.00	White + HISPANIC
Black/African American	6	0	6.00	Black/African American
Black/African American + HISPANIC		0	0.00	Black/African American + HISPANIC
Asian	7	8	15.00	Asian
Asian + HISPANIC		0	0.00	Asian + HISPANIC
American Indian/Alaskan Native		0	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC		0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander		0	0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC		0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White		0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC		0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White		0	0.00	Asian and White
Asian and White + HISPANIC		0	0.00	Asian and White + HISPANIC
Black/African American and White		0	0.00	Black/African American and White
Black/African American and White + HISPANIC		0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American		0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC		0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	31	12	43.00	Other/Multi Racial
Other/Multi Racial + HISPANIC		0	0.00	Other/Multi Racial + HISPANIC
TOTAL	93.00	40.00	133.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	9,060	6,705	15,765.00	Number of units of service provided to Pleasanton clients during THIS
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	REPORTING PERIOD (if none, enter a zero)			
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)	17,404	11,442	28,846.00	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)
TOTAL	26,464.00	18,147.00	44,611.00	TOTAL

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

Report 1

While serving the homebound seniors of the Tri Valley, including Livermore, we have been able to provide 26,464 nutritious meals program wide, with 9,060 of those meals delivered to 93 Pleasanton residents. We have exceeded our goal for clients served, and have completed 88% of our meal service goal.

While delivering these meals our volunteers have been able to perform daily welfare checks. In this reporting period we have had several instances where our volunteer was able to get needed assistance for our Seniors, including calls to EMS. The trained community volunteers are key to keeping our costs down and helping make real community connections for both the homebound elderly and volunteers.

Report 2

While serving the homebound seniors of the Tri Valley, including Pleasanton, this year we have been able to provide 56,343 nutritious meals program wide, with 20,585 of those meals delivered to 133 Pleasanton residents. In this reporting period, our number of meals served has surpassed our annual goal by 107%, and we have exceeded our goal of clients served by 18%.

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

This is not the final report

Report 2

Carrie Oldes, Meals on Wheels Program Manager

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

This is not the final report

Report 2

The purpose of this grant was to provide 10,296 nutritious meals and safety checks for 61 homebound elderly Pleasanton residents.

Spectrum's Meals on Wheels Program delivered 20,585 meals and safety checks to 133 seniors living in Pleasanton.

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

This is not the final report

Report 2

Spectrum Community Services had no interruption of delivering hot, nutritious meals to homebound seniors in Pleasanton despite the COVID-19 emergency and Shelter-in-Place mandates.

We have had to revitalize our volunteer pool, losing over 50% of our volunteer staff who were over 65. An outpouring of support from the community, City and organizations like Wheels Para-transit and Rotary Club, have made sure that we have enough volunteers to deliver our meals.

Sourcing additional funding for meals through June 30, 2020, allowed us to eliminate our waiting list and serve every Pleasanton senior who contacted us with a need for home delivered meals.

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

This is not the final report

Report 2

Spectrum's Meals on Wheels program has been able to provide 56,343 nutritious meals in the Tri-Valley, with 20,585 of those meals delivered to 133 Pleasanton residents. This year we exceeded both our service goal by 10,296 meals and our numeric goal by 72 seniors.

While delivering these meals our volunteers have been able to perform daily welfare checks. We have had several instances where a volunteer was able to get needed assistance for one of our seniors, including calls to EMS. The trained community volunteers are key to keeping our costs down and helping make real community connections for both the homebound elderly and volunteers.

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

This is not the final report

Report 2

We are delivering food to homebound seniors and the number of requests is growing every day due to increased need and the shelter in place order. Seniors who are truly homebound and have no other means of accessing healthy, nutritious food.

Spectrum Community Services is currently serving 220 meals per day, 1,300 meals per week. Each meal costs \$10. After government funding and \$1.08 per meal average donation from our seniors, we must raise \$12,680 per week to keep providing this essential service to seniors throughout the Tri-Valley.

In addition to increased requests from vulnerable seniors, we have also incurred other costs that were not initially budgeted for. These include: funds needed to hire and train temporary delivery drivers after losing a significant percentage of our volunteer drivers, purchase of PPE for staff, volunteers and clients to ensure increased healthy and safety requirements, increased outreach efforts to make sure that those who may need us are aware that we are still here and serving those in need.

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

Report 1

This is not the final report

Report 2

Our Meals On Wheels staff works to cultivate connections with faith-based and cultural organizations, local businesses, and community venues, to assist us in providing referrals, and bring awareness to seniors who currently or will need these services. We perform outreach regularly with the area cities and Chambers of Commerce, public libraries, senior housing facilities, churches, business establishments, service organizations and places where seniors and their families frequent, being a sustained presence in the community to help us better serve more seniors in need.

Spectrum works with the following organizations:

Stanford Healthcare-ValleyCare Hospital: Plans, prepares and packages our nutritious meals, while Spectrum provides all administration and delivery. Our Livermore Meals on Wheels Coordinator's office is also located here.

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

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

CityServe: Spectrum is an active member. As part of the Tri-Valley safety net, we exchange cross referrals to best assist Pleasanton seniors meet their needs.

Alameda County 2-1-1 (Eden I&R): Provides a county-wide information/referral line that assists individuals access social services and resources in Alameda County.

