

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Dental Care for Low-Income Residents

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Axis Community Health

Dental Care for Low-Income Residents

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

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Valerie Jonas

Report 2

Valerie Jonas

2. Title:

Report 1

Chief Development Officer

Report 2

Chief Development Officer

3. Telephone:

Report 1

925-201-6068

Report 2

925-201-6068

4. E-Mail:

Report 1

vjonas@axishealth.org

Report 2

vjonas@axishealth.org

PROJECT / PROGRAM STATUS

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

Report 1

This project ensures access to dental care for low-income, uninsured Pleasanton residents at the Axis dental clinic. Services provided include dental exams with x-rays, cleanings and fluoride application, fillings, sealants, complete and partial dentures, crowns, anterior root canals, extractions, and oral health education. The project is fully underway and has provided 107 dental visits for 67 uninsured Pleasanton residents during this reporting period.

Report 2

This project ensures access to dental care for low-income, uninsured Pleasanton residents at the Axis dental clinic. Services provided include dental exams with x-rays, cleanings and fluoride application, fillings, sealants, complete and partial dentures, crowns, anterior root canals, extractions, and oral health education. The project is fully underway and has provided 45 dental visits for 26 uninsured Pleasanton residents during this reporting period.

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

Report 1

This project began during the COVID-19 health emergency. In mid-March, in response to Alameda County Public Health Department orders, the Axis dental clinic limited care to only those in need of emergency dental services. In the months following, Axis made many modifications to the dental clinic site and to patient care procedures to ensure ongoing health and safety for patients and staff. These changes included use of additional PPE and the installation of equipment to increase airflow and air exchange rates at the clinic. With these added precautions, Axis has been able to increase the number of patients seen to 60% of pre-COVID operational capacity. In spite of these challenges, Axis has been able to implement this project successfully, and is meeting the goals set in the application of reducing the number of residents lacking access to care and treatment, improving the oral health of low-income residents, and providing oral health education to patients to achieve and maintain ongoing good oral health.

Report 2

This project began during the COVID-19 health emergency. In mid-March of 2020, in response to Alameda County Public Health Department orders, the Axis dental clinic limited care to only those in need of emergency dental services. In the months following, Axis made many modifications to the dental clinic site and to patient care procedures to ensure ongoing health and safety for patients and staff. These changes included use of additional PPE and the installation of equipment to increase airflow and air exchange rates at the clinic. With these added precautions, Axis has been able to increase the number of patients seen to 75% of pre-COVID operational capacity. In spite of these challenges, Axis has been able to implement this project successfully, and is meeting the goals set in the application of reducing the number of residents lacking access to care and treatment, improving the oral health of low-income residents, and providing oral health education to patients to achieve and maintain ongoing good oral health.

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

While Axis has made many changes to care delivery due to COVID-19, there have been no modifications or delays to this project.

Report 2

While Axis has made many changes to care delivery due to COVID-19, there have been no modifications or delays to this 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 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="22"/>	<input type="text" value="22"/>	<input type="text" value="44.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="22.00"/>	<input type="text" value="22.00"/>	<input type="text" value="44.00"/>	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="67"/>	<input type="text" value="26"/>	<input type="text" value="93.00"/>	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="239"/>	<input type="text" value="121"/>	<input type="text" value="360.00"/>	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="306.00"/>	<input type="text" value="147.00"/>	<input type="text" value="453.00"/>	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="53"/>	<input type="text" value="21"/>	<input type="text" value="74.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="14"/>	<input type="text" value="4"/>	<input type="text" value="18.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value=""/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="67.00"/>	<input type="text" value="26.00"/>	<input type="text" value="93.00"/>	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="13"/>	<input type="text" value="1"/>	<input type="text" value="14.00"/>	Seniors (62 and older)
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Disabled	<input type="text"/>	<input type="text"/>	0.00	Disabled
Female-Headed Households	<input type="text"/>	<input type="text"/>	0.00	Female-Headed Households
Homeless	<input type="text"/>	<input type="text"/>	0.00	Homeless
TOTAL	13.00	1.00	14.00	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="12"/>	<input type="text" value="21"/>	<input type="text" value="33.00"/>	White
White + HISPANIC	<input type="text" value="32"/>	<input type="text" value="2"/>	<input type="text" value="34.00"/>	White + HISPANIC
Black/African American	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="5.00"/>	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="15"/>	<input type="text" value="2"/>	<input type="text" value="17.00"/>	Asian
Asian + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1.00"/>	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"/>	<input type="text"/>	<input type="text" value="0.00"/>	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" value="3"/>	<input type="text"/>	<input type="text" value="3.00"/>	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Other/Multi Racial + HISPANIC
TOTAL	67.00	26.00	93.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	107	67	174.00	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)	500	212	712.00	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	607.00	279.00	886.00	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

Sue Compton, CEO

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

This project ensured access to dental care for low-income, uninsured Pleasanton residents at the Axis dental clinic. Services provided include dental exams with x-rays, cleanings and fluoride application, fillings, sealants, complete and partial dentures, crowns, anterior root canals, extractions, and oral health education. All grant funds were expended.

Following a multi-year effort, in 2019 Axis opened a dental clinic staffed by two dentists and a hygienist to provide preventive care and treatment services. Prior to this service opening, there was a lack of such services in the Tri-Valley and pent-up need for care was enormous. There was an 800 patient wait list for services and only half of these patients were insured. This project provided resources to ensure that Axis could provide dental care to uninsured low-income Tri-Valley residents in need of this essential dental care.

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

Report 1

N/A

Report 2

This project began during the COVID-19 health emergency. In mid-March 2020, in response to Alameda County Public Health Department orders, the Axis dental clinic limited care to only those in need of emergency dental services. In the months following, Axis made many modifications to the dental clinic site and to patient care procedures to ensure ongoing health and safety for patients and staff. These changes included use of additional PPE and the installation of equipment to increase airflow and air exchange rates at the clinic. With these added precautions, over the course of the project, and in alignment with all Public Health Dept. guidelines, Axis was able to increase the number of patients seen to 75% of pre-COVID operational capacity.

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 project was very successful. In spite of the challenges brought by the COVID-19 pandemic, Axis implemented this project successfully, and met the goals set in the application of reducing the number of residents lacking access to care and treatment, improving the oral health of low-income residents, and providing oral health education to patients to achieve and maintain ongoing good oral health.

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 only challenges encountered were the ones that occurred due to the COVID-19 pandemic, which greatly reduced service capacity as per Alameda County Public Health Orders for a number of months. While always following all AC Public Health and CDC guidelines, over time Axis was able to increase service capacity and continue to fulfill the goals of the project.

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 involve other agencies.

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

Funding for this project was received as follows:

City of Dublin \$6,216

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Triage Call Nurse

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available
Deadline: 1/27/2020

Axis Community Health

Triage Call Nurse

USD\$ 13,195.00 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

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 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 health care settings.

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 COVID-19 and its variants.

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 and other health care settings.

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

Report 1

This was a very successful reporting period for this project. 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 the reporting period, Axis also increased staffing in the call center and added a second triage call nurse to respond to the huge increase in the number of calls asking for information about COVID-19 and how best to access care for other medical needs.

During the reporting period, the Axis Triage Nurses service received 3,561 phone calls, of which 926 were Pleasanton residents. The Triage Nurse spent approximately 95 hours assisting Pleasanton residents with their medical needs.

Report 2

During the reporting period, Axis increased number of staff in our call center to respond to the huge increase in the number of calls asking for information about COVID-19 and how best to access care for other medical needs. 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. During the reporting period, the Axis Triage Nurses service received 2,935 phone calls, of which 763 were 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

No modifications were made to the project.