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

Report 1

This is not the final report

Report 2

The primary funding source for Spectrum Community Services' Meals on Wheels program are grants from the federal Older American Act and the USDA, both administered by the Alameda County Area Agency on Aging. We have a partner contract relationship with Stanford Healthcare - ValleyCare, who also gets direct funding from this same source. This funding covers \$6.50 of the \$10.00 cost of each meal served in the contract, that covers only 38,000 of the 63,000 meals needed. In order to bridge the gap and provide services to those who are most at-risk, Spectrum also relies on donations from cities, foundations, individual donors, companies and organizations.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Special Needs Horticulture Teaching Support

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Sunflower Hill

Special Needs Horticulture Teaching Support

USD\$ 12,000.00 USD\$ 33,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Pamela Zielske

Report 2

Pamela Zielske

2. Title:

Report 1

Advancement Director

Report 2

Advancement Director

3. Telephone:

Report 1

925-519-1347

Report 2

925-519-1347

4. E-Mail:

Report 1

pamela@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

Programs in the Sunflower Hill Garden are thriving. During this reporting period, we served approximately 50 individuals each week with developmental disabilities from 16 different Adult Day, Transition, and High School programs from Pleasanton, Livermore, Dublin, Danville, San Ramon, and Hayward. Our team continues to serve a diverse range of ability levels and have developed an engaging curriculum and setting to meet the needs of all learners. Our staffing ratio continues to be based on each program participant's abilities and ranges from 1 staff member to 1 program participant to 1 staff member to 3 participants.

Our Garden Teacher is dedicated to creating an engaging, hands-on curriculum that enables each program participant to have the opportunity to experience the garden in a way that is unique and meaningful. Each session in the garden begins with an opening lesson where program participants explore the day's theme. Lessons will often include sensory exploration, a life science component, nutritional training, and therapeutic elements. Every lesson also includes an opportunity for each program participant to choose the task they wish to work on that day. The session is designed so that each program participant is able to successfully complete a task at the end of each session. Program participants end their session with a closing circle where they enjoy a snack of the produce they harvested, practice their social interaction skills and table manners, as well as learn about the importance of making healthy food choices.

Report 2

As a result of the COVID-19 global pandemic, we have closed the Sunflower Hill Garden to program participants for the foreseeable future. Our Programs Team have developed virtual programming, which can be found on the Sunflower Hill website, to keep our program participants and their families learning and connected with the greater Sunflower Hill community during this time of uncertainty. Each week, our team posts a variety of online activities, including garden updates, scavenger hunts, simple cooking lessons, yoga and meditation exercises, arts and crafts activities, and skill challenges. The unique garden related curriculum often showcased each week during our online activities keeps individuals connected with up-to-date happenings at the Sunflower Hill Garden, as well as inspires them to explore new ways of interacting with the nature surrounding their own homes.

Our Garden Teacher and Programs Team are also working collaboratively on future curriculum planning, which may include a combination of online programming, and eventually some small, in-person sessions at the Garden, when it is safe to do so.

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

Report 1

The Sunflower Hill Garden team continues to innovate and evolve our curriculum to meet the needs of the community we serve. In August, we hired a new Garden Teacher, Abby Lourenco, as our existing Garden Teacher, Rebecca Langstaff, transitioned to a new Programs Manager role within the organization. With the addition of Abby in the role of Garden Teacher, came new cooking and life skills focused lessons as she came to Sunflower Hill with previous Food/Ameri-Corps experience, as well as with a horticulture background. As a result, lessons often include a sensory exploration experience, a life science component, taste testing and simple cooking training. Abby recently made stone soup with an Amador Valley High School class, which was a tremendous success. Students were not only able to learn how to make soup using the produce from the garden, but they were also trained in appropriate kitchen practices, including safe knife handling, and keeping a clean work space. Based on the success of this lesson, Abby plans to incorporate many more simple cooking lessons into the curriculum.

Additionally, in the garden we are currently shifting our planting space to include more raised beds to increase accessibility for all program participants. This has been particularly impactful for participants who use wheelchairs, walkers, or are visually impaired.

Sunflower Hill also hosted our Fall Garden Festival on 10/26/2019, with over 90 participants who enjoyed a variety of fun activities in the garden at no cost. This event was made possible with volunteers from the Pleasanton NCL class of 2022. We had approximately 15 mothers/daughters join us for set up, event leading, and clean up.

Report 2

Prior to the COVID-19 pandemic, our Garden Teacher had begun implementing new curriculum into our program, including simple cooking lessons and taste testing. Lessons often included sensory exploration, a life science component, nutritional training, and therapeutic elements. Cooking lessons took place both in the garden as well as at the program participants' classrooms on inclement weather days. Our Garden Teacher focused on how to properly read a recipe, safe kitchen skills, and flavor balancing.

Although the COVID-19 public health crisis and shelter in place order has stopped our in-person programming, we have continued to connect with our program participants virtually by developing and sharing content online. Our online programs are comprised of a combination of pre-recorded and live sessions, providing a variety of opportunities for program participants to learn and engage with the Sunflower Hill staff and one another.

Our Garden Teacher has also taken on additional garden upkeep responsibilities to assist with our produce donation stewardship for our nonprofit partners, Tri-Valley Haven, Culinary Angels, and Shepherd's Gate.

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

The Sunflower Hill Team has shifted to online teaching, through a combination of pre-recorded videos and some live sessions. We are also planning to offer live, virtual classes as an option in the fall and are considering when we might be able to supplement those experiences with smaller, in-person offerings at the Garden, as the pandemic dictates.

Due to COVID-19 reductions in our overall staff, our Garden Team has also had to make modifications to our crop plans. In doing so, as well as considering the future return of in-person programming, we have made the decision to plant less variety and focus on those foods most efficiently maintained by our garden staff and easily interactive for our participants when they return. As a result, some of our heavier products, such as summer squash and pumpkins have been either eliminated from future plans or their amounts have been diminished. Since these crops are generally heavier, this will likely impact future total harvest weights.

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).

Numeric GOAL for THIS FISCAL YEAR.	40	40	80.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	40.00	40.00	80.00	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):

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.]	21	9	30.00	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.]
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)	149	10	159.00	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)

TOTAL

170.00

19.00

189.00

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:

Extremely Low Income (<30% Median)	21	9	30.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)			0.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)			0.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)			0.00	Moderate Income and Above (>80% Median)
TOTAL	21.00	9.00	30.00	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:

Seniors (62 and older)			0.00	Seniors (62 and older)
Disabled	21	9	30.00	Disabled
Female-Headed Households			0.00	Female-Headed Households
Homeless			0.00	Homeless
TOTAL	21.00	9.00	30.00	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	13	2	15.00	White
White + HISPANIC	1		1.00	White + HISPANIC
Black/African American			0.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	7	2	9.00	Asian
Asian + HISPANIC			0.00	Asian + HISPANIC
American Indian/Alaskan Native			0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC			0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander			0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC			0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC			0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White			0.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC
Black/African American and White			0.00	Black/African American and White
Black/African American and White + HISPANIC		1	1.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American			0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC			0.00	American Indian/Alaskan Native and Black/African American + HISPANIC

Other/Multi Racial		4	4.00	Other/Multi Racial
Other/Multi Racial + HISPANIC			0.00	Other/Multi Racial + HISPANIC
TOTAL	21.00	9.00	30.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	246.5	16.5	263.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	353.5	87	440.50	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)
TOTAL	600.00	103.50	703.50	TOTAL

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

Report 1

While our contract set a goal of serving 40 Pleasanton residents over this fiscal year, it did not specifically address the units of service to be provided to Pleasanton clients. This was likely due in part to the fact that we included a goal of the number of Pleasanton residents to serve in our original application, however, we did not include a goal of teaching hours for the fiscal year. As such, we have included a goal of teaching hours for this fiscal year in #17.

Report 2

Please note that the teaching hours noted above only reflect in person teaching hours at the Garden prior to the shelter in place order. Teaching hours during this reporting period that include online programming, the creation of online videos, and preparation time amounts to a total of 207 teaching hours.

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 was to support the Sunflower Hill Garden's Teaching Program. The funds were specifically to be used to help support the salary of our Garden Teacher. Prior to the COVID-19 pandemic, the Garden Teacher was primarily responsible for teaching weekly sessions in the Garden for adults and teens with developmental disabilities, as well as developing engaging curriculum that met the diverse needs of the program participants we serve. Since March of 2020, our Garden Teacher, as well as our Garden Coordinator and Programs Manager, have been responsible for developing virtual content to keep our program participants learning and engaged with the Sunflower Hill greater 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

Prior to the shelter in place order, Sunflower Hill's Garden Program was thriving. We hosted approximately 50 adults and teens with developmental disabilities each week from 16 different high school transition, adult-in-transition and adult day programs based in the Tri-Valley and beyond. We strived to serve a population with a diverse range of abilities and developed an engaging curriculum and setting to meet the needs of all learners.

While we are looking forward to a time when our program participants are able to return to the Garden, we are proud to be able to offer a virtual option to keep individuals with developmental disabilities and their families engaged and connected. Our Team is constantly evaluating our online programs and making modifications based on the data, and feedback we are getting from those utilizing and enjoying our programs.

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

As with many nonprofits, the COVID-19 pandemic has resulted in Sunflower Hill re-envisioning how we meet the needs of our constituents. We are a resilient organization, and are extremely proud of the work our staff has continued to do to serve our community during this challenging time. Sunflower Hill's Online Activities Program demonstrates our ability to be nimble and collaborate with one another to serve the community's needs in new and creative ways.

Our program continues to succeed in two vital areas – produce donations and online programming. Success in the area of our produce donations is measured through the continuation of our partnerships with local nonprofit organizations. Our team has continued to measure the following outcomes: the frequency by which produce is delivered; the amount of produce delivered each week (in pounds); and the variety of produce donated. We also rely on feedback from our nonprofit partners, which has been consistently positive. Our produce donations are currently feeding an average of 21 households, or approximately 80 individuals, each week who are served by Culinary Angels. Shepherd's Gate is using our donated produce to feed approximately 30 women and children per week. Additionally, approximately 100 individuals are accessing Tri-Valley Haven's food pantry each day. Most of those individuals are receiving some of the weekly produce donations that Sunflower Hill is providing.

Our online activities have also been incredibly successful. Now in the sixteenth week of programming, our online activities have been viewed over 3,100 times, and the response has been overwhelmingly positive. We are also thrilled to report that our virtual programming is being utilized by the greater community, as well as other programs serving adults with the developmental disabilities in the area, such as RADD in Pleasanton and Strides in Castro Valley.

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 Sunflower Hill team has adapted quickly and with effectiveness to this "new normal" by creating virtual programming that is accessible to the adults with developmental disabilities we serve, their families, and the greater community. We are in the process of determining how to continue to best meet the needs of our program participants through future virtual programming, and evaluating when it might be safe to return to in-person programming. This process includes continuing to stay in close contact with the adult day programs and high school transition classes that utilized our in-person programs to determine how to continue to best meet the needs of our program participants.

Our team also continues to maintain the Garden not only for the purpose of utilizing that space for our online programs, but also for harvesting and donating produce. As a result of reductions in staff, the existing Garden Team has made modifications to our crop plans to ensure greater overall efficiency.

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

When programs were accessing the Sunflower Hill Garden in person, our staff were collaborating with local adult day programs and transition classes from Pleasanton, Dublin, Livermore, San Ramon, Danville, and Hayward. In Pleasanton specifically, we partnered with staff from Amador Valley High School, Village High School, and Pleasanton SVS.

Our team continues to collaborate with adult day programs and local school districts to ensure that our virtual programming continues to be engaging and accessible to their students. Sunflower Hill recognizes that it is very possible that it will not be safe to host in-person programming at the Garden for quite some time, and as a result, collaboration around best practices for virtually serving the needs of adults and teens with developmental disabilities has taken place on a regular basis.

In addition, we collaborate with Shepherd's Gate, Tri-Valley Haven, and Culinary Angels to coordinate weekly produce donations. We were also providing produce donations to Open Heart Kitchen up until March, when their organization made the decision to stop accepting donated food. We hope to collaborate with Open Heart Kitchen again in the future.