Report 2

No modifications were made to the 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 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="1345"/>	<input type="text" value="1345"/>	<input type="text" value="2,690.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="1,345.00"/>	<input type="text" value="1,345.00"/>	<input type="text" value="2,690.00"/>	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="926"/>	<input type="text" value="763"/>	<input type="text" value="1,689.00"/>	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="1345"/>	<input type="text" value="1403"/>	<input type="text" value="2,748.00"/>	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="2,271.00"/>	<input type="text" value="2,166.00"/>	<input type="text" value="4,437.00"/>	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="361"/>	<input type="text" value="633"/>	<input type="text" value="994.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="361"/>	<input type="text" value="107"/>	<input type="text" value="468.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="204"/>	<input type="text" value="23"/>	<input type="text" value="227.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="926.00"/>	<input type="text" value="763.00"/>	<input type="text" value="1,689.00"/>	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)	120	99	219.00	Seniors (62 and older)
Disabled	46	28	74.00	Disabled
Female-Headed Households	139	114	253.00	Female-Headed Households
Homeless	19	15	34.00	Homeless
TOTAL	324.00	256.00	580.00	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	263	214	477.00	White
White + HISPANIC	362	298	660.00	White + HISPANIC
Black/African American	38	31	69.00	Black/African American
Black/African American + HISPANIC		0	0.00	Black/African American + HISPANIC
Asian	213	175	388.00	Asian
Asian + HISPANIC		0	0.00	Asian + HISPANIC
American Indian/Alaskan Native		7	7.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC		0	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	10	8	18.00	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	20	15	35.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	20	15	35.00	Other/Multi Racial + HISPANIC
TOTAL	926.00	763.00	1,689.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

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 applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	190	190	380.00	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	285.00	285.00	570.00	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

Sue Compton, CEO

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

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 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 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, vaccines, 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 served 1,689 Pleasanton residents 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, how to maintain care at home, and vaccine information. 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, treatment, and vaccines. 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 Dublin: \$8,334

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Pleasanton Child Abuse Invervention

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

CALICO Center

Pleasanton Child Abuse Invervention

USD\$ 11,000.00 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/Victim Services Coordinator

3. Telephone:

Report 1

510-895-0702

Report 2

510-895-0702

4. E-Mail:

Report 1

Report 2

nadia@calicocenter.org

PROJECT / PROGRAM STATUS

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

Report 1

The project activity is under way for the dates of 10/1/20 thru 12/31/20. During this time CALICO conducted 4 interviews for children between the ages of 9-14 and provided family support services to 2 caregiver.

Report 2

The project activity is under way for the dates of 1/1/21 thru 6/31/20. During this time CALICO conducted 5 interviews for children between the ages of 6-16 and provided family support services to 9 caregiver.

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

Report 1

GOAL 1: Minimize trauma to abused children

1a. 75% of children interviewed will feel positive/neutral about their experience; 100% of the children who answered felt positive/neutral.

1b. At least 75% of caregivers will indicate a favorable response to their child's treatment; Caregivers are not being surveyed due to the pandemic.

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

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

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

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

GOAL 3: Improve the mental health of caregivers.

3a. An FA will conduct a crisis assessment via phone with at least 75% of families; 100% of families received an assessment.

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

3c. An FA will contact at least 75% of caregivers by phone after they leave CALICO; 100% 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; 100% of the caregivers present 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; 100% of the families contacted received assistance.

4c. An FA will refer at least 75% of children to applicable mental health services; 100% of the children who's caregiver responded received a referral.

Report 2

GOAL 1: Minimize trauma to abused children

1a. 75% of children interviewed will feel positive/neutral about their experience; 100% of the children who answered felt positive/neutral.

1b. At least 75% of caregivers will indicate a favorable response to their child's treatment; Caregivers are not being surveyed due to the pandemic.

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

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

2b. At least 70% of children eligible for a forensic medical exam will receive one. Two children were eligible and referred.

2c. Monthly Case Review meetings will be held at least 10 times per year to review select cases in depth from start to finish; 3 meetings were conducted this quarter.

GOAL 3: Improve the mental health of caregivers.

3a. An FA will conduct a crisis assessment via phone with at least 75% of families; 100% of families received an assessment.

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

3c. An FA will contact at least 75% of caregivers by phone after they leave CALICO; 100% 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; 100% of the caregivers present 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; 100% of the families contacted received assistance.

4c. An FA will refer at least 75% of children to applicable mental health services; 100% of the children who's caregiver responded received a referral.

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

CALICO had to change some of the guidelines for services provided in order to adhere to the COVID-19 crisis. We were currently seeing two families a day in order to allow time for proper disinfection in between appointments. In order to accommodate the new shelter-in-place order that was put in place as of December 7th, CALICO is only seeing emergency cases. Child Interview Specialists continue to be on call 24 hours a day, 7 days a week. Our Family Advocates continue to assist families but are doing so remotely. CALICO has provided all partner agencies, including the Pleasanton Police Department and Child and Family Services with the new protocol.

Report 2

We continue to navigate how to best serve children in-person while still keeping our staff and team members safe and healthy.

Families continue to struggle financially. As a result, we have received funding to purchase additional gift cards and vouchers to give to clients to help them meet their basic needs. We have also received funding to increase wellness leave and/or hazard pay to assist staff resilience during this very stressful 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.	28	28	56.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	28.00	28.00	56.00	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.]	6	14	20.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
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	0	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	6.00	14.00	20.00	TOTAL

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

Extremely Low Income (<30% Median)		7	7.00	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)		3	3.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	2	0	2.00	Moderate Income and Above (>80% Median)
TOTAL	6.00	14.00	20.00	TOTAL

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

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"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Female-Headed Households
Homeless	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Homeless
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	<input type="text" value="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	<input type="text"/>	<input type="text" value="3"/>	<input type="text" value="3.00"/>	White
White + HISPANIC	<input type="text"/>	<input type="text" value="9"/>	<input type="text" value="9.00"/>	White + HISPANIC
Black/African American	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American
Black/African American + HISPANIC	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
Asian	<input type="text" value="6"/>	<input type="text" value="2"/>	<input type="text" value="8.00"/>	Asian
Asian + HISPANIC	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander + HISPANIC
American Indian/ Alaskan Native and White	<input type="text"/>	<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"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/ Alaskan Native and White + HISPANIC
Asian and White	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian and White
Asian and White + HISPANIC	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian and White + HISPANIC
Black/African American and White	<input type="text"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Other/Multi Racial + HISPANIC
TOTAL	<input type="text" value="6.00"/>	<input type="text" value="14.00"/>	<input type="text" value="20.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	<input type="text" value="6"/>	<input type="text" value="14"/>	<input type="text" value="20.00"/>	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="6.00"/>	<input type="text" value="14.00"/>	<input type="text" value="20.00"/>	TOTAL

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

Report 1

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.

Report 2

CALICO served slightly fewer Pleasanton clients than it expected. Due to the nature of its work, which is often conducted on an emergency basis, it can be difficult to forecast exactly how many clients it may see from a particular area. However, to ensure that the lower number of clients was not reflective of a breakdown in partnership with either law enforcement agencies or child welfare, CALICO staff invested time in meeting with CALICO's partners to determine if there were any barriers they faced to accessing CALICO's services, or if they were not referring clients to CALICO for some other reason. The partners assured CALICO that neither was the case.

We do anticipate an increase in service once the children go back to school in the fall.

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 HHSG funding was awarded to offset the cost of our Child Interview Specialist (CIS) team which includes six part-time interviewers (including three 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

We continue to navigate how to best serve children in-person while still keeping our staff and team members safe and healthy.

Families continue to struggle financially. As a result, we have received funding to purchase additional gift cards and vouchers to give to clients to help them meet their basic needs. We have also been seeking funding to increase wellness leave and/or hazard pay to assist staff resilience during this very stressful time.

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.

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: \$50,000 to purchase items to respond to COVID-19
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 2020/21 Housing and Human Services Grant Program > Pleasanton Career & Employer Services 2020-2021

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Chabot-Las Positas Community College District

Pleasanton Career & Employer Services 2020-2021

USD\$ 9,899.00 USD\$ 9,899.00 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

Dir. of Apprenticeship Programs (formerly Program Manager)

3. Telephone:

Report 1

925-560-9439

Report 2

925-416-5136

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

This program is underway. It's a continuation of our services to people who have lost their jobs or are long-term unemployed. During the pandemic, all of our services are virtual, including counseling and workshops. The current focus is to provide COVID-19 related workshops and hiring events.