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 received funding from the City of Dublin, as well as through the generous donors and corporate sponsors of our Sunflower Run in June 2019, Moonlight in Vines Gala in July 2019 and our Giving Tuesday Campaign in December 2019.

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Facilities Rehabilitation Project

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Tri-Valley Haven

Facilities Rehabilitation Project

USD\$ 130,000.00 USD\$ 158,404.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Cynthia Cunningham Morales

Report 2

Joe Maguigad

2. Title:

Report 1

Contracts Manager

Report 2

Data Manager

3. Telephone:

Report 1

925-449-5845

Report 2

925-449-5845

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 destructive testing has been completed. The architects, Walovick Architects Group, and project manager, Landis Development, are preparing a bid package to solicit a contractor. The bid package will be approved by the Cities of Livermore and Pleasanton.

Report 2

The Project is currently out to bid for general contracting services. The main focus of the current activity is to get a bid within budget by a qualified contractor. We are aiming for final contractor selection by August 10, 2020.

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

Report 1

The destructive testing has been completed. The architects, Walovick Architects Group, and project manager, Landis Development, are preparing a bid package to solicit a contractor. The bid package will be approved by the Cities of Livermore and Pleasanton.

Report 2

Obtained Planning Department approvals, building permits, obtained new lead/asbestos reports, refined project scope, and completed plans and specifications. This was time and labor-intensive, but slowed down due to the virus.

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

Yes, we are about 2 months behind our latest timeline.

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).

Numeric GOAL for THIS FISCAL YEAR.	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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):

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
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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.]

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
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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)

TOTAL

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:

Extremely Low Income (<30% Median)

		0.00
--	--	------

Extremely Low Income (<30% Median)

Very Low Income (30% to 50% Median)

		0.00
--	--	------

Very Low Income (30% to 50% Median)

Low Income (50% to 80% Median)

		0.00
--	--	------

Low Income (50% to 80% Median)

Moderate Income and Above (>80% Median)

		0.00
--	--	------

Moderate Income and Above (>80% Median)

TOTAL

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:

Seniors (62 and older)

		0.00
--	--	------

Seniors (62 and older)

Disabled

		0.00
--	--	------

Disabled

Female-Headed Households

		0.00
--	--	------

Female-Headed Households

Homeless

		0.00
--	--	------

Homeless

TOTAL

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.]

White

		0.00
--	--	------

White

White + HISPANIC

		0.00
--	--	------

White + HISPANIC

Black/African American

		0.00
--	--	------

Black/African American

Black/African American + HISPANIC

		0.00
--	--	------

Black/African American + HISPANIC

Asian

		0.00
--	--	------

Asian

Asian + HISPANIC

		0.00
--	--	------

Asian + HISPANIC

American Indian/Alaskan Native

		0.00
--	--	------

American Indian/Alaskan Native

American Indian/Alaskan Native + HISPANIC

		0.00
--	--	------

American Indian/Alaskan Native + HISPANIC

Native Hawaiian/Other Pacific Islander

		0.00
--	--	------

Native Hawaiian/Other Pacific Islander

Native Hawaiian/Other Pacific Islander + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	<input type="text"/>	<input type="text"/>	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	<input type="text"/>	<input type="text"/>	0.00	Asian and White
Asian and White + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	Asian and White + HISPANIC
Black/African American and White	<input type="text"/>	<input type="text"/>	0.00	Black/African American and White
Black/African American and White + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	<input type="text"/>	<input type="text"/>	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	<input type="text"/>	<input type="text"/>	0.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	Other/Multi Racial + HISPANIC
TOTAL	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 HHSG contract):

-Text questions are not calculated-

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	<input type="text"/>	<input type="text"/>	0.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	<input type="text"/>	<input type="text"/>	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)
TOTAL	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

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 Vicki Thompson, Director of DV

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 project includes rehabilitation work on three Tri-Valley Haven sites: Community Building, Shiloh Family Violence Shelter and Sojourner House, our Homeless Family Shelter. Most of the work is simple replace and repair, though there will be some substantial rehab work in restrooms. The project is intended to bring Tri-Valley Haven facilities "up to code" and generally good repair. They are measures to address the safety and health needs of residents.

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

These funds are allocated to capital, not service. The facilities qualify for this grant because of the services we offer at each of them. Shelters are both operating, though not necessarily at full capacity due to the virus. Social distancing is the norm, which precludes families sharing a bedroom. Cloth masks have been provided for all residents and they are required wearing. When there are more requests for shelter than beds available at the safe level, people are housed in a motel as funds allow. Services were initially available by phone until we purchased software that is HIPPA-compliant for video services such as counseling and case management. The Community Building is still open with reduced staffing.

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

Honestly this project is not a success yet. It has taken a long time to get off the ground for a variety of reasons. The last quarter was successful, with the preparatory work finally paying off. We are behind schedule, but we have released an RFP for a contractor to do the work and hope to hire early in the next month.

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 encountered delays due to being required to go through a public bid process. A public process requires more detailed plans and specifications and additional coordination time. The project also experienced delays due to a billing disagreement with the architect. This disagreement took several months to resolve, during which the architect had effectively stopped working. The situation was further exacerbated by on the onset of the COVID pandemic.

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

Except for the relevant architect and Project Manager, we have not collaborated on the project. We are grateful to have the help from city staff as we go

through the process.

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

Donated/fund raising: \$30,250

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Tri-Valley Haven Food Pantry

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Tri-Valley Haven

Tri-Valley Haven Food Pantry

USD\$ 15,900.00 USD\$ 25,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Joe Maguigad

Report 2

Joe Maguigad

2. Title:

Report 1

Data Manager

Report 2

Data Manager

3. Telephone:

Report 1

925-667-2718

Report 2

925-449-5845

4. E-Mail:

Report 1

joe@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 Wednesday (1:00pm – 5:00pm); Thursday (1:00pm – 7:00pm) and Friday (12:00pm – 4:00pm). On average 30-40 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 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 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. The TVH Food Pantry operates each afternoon Monday through Friday. 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, the Walmart Neighborhood Store, Safeway, Raley's /Nob Hill and Big Lots. 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.