Report 2

This program is underway. It's a continuation of our services to people who have lost their jobs or are long-term unemployed. During the pandemic, all of our services continue to be virtual, including counseling and workshops. The current focus is to provide COVID-19 related workshops and hiring events.

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

Report 1

All our services are currently virtual. We purchased a virtual meeting platform for hiring events.

Report 2

All our services are currently virtual. We purchased a virtual meeting platform for hiring events. Our offices moved in January from Dublin to Pleasanton though no services are offered in the new office yet. When held two larger virtual job fairs as well as several smaller or single-employer events.

Two ad campaigns were run during the last 6 months of the grant period. The intention was to remind or inform the public of the available services.

Additionally, there was change of leadership at the Career Center. Former Program Manager, Sarah Holtzclaw, was promoted to another job within the College District. An interim Manager was in place for 3 months. A new, permanent manager started at the end of the fiscal year.

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

Report 1

The COVID-19 pandemic upended our regular services. We continued our services completely virtual, as was the case in the spring of 2020. Without our physical Career Center for job seekers to find, we have seen a decrease in our attendance. We are focusing on putting together new workshops, tip sheets, and hiring events specific to the pandemic.

Report 2

The COVID-19 pandemic upended our regular services. We continued our services completely virtual, as was the case since the spring of 2020. Without our physical Career Center for job seekers to find, we have seen a decrease in our attendance. We are focused on putting together new workshops, tip sheets, and hiring events specific to the 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.	<input type="text" value="375"/>	<input type="text" value="375"/>	<input type="text" value="750.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="375.00"/>	<input type="text" value="375.00"/>	<input type="text" value="750.00"/>	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="129"/>	<input type="text" value="117"/>	<input type="text" value="246.00"/>	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="872"/>	<input type="text" value="539"/>	<input type="text" value="1,411.00"/>	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="1,001.00"/>	<input type="text" value="656.00"/>	<input type="text" value="1,657.00"/>	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="30"/>	<input type="text" value="17"/>	<input type="text" value="47.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="6"/>	<input type="text" value="10"/>	<input type="text" value="16.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="14"/>	<input type="text" value="18"/>	<input type="text" value="32.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value="79"/>	<input type="text" value="72"/>	<input type="text" value="151.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="129.00"/>	<input type="text" value="117.00"/>	<input type="text" value="246.00"/>	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="6"/>	<input type="text" value="4"/>	<input type="text" value="10.00"/>	Seniors (62 and older)
------------------------	--------------------------------	--------------------------------	------------------------------------	------------------------

Disabled	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="3.00"/>	Disabled
Female-Headed Households	<input type="text" value="14"/>	<input type="text" value="11"/>	<input type="text" value="25.00"/>	Female-Headed Households
Homeless	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3.00"/>	Homeless
TOTAL	23.00	18.00	41.00	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="71"/>	<input type="text" value="64"/>	<input type="text" value="135.00"/>	White
White + HISPANIC	<input type="text" value="25"/>	<input type="text" value="21"/>	<input type="text" value="46.00"/>	White + HISPANIC
Black/African American	<input type="text" value="9"/>	<input type="text" value="7"/>	<input type="text" value="16.00"/>	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="17"/>	<input type="text" value="14"/>	<input type="text" value="31.00"/>	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"/>	<input type="text"/>	<input type="text" value="0.00"/>	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" value="7"/>	<input type="text" value="11"/>	<input type="text" value="18.00"/>	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Other/Multi Racial + HISPANIC
TOTAL	129.00	117.00	246.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	129	117	246.00	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)	872	539	1,411.00	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	1,001.00	656.00	1,657.00	TOTAL

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

Report 1

In general, each unique job seeker attends 2.1 workshops. Thus, the total workshops taken by Pleasanton residents by the 129 residents 270. The total number of workshops taken agency-side was 2006.

Report 2

For some reason, though it has been reported through the county, job seeker attendance and interest declined in the last months of the fiscal year. Employers were eager to hire and we held several virtual hiring events of various sizes through the period. However, the job seekers are not matching the need by employers. We anticipate that this will change in the fall of 2021 when children return to school.

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 and Alcian Lindo

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

The Career Center staff continued to offer services virtually through Zoom and a virtual event platform called Remo. The continuation of all services is the main accomplishment of the Career Center. There has been two changes of leadership and a physical office mover in the last six months. Yet, the staff continued to serve clients, recruit new ones through an ad campaign and hold hiring events.

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. Due to the pandemic, this number wasn't as much as we'd like but the hourly rate did increase to \$50.94 for our Pleasanton clients. This \$9.48 over the average of all job seekers who found work, or 24.2% higher than average.

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 during the last fiscal year, it did stop people from starting with us. We continued to serve our currently clients but did not see new clients in larger numbers. The high unemployment would normally drive job seekers to us. The pandemic, lack of child care, fear of illness and many other things, kept people away from a new job search.

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

Due to the pandemic, the list of partner agencies is much smaller than normal.

Axis Community Health - Axis provided a counselor to lead self-care workshops and offer 1-on-1 counseling to low-income clients

Various CBOs - cross referrals

Alameda County Workforce Dev. Board (ACWDB) - main funder of this work and guiding operational standards.

Alameda County-Oakland Community Action Partnership (AC-OCAP) - funded low-income job seekers and CARES act opportunities for the same clients.

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

Report 1

N/A

Report 2

Yes,

ACWDB - 227,400

AC-OCAP - 30,500

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Pleasanton VITA Free Tax Program 2020-2021

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Chabot-Las Positas Community College District

Pleasanton VITA Free Tax Program 2020-2021

USD\$ 9,995.00 USD\$ 9,995.00 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

Director of Apprenticeship Programs (formerly Program Manager)

3. Telephone:

Report 1

925-560-9439

Report 2

925-416-5139

4. E-Mail:

Report 1

sholtzclaw@clpccd.org

Report 2

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 program is in the planning stages. Taxes actually are not performed until the third and fourth quarters of the grant cycle.

Report 2

The VITA program ran from the beginning of February 2021 through mid-May. The dates changed this tax season due to the pandemic and the IRS dates for accepting returns.

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

Report 1

At this point, our coordinator is attending planning meetings and working with key volunteers and the United Way to determine the best way forward given the pandemic and the need for socially distant services. We will need to have fully-virtual services again for at least the first 6 weeks of the tax season and are moving forward with plans to be able to do this.

We have recruited volunteers who will do the virtual work as well as others who will be available once we can be in-person again. The volunteer orientation is the first week of January with online training happening throughout January. Tax season officially starts the first week of January.

Report 2

The entire tax season and physically preparing of taxes occurred during this reporting period. Thus all the planning from the previous reporting period came to fruition. That includes training the volunteers, setting up the virtual platform, accepting and preparing taxes for the public. The program was completely virtual this year. Clients dropped of their paperwork one week and picked up the finished taxes the following week. In between, a volunteer scanned all the documents so another volunteer could prepare the taxes at home, contacting the tax payer to discuss them. The final tax forms were then printed and available for the tax payer to pick them up. The season was much more difficult than previous seasons simply due to this process being so complicated. However, we were able to prepare nearly 550 returns, which is remarkable given the pandemic.

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

Report 1

The number of clients we will be able to serve may be impacted by the virtual-online services with both the Career Center and the Pleasanton Library closed due to the pandemic. These services take longer and are more cumbersome for our volunteers, which limits the number of people we can serve.

Report 2

Given the pandemic, the VITA team and volunteers had to work additionally hard to get taxes prepared. In a normal season, the taxes are prepared with the tax payer sitting beside the preparer. The process takes an average of 45 minutes. Virtually, the process took much more work and time. The team did an amazing job to get in as many returns as they did, though it was not as many as we'd planned when writing the application or contract.