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

Report 1

On the first Wednesday of each month our Mobile Food Pantry distributed USDA items, meat and produce at two housing complexes in Pleasanton: Kottinger Drive and Ridgeview Commons. On the third Friday of each month our Mobile Food Pantry distributed Emergency Food Box items, meat and produce to three housing complexes in Livermore: Arbor Vista, Vineyard Village and Heritage Estates Apartments. On the first Tuesday of each month we distributed USDA items, meat, eggs, bread and produce to Vandenberg Villa in Livermore. On the second Friday of each month our Mobile Food Pantry distributed USDA items, meat and produce to three housing complexes in Dublin: Wexford and Carlow Court Apartments and Wicklow Square. These efforts assisted individuals who are not able to travel to the food pantry site. On average 70-80 households were 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

On Tuesday, March 17th operations at Tri-Valley Haven's Food Pantry changed drastically. This was in response to the coronavirus pandemic, the statewide shelter in place order and the urgent need for social distancing. All Food Pantry volunteers were asked to stay home, as they are all high risk and were advised of the need for shelter in place and social distancing. Due to age and underlying health conditions two Food Pantry staff members were asked to work from home. This included the long-time Food Pantry Coordinator and we hired a temporary staff to do that job. A number of TVH staff from other departments were scheduled to perform the food pantry duties that the volunteers were doing, i.e., unloading the truck and vans returning from morning grocery rescue pickups, weighing donations, sorting, bagging, shelving and afternoon distribution to customers. A canopy and tables were set up in the parking lot for food distribution. TVH continues to distribute food on-site at its regular afternoon weekday hours practicing social distancing with the clients. They are provided government issued food items (USDA & Emergency Food Box) grocery rescue food donations from local supermarkets and produce that is received almost daily from local churches, food programs and individuals fresh from the garden. TVH also operates a Mobile Food Pantry providing food at nine housing complex sites in the Tri-Valley area: four sites in Livermore, three sites in Dublin and two sites in Pleasanton. Distribution at these sites were on a monthly schedule. On March 17th TVH's Mobile Food Pantry operations were suspended. After a few weeks we were able to return to and expand our mobile efforts from monthly to bi-weekly. This was made possible through the generous support from city staff at Livermore, Pleasanton and Dublin to act as Drivers. This expansion resulted in the need to secure a much greater volume of food to accommodate customers at the mobile pantry sites. For the first time since TVH established its Food Pantry services the purchasing of food was necessary. During the reporting period two additional mobile food pantry sites were added: Gardens at Ironwood in Pleasanton and Chestnut Square in Livermore.

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

See response to #6 above regarding program modifications due to the coronavirus pandemic.

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).

Numeric GOAL for THIS FISCAL YEAR.	400	400	800.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	400.00	400.00	800.00	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):

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.]	660	253	913.00	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.]
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)	4134	220	4,354.00	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)
TOTAL	4,794.00	473.00	5,267.00	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:

Extremely Low Income (<30% Median)	274	0	274.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	386	0	386.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	0	0	0.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	0	0	0.00	Moderate Income and Above (>80% Median)
TOTAL	660.00	0.00	660.00	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:

Seniors (62 and older)	222	0	222.00	Seniors (62 and older)
Disabled	20	0	20.00	Disabled
Female-Headed Households	109	0	109.00	Female-Headed Households
Homeless	7	0	7.00	Homeless
TOTAL	358.00	0.00	358.00	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	60	0	60.00	White
White + HISPANIC	0	0	0.00	White + HISPANIC
Black/African American	33	0	33.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	287	0	287.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	2	0	2.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	0	0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	0	0.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	43	0	43.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	235	0	235.00	Other/Multi Racial + HISPANIC
TOTAL	660.00	0.00	660.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	334.37	0	334.37	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	1149.08	0	1,149.08	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)
TOTAL	1,483.45	0.00	1,483.45	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. During the reporting period we were successful in securing local grants (Kaiser Permanente and StopWaste) to support and expand the Food Pantry operations.

Report 2

Tri-Valley Haven has continued Food Pantry service during the Covid-19 Pandemic without disruption and have even increased the services we provide. State implementation of the State-At-Home order has limited staff contact with Food Pantry clients. The limitation and constraint of no contact and social distancing have reduced the opportunity to provide our normal service. We have been instructed by our mobile pantry sites to drop off food supply to maintain no contact policies. This has delayed our capability to collect individual data from our clients. As we continue to serve our clients, we are in the process of collecting client data on a delayed basis. Until we have gathered this data our report is submitted with missing data. This includes replacement staff employee hours. Currently, we are happy to report we have no cases of Covid-19.

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 and/or Ralph E. Johnson, Director of Homeless & Family Support 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

Support of Salaries/Benefits for Food Pantry Coordinator and Driver.

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 Grocery

Rescue donated food), personal hygiene items 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 provide Mobile Food Pantry services twice a month at three Pleasanton locations. The coronavirus pandemic presented a major challenge to the food pantry and mobile food pantry operations, however we met that challenge. The Food Pantry did not close for one day and we expanded our Mobile Food Pantry distributions. On Tuesday, March 17th operations at Tri-Valley Haven's Food Pantry changed drastically. This was in response to the coronavirus pandemic, the statewide shelter in place order and the urgent need for social distancing. All Food Pantry volunteers were asked to stay home, as they are all high risk and were advised of the need for shelter in place and social distancing. A number of TVH staff from other departments were scheduled to perform the food pantry duties that the volunteers were doing, i.e., unloading the truck and vans returning from morning grocery rescue pickups, weighing donations, sorting, bagging, shelving and afternoon distribution to customers. A canopy and tables were set up in the parking lot for food distribution. TVH continues to distribute food on-site at its regular afternoon weekday hours practicing social distancing with the clients. TVH also operates a Mobile Food Pantry providing food at nine housing complex sites in the Tri-Valley area: four sites in Livermore, three sites in Dublin and two sites in Pleasanton. Distribution at these sites were on a monthly schedule. On March 17th TVH's Mobile Food Pantry operations were suspended. After a few weeks we were able to return to and expand our mobile efforts from monthly to bi-weekly. This was made possible through the generous support from city staff at Livermore, Pleasanton and Dublin to act as Drivers. This expansion resulted in the need to secure a much greater volume of food to accommodate customers at the mobile pantry sites. For the first time since TVH established its Food Pantry services the purchasing of food was necessary. During the reporting period two additional mobile food pantry sites were added: Gardens at Iro wood in Pleasanton and Chestnut Square in Livermore.

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.

The Food Pantry exceeded the original objective of serving ??? unduplicated Pleasanton clients (homeless or near-homeless individuals). The pantry actually served ??? unduplicated Pleasanton clients during the fiscal year. We also exceeded our original objective of providing ??? social service referrals to Pleasanton clients. The food pantry actually provided ??? social service referrals to Pleasanton clients during the fiscal 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

Please refer to #22 above. 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 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 Neighborhood Store, Nob Hill/Raley's, Big Lot's 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: \$20,549

County: \$99,892

Foundation: \$25,000

Faith and Individual Donations, Fundraising: \$43,603

In-Kind Donations: \$470,702 (note: this is food donations ONLY. This is NOT cash donations)

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Shiloh Domestic Violence Shelter and Services

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Tri-Valley Haven

Shiloh Domestic Violence Shelter and Services

USD\$ 22,000.00 USD\$ 35,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Joe Maguigad

Report 2

Joe Maguigad

2. Title:

Report 1

Data Manager

Report 2

Data Manager

3. Telephone:

Report 1

925-667-2718

Report 2

925-449-5845

4. E-Mail:

Report 1

joe@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

Shiloh is actively continuing to provide shelter and supportive services to survivors of domestic violence and their children. We are on track to meet or exceed our goal of sheltering 5 Pleasanton residents this fiscal year.

Report 2

The domestic violence shelter continued to provide shelter, case management and other supportive services to clients uninterrupted as COVID 19 prevention measures were implemented after the shelter-in-place order took effect.

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

Report 1

A new Bilingual Case Manager, Rosalinda Penas Vasquez joined our staff when Dulce Ramirez was promoted to Shelter Manager.

Report 2

We continued to shelter up to 30 adults and children at a time, but we reduced our on-site shelter capacity to 18 to allow for social distancing and sheltered up to 12 more in a motel. Motel clients were moved into the shelter as space became available. Case management, meal assistance and a "welcome kit" containing masks, hand sanitizer and other items are provided to motel clients, along with counseling via telehealth and remote assistance with restraining orders as needed.

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 to the project or our goals.

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).

Numeric GOAL for THIS FISCAL YEAR.

Numeric GOAL for THIS FISCAL YEAR.

TOTAL	5.00	5.00	10.00	TOTAL
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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):

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.]	3	0	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.]
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)	93	95	188.00	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)
TOTAL	96.00	95.00	191.00	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:

Extremely Low Income (<30% Median)	3	0	3.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	0	0	0.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	0	0	0.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	0	0	0.00	Moderate Income and Above (>80% Median)
TOTAL	3.00	0.00	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:

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

White	0	0	0.00	White
White + HISPANIC	0	0	0.00	White + HISPANIC
Black/African American	3	0	3.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	0	0	0.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native

American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	0	0	0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	0	0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	0	0.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	0	0	0.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	0	0	0.00	Other/Multi Racial + HISPANIC
TOTAL	3.00	0.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	5	1	6.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	686	357	1,043.00	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)
TOTAL	691.00	358.00	1,049.00	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

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

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

Funds were to support client services for survivors of domestic violence at Shiloh, our domestic violence shelter, including educational groups and case management. 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

We continued to provide services while also taking precautions for the prevention of COVID 19. We lowered the shelter population to ensure that no client shared a room with someone who is not a member of their household. Group size has been limited to no more than four participants at a time, and participants and staff wear masks at all times. Hand sanitizer is provided to residents to keep in their rooms, and is available throughout the office and meeting rooms. We are pleased to report that we have not had any cases of COVID 19 among our clients or staff.

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 feel that the program was a success although we fell short of our stated goal of sheltering 5 Pleasanton clients; there were 3. Shelter intakes have been lower overall since the COVID 19 pandemic began and the shelter in place order was issued. Although we have maintained our normal capacity between shelter and motel clients, we have suspended our usual maximum 105-day stay to ensure that no one is put at increased risk during the pandemic. Also, demand for shelter is somewhat lower because it is more difficult for survivors isolating with an abusive partner to communicate with a shelter program and actually leave. We continue to provide restraining order assistance via phone, email and video (including remote court accompaniment), counseling via Telehealth and our 24-hour crisis line, and case management and financial assistance to assist domestic violence survivors in the community to obtain or retain safe housing. all of which have served Pleasanton residents throughout the SIP period.

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

We did not have formal collaborators include in the grant, but we are especially grateful to Open Heart Kitchen, which has been providing a daily hot meal to both our shelter and motel clients throughout SIP.

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: \$530,148

County: \$145,974

Local: \$39,974

In-Kind: PGE/CARE Utilities

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Sojourner House Homeless Shelter Program

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Tri-Valley Haven

Sojourner House Homeless Shelter Program

USD\$ 37,000.00 USD\$ 80,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Joe Maguigad

Report 2

Joe Maguigad

2. Title:

Report 1

Data Manager

Report 2

Data Manager

3. Telephone:

Report 1

925-667-2718

Report 2

925-449-5845

4. E-Mail:

Report 1

joe@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 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, 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 Developmental Milestones, Disaster Preparedness for Families Importance of Reading to Children and Children's Social and Emotional Growth. Weekly Life Skills groups were held for discussion on such topics as Time Management, Conflict Resolution, Positive Thinking and Using Community Resources. Counseling services are available to both individuals and families at Tri-Valley Haven's community building. Tri-Valley Haven continues as a participant in the LINKAGES program. This HUD funded program provides for a Case Manager (one each at TVH's family and domestic violence shelters) and rental subsidies. The LINKAGES program provides each eligible family subsidy support and continued case management services for up to one year. During the reporting period 6 households were in subsidized housing and 5 households were approved for the program and in housing search.