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="180"/>	<input type="text" value="180"/>	<input type="text" value="360.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="180.00"/>	<input type="text" value="180.00"/>	<input type="text" value="360.00"/>	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="0"/>	<input type="text" value="120"/>	<input type="text" value="120.00"/>
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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)

<input type="text" value="0"/>	<input type="text" value="546"/>	<input type="text" value="546.00"/>
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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	<input type="text" value="0.00"/>	<input type="text" value="666.00"/>	<input type="text" value="666.00"/>	TOTAL
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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="0"/>	<input type="text" value="68"/>	<input type="text" value="68.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="0"/>	<input type="text" value="42"/>	<input type="text" value="42.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="0"/>	<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" value="0"/>	<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="120.00"/>	<input type="text" value="120.00"/>	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="35"/>	<input type="text" value="35.00"/>	Seniors (62 and older)
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Disabled	<input type="text" value="0"/>	<input type="text" value="6"/>	<input type="text" value="6.00"/>	Disabled
Female-Headed Households	<input type="text" value="0"/>	<input type="text" value="20"/>	<input type="text" value="20.00"/>	Female-Headed Households
Homeless	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0.00"/>	Homeless
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="61.00"/>	<input type="text" value="61.00"/>	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="0"/>	<input type="text" value="62"/>	<input type="text" value="62.00"/>	White
White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="34"/>	<input type="text" value="34.00"/>	White + HISPANIC
Black/African American	<input type="text" value="0"/>	<input type="text" value="3"/>	<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="0"/>	<input type="text" value="17"/>	<input type="text" value="17.00"/>	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"/>	<input type="text"/>	<input type="text" value="0.00"/>	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" value="0"/>	<input type="text" value="4"/>	<input type="text" value="4.00"/>	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="0.00"/>	<input type="text" value="120.00"/>	<input type="text" value="120.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0	120	120.00	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)	0	546	546.00	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	666.00	666.00	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 continued shelter-in-place due to the COVID-19 pandemic altered the process of preparing taxes to be completely virtual. Our team created a system of accepting, preparing and returning the documents over a week's time. This system was signed off by both the United Way (are regional partner) and the IRS. In fact, the TVCC VITA program was one of only a few in the entire Bay area who were open for business. We had new clients from around the region who normally look for the tax services in their local community, but couldn't due to those services being closed. Our team was exceptional in getting the system up and running, in working long hours to help people and in preparing taxes for so many people. Though they missed their goals from the time of application, the team was exceptional in getting as much done as they did.

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 never opened for the season, the TVCC staff and volunteers worked to find a way to continue to serve clients virtually. Their system worked beautifully, though it was more work for the team. Still, they met two-thirds of their Pleasanton goals and was close to meeting their overall goals.

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, this season was a success. It was not the season that was intended, though. It was much more work and much more complicated to accept, prepare and deliver the taxes documents. Given the amount of work that each tax return took, the team did a phenomenal job preparing as many as they did.

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

Report 1

N/A

Report 2

The issues certainly was the pandemic. It changed the entire delivery system of the services. All services were virtual though the pick and drop off were in person. Additionally, TVCC's offices were moved from Dublin to Pleasanton in January 2021. The new location was not approved for occupancy so the services were set up for drop off and pick up at the College District's main office in Dublin. Lastly, two of our three traditional sites used pre-COVID were closed, which left us with one site.

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

- Chabot-Las Positas Community College District - funder as well as site for drop off and pick up of documents.
- 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.

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 2020/21 Housing and Human Services Grant Program > CBDG Grant for Facility Build Out

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

CityServe of the Tri-Valley

CBDG Grant for Facility Build Out

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

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Christine Beitsch-Bahmani

Report 2

Christine Beitsch-Bahmani, CEO

2. Title:

Report 1

CEO

Report 2

CEO

3. Telephone:

Report 1

925-222-2273

Report 2

510-789-5443

4. E-Mail:

Report 1

Report 2

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

On June 11, 2020 The city of Livermore sent an amended agreement over to CityServe to take over the project in house and send out the bid. There has been no exterior progress however, as of Jan 14, 2021 we got word from Joel Waxdeck the Assistant City Engineer that they would like to advertise January 26th and open bids February 16, 2021.

Report 2

On June 11, 2020 The city of Livermore sent an amended agreement over to CityServe to take over the project in house and send out the bid. Joel Waxdeck the Assistant City Engineer is the lead. Activity is underway and set to be completed by September 10th if all goes well.

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

Report 1

The City of Livermore is designing the TI's and preparing the bid.

Report 2

The City of Livermore hired contractor and project has started.

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

Due to the pandemic everything has been grossly delayed.

Report 2

The modified timeline is set to be completed September 10, 2021 if there are no delays.

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="0"/>	<input type="text" value="0"/>	<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.]	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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)	<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	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value="0"/>	<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="0.00"/>	<input type="text" value="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)	<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="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Female-Headed Households
Homeless	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Homeless
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	White
White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	White + HISPANIC
Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American
Black/African American + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
Asian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian
Asian + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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 HHSG contract):

-Text questions are not calculated-

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

-Text questions are not calculated-

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

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

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

Report 1

N/A

Report 2

We were seeking funding for the facility build out for our main office and primary staff location to be at the Multi-Service Center located in Livermore, CA to cover unforeseen extra expenses needed or phase 2.

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 project is underway and with Livermore adding additional funding the project is going to be fully funded and utilized to accomplish our original purpose by providing CityServe a great service hub filled with public offices to better serve all Tri-Valley residents.

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

It will be successful, just delayed due to the pandemic. We are hopeful we will be in there soon.

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

Livermore decided take over the project in house and then was delayed due to some approvals by city council and the pandemic. The impact has been that CityServe has been without enough office space for our entire staff and has had to do more pop-ups and rotating schedule to make it work.

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

City of Livermore.

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

Report 1

N/A

Report 2

City of Livermore.

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Pleasanton Crisis Resource & Education Program (for Homelessness Prevention)

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available
Deadline: 1/27/2020

CityServe of the Tri-Valley

Pleasanton Crisis Resource & Education Program (for Homelessness Prevention)

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

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

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

We had to modify our focus quite a bit due to the Covid pandemic. We had wonderful plans to host many in-person workshops and work in schools, etc. Instead, we have transitioned our efforts to support families and sheltered individuals as they navigate extremely difficult times with job loss, financial woes and mental health struggles. Our goal shifted to more of a supportive and resourcing role through email resource links sent, zoom calls, caring phone calls, food security options and webinars. The current status is we are hosting with Echo Housing Webinar for those in our Emergency Rental Assistance Program. We planned this in the reporting time period, but the two webinars were executed in January 2021. We hosted a webinar called, "Bills Made Clear" in August to support Pleasanton residents with understanding their medical bill, rights and insurance. We had 33 in attendance and feel it was successful due to the satisfaction survey. We had our ERAP lead give a presentation to Pleasanton Unified social workers and parents about the program. We are currently still hosting weekly open air pop-up sites at Inklings Coffee and Tea in the parking lot to give residents access to in person rental support.

To assist families with food security we resourced those we serve by sending electronic flyers and making social media posts about all local food distributions such as; Alameda County Food Bank, Valley Bible Church and Tri-Valley Food Pantries. We also sent links for Spectrum and Open Heart Kitchen to sign up for food deliveries, if applicable. We made over 36 groceries deliveries by having volunteers shop and do a porch drop off to Pleasanton residents.

We are continuing to assess new resources daily so that we can constantly educate and resource those who call and who are already in our caseload. We are committed to making sure Pleasanton residents know all the resources available to them.

Report 2

The current status of our program is both stable and supportive. We are currently working on our website to offer ways for the Pleasanton community to access meaningful services quickly. Our goal during the pandemic has been to offer the most current and active crisis resources and educate the community as to what is closed, what is open and available and where they can find more information to assist with pressing needs. We are also actively ensuring that our services and other local resources are not only easily accessible for the Pleasanton community but that our flyers are also available in Spanish. At this point, we have not had a demand for other languages. However, are in pre-development of a potential partnership with the Afghan Coalition in Fremont to potentially extend services during our weekly pop-ups in Pleasanton to serve their clients that are living in the Pleasanton and Dublin area. The goal would be to share local resources with them so they do not have to travel to Fremont for services. In our preliminary conversations, we were amazed that it was discovered that 60% of the Afghan Coalition's clients live in the Tri-Valley. We believe our care coordination services will be extremely beneficial to this clientele.