Report 2

Tri-Valley Haven's 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 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 Life Skills groups were held for discussion on such topics as Self-Care, Establishing Healthy Personal Boundaries, Social Distancing and Using Community Resources. Counseling services are available to both individuals and families at Tri-Valley Haven's community building, while developmental assessments (Ages & Stages) are available to shelter children age 0-5. Tri-Valley Haven continues as a participant in the Southern Alameda County Housing/Jobs LINKAGES program along with four other shelter providers in the county. 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.

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

Report 1

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.

Report 2

On Tuesday, March 17th operations at Sojourner House changed drastically. This was in response to the statewide shelter in place order and the urgent need for social distancing. An assessment was made agency-wide as to which staff were most vulnerable to the coronavirus pandemic. A majority of staff were either asked to work from home exclusively or have their on-site schedules reduced while also working from home. As for Sojourner House staff on-site schedules were reduced. A decision was also made to not accept any new referrals until the number of clients matched the configuration of the shelter to provide adequate social distancing. Once this reduction was accomplished Sojourner House staff alerted Abode (coordinated entry system) staff of the number of open beds and as to whether we could accept individuals and/or families. Once individuals/families were accepted Sojourner House staff would meet with them, hold a mini-intake and place them in a local motel for a two week isolation. Sojourner House staff contacted these individuals on a daily basis to monitor their health and ensure that temperatures were taken daily. These individuals/families were asked to have a COVID-19 test taken at the county fairgrounds and to provide staff with the results. After the two week motel stay individuals/families were able to enter Sojourner House. All residents are required to limit their time away from the shelter for two hours maximum daily for medical needs, food purchase and exercise. Staff and resident temperatures are taken and recorded daily.

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

See response to #6 regarding program modifications due to the coronavirus pandemic.

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).

Numeric GOAL for THIS FISCAL YEAR.	5	5	10.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	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):

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.]	3	0	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.]
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)	17	18	35.00	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)
TOTAL	20.00	18.00	38.00	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:

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

3.00	0.00	3.00
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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:

Seniors (62 and older)	0	0	0.00	Seniors (62 and older)
Disabled	0	0	0.00	Disabled
Female-Headed Households	0	0	0.00	Female-Headed Households
Homeless	3	0	3.00	Homeless
TOTAL	3.00	0.00	3.00	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	0	0	0.00	White
White + HISPANIC	0	0	0.00	White + HISPANIC
Black/African American	3	0	3.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	0	0	0.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	0	0	0.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	0	0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	0	0.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	0	0	0.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	0	0	0.00	Other/Multi Racial + HISPANIC
TOTAL	3.00	0.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	60	1	61.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
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)	370	281	651.00	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)
TOTAL	430.00	282.00	712.00	TOTAL

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

Report 1

Tri-Valley Haven is well on its way to meet and surpass our proposed goals for both unduplicated Pleasanton clients sheltered and units of service provided – case management and life skills. As of the end of the reporting period ? unduplicated Pleasanton clients resided at Sojourner House (FY Goal of 5) and ?? units of services have been provided Pleasanton clients (FY Goal of 60). It is important to note that now since Sojourner House continues its participation in the county's coordinated entry system the potential exists for a reduction in the number of Tri-Valley area homeless clients to be served.

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 and/or Ralph E. Johnson, Director of Homeless & Family Support 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

Support for Salaries and Benefits for the Case Manager, Life Skills Instructor and Shelter Monitor positions.

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 ?? Adults and ?? 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 certainly viewed as an (on-going) success. In addition to the successful housing placement and stability rates, we measure success in smaller ways. Success can be obtaining full time employment for the first time. Success can be obtaining a GED or learning English as a second language. Or success can 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 3 Pleasanton client and provided 45 units of service to the Pleasanton clients.

Although we were short of meeting the anticipated goals for Pleasanton clients served due to the state shelter in place order, social distancing and delay in accepting new clients during the coronavirus pandemic, we were able to provide all Pleasanton clients a safe environment and an array of in-house services and community referrals to address the issues that lead to their homelessness.

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

On Tuesday, March 17th operations at Sojourner House changed drastically. This was in response to the statewide shelter in place order and the urgent need for social distancing. An assessment was made agency-wide as to which staff were most vulnerable to the coronavirus pandemic. A majority of staff were either asked to work from home exclusively or have their on-site schedules reduced while also working from home. As for Sojourner House staff on-site schedules were reduced. A decision was also made to not accept any new referrals until the number of clients matched the configuration of the shelter to provide adequate social distancing. Once this reduction was accomplished Sojourner House staff alerted Abode (coordinated entry system) staff of the number of open beds and as to whether we could accept individuals and/or families. Once individuals/families were accepted Sojourner House staff would meet with them, hold a mini-intake and place them in a local motel for a two week isolation. Sojourner House staff contacted these individuals on a daily basis to monitor their health and ensure that temperatures were taken daily. These individuals/families were asked to have a COVID-19 test taken at the county fairgrounds and to provide staff with the results. After the two week motel stay individuals/families were able to enter Sojourner House. All residents are required to limit their time away from the shelter for two hours maximum daily for medical needs, food purchase and exercise. Staff and resident temperatures are taken and recorded daily.

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 worked with Abode Coordinated Entry System staff for referrals and placement of new residents.