We continue to assist families with food security resources, rental navigation and highlight workshops and/or seminars by sending electronic flyers and making social media posts about all local food distributions such as; Valley Bible Church and Tri-Valley Food Pantries. We also send links for Spectrum, Meals on Wheels and Open Heart Kitchen to sign up for food deliveries, if applicable. We also continue to deliver groceries, as needed, by having volunteers shop and do a porch drop-off to Pleasanton residents.

We continue to assess new resources daily to educate and resource those who call our mainline. We are committed to making sure Pleasanton residents know all the resources available to them.

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

Report 1

ERAP Apartment Pop-ups -Over 15 completed pop-ups

Inklings Pop-ups - weekly 11-2pm

Thanksgiving- Valley Bible Church Food Pantry (signed up over 200 families for Thanksgiving)

Holiday Open Air Market -Served 110 families with dinner, gifts, new shoes and coats

Groceries Deliveries - 36 households

Sent registry info for Echo Housing Webinars (although they happened after reporting period)

Adjusted our payment options for ERAP to include 25% payments as an option, in line with Legislation AB 3088.

Pleasanton PD Adopt-A-Family Project -10 families served

Bills made clear webinar offered- 33 residents attended

Over 220 families served through the Emergency Rental Assistance Program.

Launched the ARCH pilot program which assists participants with job navigation to increase income or find a better job to support the family. 12 residents enrolled.

Helped clients budget their income to try and stay current on monthly bills during pandemic.

Helped clients with subsidy rental assistance for those who did not qualify for the Emergency Rental Assistance program (ERAP), water and utility bills.

Client Story: We had an elderly female client who was severely ill and highly sensitive to many products. The client was sleeping on an air mattress on the floor because she couldn't find any mattresses that didn't impact her health. She was extremely allergic to most products that were on the mattresses she tried. Finally after several weeks and several mattresses our case worker was able to find one that fit the clients' needs. We ordered a "Happsy" mattress that was 100% organic for her and had it delivered and set up by volunteers. We are happy to report that she has been able to sleep well and has been comfortable ever since. After a week with the mattress we did a follow-up call and the client stated that she had no reactions or issues with the mattress and absolutely "loved it".

Report 2

The most significant action taken during this timeframe has been the crafting, roll out and staff training of our new care coordination model. Our new model is our philosophy and service approach to holistically address a client's crisis through our care wheel that includes; basic needs, financial stability, vocational/educational, emotional health and wellbeing, physical health and community. We understand when we interact with an individual in crisis there are always multiple underlying factors that may work against progress if not addressed. This model allows us to work with the individual in a participatory manner to better understand and set them up for success.

During this reporting period, we continued the Emergency Rental Assistance Program by serving Pleasanton Residents who needed a second payment. When Pleasanton ERAP funds were used up, we reached out to other resources to help families stay afloat. Others were educated on what they could do to get assistance to bridge gaps through other programs and services.

CityServe Care Coordinators connected with Pleasanton Unified school district social workers to ensure that families that were in need would have access to resources and opportunities that would better their lives. One of our coordinators held a presentation via zoom for all social workers and/or families regarding what CityServe is and how we can help, as well as gave them information on the Emergency Rental Assistance Program.

Assisted Clients with utility bills and getting connected to partner organizations to help bridge the gaps.

Assisted clients in finding creative ways to increase their income while working from home.

We worked with clients on areas such as cutting expenses or minimizing the amount of funds going out by creating opportunities to take advantage of locally available resources such as groceries, diapers, clothing and car/bike repair.

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

Report 1

The only major modification was our in-person workshops had to turn into virtual gatherings and our case management services adjusted to by appointments only. Many clients didn't feel comfortable meeting one on one due to the pandemic. Therefore, we couldn't have our usual interaction to build a relationship that Case Managers and clients typically get. We also had to adjust the way we transferred paperwork or important documents or how to get documents signed. Due to many resources being closed or backed up, it was hard to refer clients to our usual agencies. We spent this period helped clients navigate through many barriers while giving caring comfort during the process.

Report 2

The only major modification identified was our in-person workshops. Instead of in-person group meetings, we did virtual, electronic or one on one education and resourcing.

We also created a mental health assessment tool and resource flyer that could be used to help clients get connected to vital and vetted mental health services

CityServe also created and launched a pilot program so that individuals could call in with their immediate need requests. This program blasts the need requests to our network of volunteers and donors to help reduce the burden of our client by getting an item or service donated. We've enlisted over 161 volunteers to help clients during the pandemic. Types of services offered include: moving, packing boxes, delivering groceries, picking up or dropping off furniture, helping with computer needs, yard work and care calls. Types of donations included: school supplies, household items, gas cards, diapers, a

breast pump, fans, beds, a washing machine, cars, etc.

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="125"/>	<input type="text" value="125"/>	<input type="text" value="250.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="125.00"/>	<input type="text" value="125.00"/>	<input type="text" value="250.00"/>	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="187"/>	<input type="text" value="230"/>	<input type="text" value="417.00"/>	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="298"/>	<input type="text" value="785"/>	<input type="text" value="1,083.00"/>	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="485.00"/>	<input type="text" value="1,015.00"/>	<input type="text" value="1,500.00"/>	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="79"/>	<input type="text" value="96"/>	<input type="text" value="175.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="18"/>	<input type="text" value="31"/>	<input type="text" value="49.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="90"/>	<input type="text" value="103"/>	<input type="text" value="193.00"/>	Low Income (50% to 80% Median)

Moderate Income and Above (>80% Median)	0	0	0.00	Moderate Income and Above (>80% Median)
TOTAL	187.00	230.00	417.00	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)	7	1	8.00	Seniors (62 and older)
Disabled	7	5	12.00	Disabled
Female-Headed Households	67	66	133.00	Female-Headed Households
Homeless	11	2	13.00	Homeless
TOTAL	92.00	74.00	166.00	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	55	56	111.00	White
White + HISPANIC	53	72	125.00	White + HISPANIC
Black/African American	23	21	44.00	Black/African American
Black/African American + HISPANIC	0	2	2.00	Black/African American + HISPANIC
Asian	20	45	65.00	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	4	1	5.00	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	30	18	48.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	2	15	17.00	Other/Multi Racial + HISPANIC
TOTAL	187.00	230.00	417.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	187	230	417.00	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)	298	785	1,083.00	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	485.00	1,015.00	1,500.00	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

These numbers do not include large distributions serving hundreds of families with masks, food, clothing, toys, hygiene items and safety net items during the winter and pandemic. In our next grant fiscal year we hope to capture events like that to better show our actual impact.

Our individualized resourcing and care coordination sessions connected those in need to specific service providers and programs (including CityServe's own fiscal assistance programs) to achieve the client-driven outcome(s). Also, our education workshops included (in Spanish and English) tenant rights in partnership with Echo housing addressed very important and current issues related to their housing concerns.

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, CEO

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

Our ultimate marker of success for all CityServe participants is demonstrated sustainable self-sufficiency. Through this program, we sought to provide at least 125 Pleasanton residents with resourcing (either individualized or via workshops) that helps them towards their goals of stability or towards being a stabilizing factor in another's life.

The goal of this program was to provide a Resource Specialist dedicated to Pleasanton residents as well as CityServe leadership and administrative staff

to coordinate and create a curriculum for educational workshops. Our aim was to collaborate with other service providers and specialists and receive in-kind donations of space and time from expert presenters.