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: \$61,449

County: \$363,383

Donations: \$1,070

City of Pleasanton

Programs > FY 2019/20 Housing and Human Services Grant Program > Counseling and Temporary Restraining Order Clinic

Housing Division

FY 2019/20 Housing and Human Services Grant Program

USD\$ 500,000.00 Available

Deadline: **1/22/2019**

Tri-Valley Haven

Counseling and Temporary Restraining Order Clinic

USD\$ 12,400.00 USD\$ 20,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Joe Maguigad

Report 2

Joe Maguigad

2. Title:

Report 1

Data Manager

Report 2

Data Manager

3. Telephone:

Report 1

925-667-2718

Report 2

925-449-5845

4. E-Mail:

Report 1

joe@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 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 offices in Pleasanton, on Black Avenue. 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's mission is to empower each client by giving them the information, therapy and resources necessary to keep them safe. Tri-Valley Haven (TVH) serves local survivors of sexual assault, domestic violence, homelessness and poverty. TVH aims to create a Pleasanton community free from violence, one individual at a time.

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. The Haven provides individual therapy and support groups at our office in Pleasanton for victims of abuse.

TVH is located in Alameda County (ordered to SIP on 3/17/20). Operations at essential businesses (TVH and other public agencies) have been modified to reduce risk of transmission for staff, clients and the public. This includes suspension of in-person advocacy, counseling, crisis intervention and our weekly in-person restraining order clinics in our Pleasanton office. TVH did not halt any services during the SIP mandate. TVH offered and implemented telephonic advocacy and crisis intervention, Tele Health Counseling services, and our remote restraining order clinics remain available, when requested 24-hours a day.

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

Report 1

Tri-Valley Haven provides Pleasanton counseling clients with excellent therapy. The agency 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 us. 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. With this funding, Tri-Valley Haven empowers Pleasanton clients and furnishes them with the tools they need to recover from trauma.

Report 2

Tri-Valley Haven serves each counseling client quickly and provides them with excellent therapy. The Haven offers crisis counseling within one business day of the client's request for services. The Haven does this by assigning a trained counselor to respond to the Haven's counseling line each day, several times per 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.

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

TVH is located in Alameda County (ordered to SIP on 3/17/20). Operations at essential businesses (TVH and other public agencies) have been modified to reduce risk of transmission for staff, clients and the public. This includes suspension of in-person advocacy, counseling, crisis intervention and our weekly in-person restraining order clinics in our Pleasanton office. TVH did not halt any services during the SIP mandate. TVH offered and implemented telephonic advocacy and crisis intervention, Tele Health Counseling services, and our restraining order clinics remain available remotely. All services are obtainable 24-hours a day.

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).

Numeric GOAL for THIS FISCAL YEAR.	<input type="text" value="50"/>	<input type="text" value="50"/>	<input type="text" value="100.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>	<input type="text" value="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):

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="20"/>	<input type="text" value="9"/>	<input type="text" value="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.]
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="90"/>	<input type="text" value="88"/>	<input type="text" value="178.00"/>	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)
TOTAL	<input type="text" value="110.00"/>	<input type="text" value="97.00"/>	<input type="text" value="207.00"/>	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:

Extremely Low Income (<30% Median)	<input type="text" value="7"/>	<input type="text" value="9"/>	<input type="text" value="16.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="9"/>	<input type="text" value="0"/>	<input type="text" value="9.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="3.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="20.00"/>	<input type="text" value="9.00"/>	<input type="text" value="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:

Seniors (62 and older)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Seniors (62 and older)
Disabled	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Disabled
Female-Headed Households	<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="7.00"/>	Female-Headed Households
Homeless				Homeless

	1	1	2.00	
TOTAL	8.00	1.00	9.00	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	4	2	6.00	White
White + HISPANIC	0	0	0.00	White + HISPANIC
Black/African American	0	1	1.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	8	4	12.00	Asian
Asian + HISPANIC	0	0	0.00	Asian + HISPANIC
American Indian/Alaskan Native	0	0	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	0	0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	1	0	1.00	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	0	0	0.00	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	0	0	0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	0	0	0.00	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	0	0	0.00	Asian and White
Asian and White + HISPANIC	0	0	0.00	Asian and White + HISPANIC
Black/African American and White	0	0	0.00	Black/African American and White
Black/African American and White + HISPANIC	0	0	0.00	Black/African American and White + HISPANIC
American Indian/Alaskan Native and Black/African American	0	0	0.00	American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and Black/African American + HISPANIC	0	0	0.00	American Indian/Alaskan Native and Black/African American + HISPANIC
Other/Multi Racial	3	2	5.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	4	0	4.00	Other/Multi Racial + HISPANIC
TOTAL	20.00	9.00	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 Pleasanton 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:

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	115	83	198.00	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)
Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not)	975	676	1,651.00	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)

zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)

TOTAL

1,090.00

759.00

1,849.00

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 Mikesha Thomas, Director of Sexual Assault and Counseling

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 are to pay 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

Tri-Valley Haven (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.

TVH provides trauma informed individual and group therapy. TVH offers 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. TVH 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.

Due to SIP, TVH did not halt any services during this mandate. TVH offered and implemented telephonic advocacy and crisis intervention, Tele Health Counseling services, and our restraining order clinics remain available remotely. All services are obtainable 24-hours a day.

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

Tri-Valley Haven (TVH) uses 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 is committed to providing trauma informed services.

Tri-Valley Haven provides Client Feedback Forms at all of our locations. Many client's share their personal experiences and accomplishments. For example, a former client serves on the Haven's Board of Directors.

In addition, 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. TVH provided a total of 237 units of legal services to Pleasanton residents. The effectiveness of the Program is measured through evaluation of clients surveys, statistical results, and the individual goals

achieved by each program participant. One of the most important criteria for success for The Haven is being able to provide quick response. Counseling requests are typically returned within 24 hours or sooner. Victims in crisis are seen within one business day. Crisis counseling is available 24/7 through the crisis line.

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: \$35,552

Local: \$8,400

Donations: \$1,812