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

Report 1

N/A

Report 2

For those who are housed and at risk of losing their housing, our measurable outcome is that we provided eviction prevention by distributing over 860K in direct emergency rental assistance. We stepped into the gap in partnership with the City of Pleasanton to literally reduce homelessness. Without this incredible service provided we believe there would have been a deep increase in the amount of homeless families and individuals losing housing and living in cars or hotels as a result. We feel like we were able to educate those calling on their rights as a tenant and work with them in other areas such as increased fiscal literacy, establishing sustainable transportation to and from work/school, receiving higher access to medical or mental health care, increased aspects of holistic wellness, increase of legal income through better employment, & enrollment in school or job training program.

Here is an example of how we encouraged a client during this reporting period and its impact: A single female client with a daughter at home attending virtual school was unable to go to work. Over the course of the pandemic, the mom realized the weight of everything going on in the world. She realized she needed to be strategic and to a more stable place. We supported our client as she entered into a certificate program and she was able to obtain a certificate that gave her the ability to work from home. This action step allowed the client to increase her income and in turn be more sustainable. This new life and employment prevented her from losing her apartment.

Another accomplishment is that Pleasanton residents could access our program through phone intakes, scheduled appointments at our Pleasanton or Livermore pop-ups or through attending either individualized or topical workshops we hosted.

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 mentioned, our ultimate marker of success for all CityServe participants is a demonstration of sustainable self-sufficiency. We feel that despite the major obstacle we faced this past year we navigated all the storms keeping our client's needs in mind at all times. Through this program, we provided much more than 125 Pleasanton residents with resourcing (either individualized or via workshops) and helped a significant amount of families move towards their goals of stability.

For those who are housed and at risk of losing their housing, our measurable outcome was a substantial amount of education, financial subsidy and ongoing resourcing that was far beyond our goal. The increased demand by clients caused some capacity issues, but we made necessary adjustments to maintain our high level of service to all Pleasanton residents.

We believe that this past year has set us up for the next fiscal year to take our resourcing and education to the next level. We have made many new collaborations and inroads into the lives of hundreds of low to no-income Pleasanton residents. We are well on our way to serving and resourcing these important community members so that they are not just surviving, but contributing to Pleasanton's mission and vision.

Lastly, we feel the program was a success because we activated over 161 emergency response volunteers to support both our sheltered and unsheltered clients with very tangible resources and services. Activating Pleasanton residents has been a joy and support to our small team.

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 only major delay was on our office building project in Livermore that has been delayed now until September 10th. The impact on our team was significant in that we had a Pleasanton office that has 6 workstations and we have between 13-19 staff members at any given time. This delay caused us to creatively pivot to an outside office model we call "pop-up." We mobilized our team to work outside safely with clientele at four pop-ups per week, our

call center was done remotely and the rest of the staff rotated office times. Although this was a problem at times our team remained resilient.

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 One Stop - Client connection to employment coaching and employment resources.

St Raymond's Job Links: Client connection to employment coaching.

Senior Support of the Tri Valley: Client connections and resourcing.

St Vincent De Paul - Pleasanton: Partnered on different opportunities to help clients with larger financial needs.

One Nation Dream Makers: Food box delivery for Pleasanton residents.

Tri Valley Haven Food Pantry: Resourced clients to this food pantry.

Pleasanton Weekly-financial support for direct subsidies

Tri-Valley Non-Profit Alliance-financial support for direct subsidies

Tri-Valley Anti-Poverty Coalition- working together to think about gaps and needs in Pleasanton.

Hively: Helped families connect to mental health services and child care connection.

Abode Services: Reconnection to housing specialists and case managers once people got housed to work through different issues that have come up.

Axis Community Health: connected individuals to sign up for Medi-cal and other services.

Open Heart Kitchen: Met with clients during outreach at different stops to resource them to opportunities that are available based upon their needs.

Inklings Coffee and Tea-Allowed us to take in donations at the site during the pandemic and was extremely supportive to our need for storage. They also gave us permission to use their parking lot for our weekly resource pop-ups including holiday giveaways and emergency rental assistance appointments.

Valley Community Church: Worked together to help individuals in crisis in the community.

Alameda County IHOT Team: Referrals for clients in need of mental health services.

Housing Authority of Alameda County: Coached clients on section 8 to talk to the housing authority if their income had become reduced due to the pandemic so that their rent would also be reduced.

Bay Area Community Health: Dental service referrals for clients who are on Medi-Cal.

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

Report 1

N/A

Report 2

Yes, some are noted above such as Tri-Valley Non-Profit alliance, Valley community Church, Pleasanton Weekly, Harvest Valley Church and many individual donors from Pleasanton. We also received 100K from County Measure A funding that is specifically for Livermore and Dublin mental health initiative, however, Pleasanton residents are benefitting because our team is using the tool in Pleasanton since it is a part of our care coordination services now. We are also starting a contract with Alameda County to help with rental assistance coordination starting in August that will benefit Pleasanton residents as well.

More Collaborations:

CRIL - Center for Independent Living: Referrals for disabled Clients that are in need of support getting, receiving and continuing to have disability benefits.

Spectrum Community Services: Referring individuals to all of their programs. Helping clients navigate the application process for utility bill assistance.

Eviction Defense Center: Referred clients to this organization who were experiencing difficulties with landlords.

Centro Legal-legal support services

Centro De La Raza: Rental assistance

Bay Area Legal Aid: Connecting clients to low cost legal services as needed.

211: coordinated entry assessments

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Community Closet

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: **1/27/2020**

Hively

Community Closet

USD\$ 25,000.00 USD\$ 25,000.00 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

925-595-5177

Report 2

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 December 31st, 2020 Hively has had a total of 151 unduplicated Pleasanton families visit the Hively Community Closet. This is a household count, so this does not include the number of people that it is truly effecting. When an individual visits our community closet, they shop for not only themselves, but their partner, and their children also, and even at times their parents.

Each time a family visits the Hively Community Closet they receive, in addition to diapers, food, warm clothing, bedding, strollers, household items, toys, dental kits, feminine products, and PPE supplies (disposable masks, sanitizer, gloves, disinfectant, etc.)

Report 2

As of June 30th, 2021, Hively served 448 unduplicated Pleasanton families through the Hively Community Closet. Most families do not visit the Hively Community Closet just once. They visit multiple times a year. In addition to visiting the Community Closet, clients are not just shopping for themselves, but they are shop for their partner, their children, and other members of their household.

Each time a family visits the Hively Community Closet they receive, in addition to diapers, food, warm clothing, bedding, strollers, household items, toys, dental kits, feminine products, and PPE supplies (disposable masks, sanitizer, gloves, disinfectant, etc.) In cases where an extreme need is expressed, Hively staff have also provided gas cards, food gift cards and electronic gift cards for those that are not able to visit us in person due to health reasons, or due to their lack of flexibility with their employment.

As mentioned above, many clients are not shopping for themselves, they are often taking items for their children, partner, other members of the family and neighbors. Hively can confidently say that this results in over 1000 Pleasanton residents that benefited from the Hively Community Closet.

Hively partnered with the Pleasanton Muslim Community Center to expand the Community Closet's reach. This allowed Hively to not only provide monthly distributions, individual appointments, and home deliveries, it also allowed us to support a Pleasanton community partner and provide items and serve and audience that is more comfortable receiving services in an environment where they are familiar and comfortable asking for assistance.

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

Report 1

Due to COVID-19, Hively has pivoted our services from what was having the Hively Community Closet open multiple times during the week, including evening hours, to now providing monthly distributions on weekends. Individual appointments are also provided as well during the week.

Report 2

Hively is excited to announce that in August 2021, Hively will open a Family Resource Center in Dublin where families can visit anytime during the week, at their convenience, to visit the Community Closet. At the Family Resource Center they can pick up diapers, food, clothing and other essential items.

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

As mentioned in question #6, Hively has changed the hours of operation for the Hively Community Closet. Staff now opens up the agency's Community Closet once a month, along with the agency's Diaper Pantry. This allows clients to receive all essential items in one visit.

Invoices have not been submitted yet, but will be submitted by the end of January.

Report 2

Due to COVID-19, Hively changed the delivery in how the agency provided services to the community. The Community Closet went from being open multiple times a week, including day and evening hours, to once a month. As mentioned in question #7, Hively will open up a Family Resource Center, where families can visit at their convenience, and pick up their essential items.

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="420"/>	<input type="text" value="420"/>	<input type="text" value="840.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="420.00"/>	<input type="text" value="420.00"/>	<input type="text" value="840.00"/>	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="151"/>	<input type="text" value="297"/>	<input type="text" value="448.00"/>	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="456"/>	<input type="text" value="467"/>	<input type="text" value="923.00"/>	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="607.00"/>	<input type="text" value="764.00"/>	<input type="text" value="1,371.00"/>	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="97"/>	<input type="text" value="113"/>	<input type="text" value="210.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="36"/>	<input type="text" value="102"/>	<input type="text" value="138.00"/>	Very Low Income (30% to 50% Median)

Low Income (50% to 80% Median)	10	76	86.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	8	6	14.00	Moderate Income and Above (>80% Median)
TOTAL	151.00	297.00	448.00	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	37	45.00	Seniors (62 and older)
Disabled	11	23	34.00	Disabled
Female-Headed Households	42	97	139.00	Female-Headed Households
Homeless	7	16	23.00	Homeless
TOTAL	68.00	173.00	241.00	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	59	75.00	White
White + HISPANIC	30	52	82.00	White + HISPANIC
Black/African American	12	44	56.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	23	22	45.00	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		1	1.00	Native Hawaiian/Other Pacific Islander
			0.00	
Native Hawaiian/Other Pacific Islander + HISPANIC				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		2	2.00	Asian and White
Asian and White + HISPANIC			0.00	Asian and White + HISPANIC

Black/African American and White		14	14.00	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	23	59	82.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	47	44	91.00	Other/Multi Racial + HISPANIC
TOTAL	151.00	297.00	448.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	500	500	1,000.00	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)	2000	2000	4,000.00	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	2,500.00	2,500.00	5,000.00	TOTAL

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

Report 1

Hively is so grateful to receive full funding for the agency's Community Closet this year. Families, more than ever, need essential items that were made available at the agency's Community Closet. Families could truly view Hively as a one stop

shop. Families could visit our Closet to pick up essential items including gas gift cards, boxes of food, warm clothing, household items, toys for the holidays, baby wipes, children's books, and so much more.

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/Kelly O'Lague Dulka

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

The Hively Community Closet collects new and gently-used items and provides them free of charge to Pleasanton and Tri-Valley residents in need. The Closet offers clothing, shoes, baby items, books, toys, and housewares.

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

Hively successfully served over 1000 Pleasanton residents, resulting in 484 unduplicated Pleasanton families having access to free essential items that would allow them to feel supported during an extremely financially challenging period of time.

It was apparent to Hively, that even though many agencies were closing during the pandemic, that our clients needed us more than ever, and we had to be available to continue to provide our services. This resulted in Hively serving more families through the Community Closet than it has ever served before.

As mentioned above, when monthly distributions were not accessible to families to pick up clothing, food, diapers, PPE supplies and other essential items, we provided additional opportunities to access our services through individual appointments and even delivering items directly to their homes.

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

Much like our diaper program, the success of Hively's Community Closet is measured by the number of families who received free items through our program. Families who suddenly lost their employment due to COVID-19 were standing in our lines to receive items. Families who had to close down their businesses due to COVID-19 were standing in our lines. Single mothers who are trying to make ends meet, but couldn't afford to provide her children clothing were standing in our lines. All so thankful to be able to "shop" for items to support their family.

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

Report 1

n/a

Report 2

Hively did not experience any problems or delays during this fiscal year.

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

Report 1

n/a

Report 2

Hively collaborate with the Pleasanton Muslim Community Center to help reach more families. Hively provided items such as clothing, food, diapers, PPE supplies and other essential items to the Muslim Community.

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 did not obtain funding from other sources.

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Diaper Pantry

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Hively

Diaper Pantry

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

[Previous Submitted Application](#)

[Next Submitted Application](#)

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Vanessa Dilks

Report 2

Vanessa Dilks

2. Title:

Report 1

Director of Community Services

Report 2

Director of Community Services

3. Telephone:

Report 1

925-595-5177

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 December 31st, 2020, the Hively Diaper Pantry has distributed a total of 123,428 diapers to 354 unduplicated families. This is an increase of 21,968 diapers in comparison to the 2019-2020 fiscal year.

In addition to children's books, each family also had the opportunity to receive food, warm clothing, household items, toys, baby wipes, dental kits, and feminine products. Of the 354 families served, 114 were unduplicated Pleasanton residents.

Due to receiving services through the Hively Diaper Pantry, families are changing their child's diaper more often, experiencing less stress due to being able to provide an adequate supply of diapers, and 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, 2021 the Hively Diaper Pantry has distributed a total of 449,799 diapers to 587 unduplicated families. This is an increase of 226,655 diapers in comparison to the 2019-2020 fiscal year.

As stated in the mid-year report, Hively continued to provide additional resources at each large diaper distribution. Items included, children's books, food, warm clothing, household items, toys, baby wipes, dental kits, and feminine products. Hively also partnered with the Pleasanton Muslim Community in which we provided 60-85 boxes of diapers each month to the Center in order for them to further assist those that they serve through their community.

No child left Hively's distribution empty handed. Each child left with at least one book that they could keep in order to grow their own personal library at home. In addition to books they also received toys, backpacks filled with school supplies, toothbrushes and toothpaste, fresh food, and gently used and new clothing. Parents left with arms full of diapers to clean their babies, food to feed their children, and clothing to replace their used and worn clothing.

Hively is extremely grateful to the City of Pleasanton for their continued support and investment during this contract year. Hively was able to serve hundreds of more families due to the increased investment in the Hively Diaper Pantry. Largely due to the impact of the pandemic, families were standing in line to receive diapers that never envisioned themselves standing in line to access free services. With the City of Pleasanton's investment, Hively was able to help support 282 Pleasanton families this fiscal year.

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

Report 1

Due to COVID-19, Hively has pivoted our services from what was having the Hively Diaper Pantry open twice a week, to now providing monthly distributions on weekends, as well as individual appointments during the week. In a two hour timeframe, Hively distributes an average of 15,000 diapers.

Report 2

During this reporting period, Hively continued to provide monthly distributions on weekends, as well as individual appointments during the week. Many times Hively staff was delivering to the family's home, as the parent expressed a hardship to visit our distributions.

Beginning August 2021, Hively will open a Family Resource Center in Dublin where families can visit anytime during the week, at their convenience, to pick up diapers, food, clothing and other essential items.

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

As mentioned in question #6, Hively has changed the Diaper Pantry's hours of operation, and have now began distributing diapers monthly, as well as by appointments during the week.

Invoices have not been submitted yet, but will be submitted by the end of January.

Report 2

No additional modifications were made to this project since last reported at the mid-year report.

Invoices have not been submitted yet, but will be submitted by due date.

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.	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.]	114	168	282.00	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
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)	354	233	587.00	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	468.00	401.00	869.00	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	94	168.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	26	51	77.00	Very Low Income (30% to 50% Median)

Low Income (50% to 80% Median)	<input type="text" value="8"/>	<input type="text" value="17"/>	<input type="text" value="25.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="12.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="114.00"/>	<input type="text" value="168.00"/>	<input type="text" value="282.00"/>	TOTAL

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

Seniors (62 and older)	<input type="text" value="6"/>	<input type="text" value="9"/>	<input type="text" value="15.00"/>	Seniors (62 and older)
Disabled	<input type="text" value="4"/>	<input type="text" value="11"/>	<input type="text" value="15.00"/>	Disabled
Female-Headed Households	<input type="text" value="30"/>	<input type="text" value="42"/>	<input type="text" value="72.00"/>	Female-Headed Households
Homeless	<input type="text"/>	<input type="text" value="7"/>	<input type="text" value="7.00"/>	Homeless
TOTAL	<input type="text" value="40.00"/>	<input type="text" value="69.00"/>	<input type="text" value="109.00"/>	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="10"/>	<input type="text" value="27"/>	<input type="text" value="37.00"/>	White
White + HISPANIC	<input type="text" value="24"/>	<input type="text" value="22"/>	<input type="text" value="46.00"/>	White + HISPANIC
Black/African American	<input type="text" value="10"/>	<input type="text" value="22"/>	<input type="text" value="32.00"/>	Black/African American
Black/African American + HISPANIC	<input type="text" value="2"/>	<input type="text" value="4"/>	<input type="text" value="6.00"/>	Black/African American + HISPANIC
Asian	<input type="text" value="20"/>	<input type="text" value="23"/>	<input type="text" value="43.00"/>	Asian
Asian + HISPANIC	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="7.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text" value="2"/>	<input type="text" value="6"/>	<input type="text" value="8.00"/>	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"/>	<input type="text"/>	<input type="text" value="0.00"/>	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" value="10"/>	<input type="text" value="22"/>	<input type="text" value="32.00"/>	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text" value="32"/>	<input type="text" value="39"/>	<input type="text" value="71.00"/>	Other/Multi Racial + HISPANIC
TOTAL	<input type="text" value="114.00"/>	<input type="text" value="168.00"/>	<input type="text" value="282.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	250	168	418.00	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)	500	233	733.00	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	750.00	401.00	1,151.00	TOTAL

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

Report 1

Hively is so grateful to receive full funding this year. Families that never expected to stand in line for diapers, are now standing in line to receive diapers. By allowing us to continue to provide diapers to Pleasanton babies, we are also able to provide them additional essential items including gas gift cards, boxes of food, warm clothing, household items, toys for the holidays, baby wipes, children's books, and so much more.

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/Kelly O'Lague Dulka

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

The Hively Diaper Pantry provides low-income families in the Tri-Valley with a month's supply of diapers and wipes, a children's book, and parent educational materials to promote children's literacy.

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

Report 1

n/a

Report 2

Hively successfully served 282 Pleasanton families, a significant increase from from the previous fiscal year.

Even though many agencies shut down to the public, Hively increased the amount of services provided to families, and served more families than ever. Families, who never anticipated themselves standing in line for free items, where now standing in line with their family.

When monthly distributions were not accessible to families to pick up diapers, we provided weekday appointments for families to pick up diapers at our office, or even went as far as to personally deliver diapers to client's homes. We ensured families had what they needed to stay safe and healthy during the pandemic.

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. Hively distributed an extremely high number of diapers to families in the Tri-Valley, many of them from Pleasanton, and due to the increased investment from the City of Pleasanton, Hively was able to expand the agency's reach and serve more Pleasanton than from prior years.

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

Report 1

n/a

Report 2

Hively did not experience any problems or delays during this fiscal year.

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

Report 1

n/a

Report 2

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 2020/21 Housing and Human Services Grant Program > Volunteer Services and Grief Support Program

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Hope Hospice, Inc

Volunteer Services and Grief Support Program

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

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Jennifer Pettley

Report 2

Jennifer Pettley

2. Title:

Report 1

Grant Writer

Report 2

Grant Writer

3. Telephone:

Report 1

(925) 719-6268

Report 2

(925) 719-6268

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

While in-person visits have been temporarily suspended due to public health restrictions, Hope Hospice continues during the pandemic to develop creative and innovative methods to engage and support patient and families in our program.

Trained patient care volunteers and members of the community have been helping our patients and families stay connected with the agency, to receive information, have their questions answered, and generally help reduce feelings of isolation and anxiety. Volunteers have provided excellent fellowship and connection through interactions by telephone, through Zoom videoconferencing, when possible; and mailed correspondence.

Similarly, the Grief Support Dept. has pivoted to provide its full range of grief support programs and services for individuals and groups via videoconferencing, telephone and correspondence.

Report 2

As COVID restrictions ease, Hope's patient support volunteers are returning to in-home visits. In preparation, Volunteer Dept. staff is auditing records for any missing or expired contact information and other compliance information, as well as updating agency volunteer policies. Volunteers are also taking refresher trainings over Zoom on principles and practices of patient and family support, and reviewing rules and regulations. As safety is always a high priority, staff continues to acquire PPE for volunteer use and provide instruction to volunteers on how to screen themselves and their patients. Currently, vaccinated volunteers will be placed only with vaccinated patients and staff will continue to evaluate on a case by case basis safety protocols for visits with unvaccinated patients. A new volunteer management database, Better Impact, has now been fully implemented. Volunteers can now log in directly to complete their onboarding, receive training materials and videos, and update their profile information. This new system helps increase efficiencies in managing our volunteer corps. Staff is currently onboarding 18 new volunteers, and 16 others have attended informational sessions.

The Grief Support program welcomed a new director and two new staff members during this period. The team is providing three to four support groups every quarter with approximately 8 to 10 people in attendance, as well as one-on-one sessions. Currently all sessions are being conducted via Zoom. In addition to general grief support, sessions are offered for teens, spouses/partners, and for the loss of a child. Staff also remains in contact with bereaved clients for up to 13 months following a loss to check in, offer resource information or referrals, and to ensure they are successfully moving forward in their lives.

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

Report 1

Volunteer Services - The program increased interactions through phone calls to patients to continue to engage and support their needs. The new Works of Hope Art project was launched, whereby Hope received donations of hand-drawn artwork or paintings. Volunteers delivered the art to patients' homes for them and their families to enjoy. A Pen Pal program was begun, whereby community and patient care volunteers wrote letters of support and encouragement to patients and families, as well as greeting and holiday cards.

Volunteers reached out to patients within two weeks of admission, twice per week, sending a total of 130 to 150 pieces of correspondence per month census-wide. For Veterans Day, volunteers delivered to the homes of veterans/patients a specially designed pin honoring their military service and included a blanket and card signed by fellow veterans and staff.

New robotic pets were provided to mid- to advanced-dementia patients who could benefit from this kind of specialized companionship and engagement.

In October, volunteers were recognized for their service with gift bags of 40th anniversary pens, certificates of hours and years served and other items. Staff continued to recruit volunteers through Hope's website and online ads, and BETA testing of the Better Impact software platform to enhance volunteer management activities.

Grief Support Program - An MFT trainee from Pepperdine University augmented staff to assist with programs and outreach. The trainee facilitates several support group sessions and conducts individual sessions with youngsters in our program where group sessions are not appropriate for the age group. Support groups are offered for general grief, spousal loss, and child loss for eight weeks each quarter in 1 1/2 hour sessions.

Report 2

A new database system for managing the volunteer program has been implemented to foster record-keeping and scheduling efficiencies, and to deliver educational information and communications to our volunteer corps.

Volunteer Dept. staff continues to acquire PPE for volunteer use in their support of patients and families, and have distributed new lanyards for their ID badges.

Staff is reviewing all policies and procedures for accuracy and any needed updates, and onboarding new volunteers.

During National Volunteer week in April, messages of volunteer appreciation were posted over Hope's social media, and Hope staff created a video expressing their thanks and appreciation.

During the spring, volunteers delivered dozens of plush toys donated by a group of local, retired Pan Am flight attendants, as well as 19 handmade blankets to military veterans, and six prayer shawls to other patients.

In our ongoing Flowers for Hope project, volunteers coordinated and delivered to patients fresh flowers donated weekly by Trader Joes.

Information for all patients in the Advanced Illness Care program has now been added into Hope's new patient administration database system, and new forms and collaterals have been developed, printed and distributed.

The Works of Hope project is now incorporated into Hope's website which allows us to catalog, track, and appropriately distribute donated art for the enjoyment of patients and families.

Hope welcomes to the Grief Support Dept. a new director and two administrative staff members during this period. Bereavement volunteers have helped in co-facilitation of grief support sessions. "Grief bags" for teens and children who are anticipating a loss are being assembled to include a journal or coloring books, flashlight, crafts, and other supportive items.

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

Volunteer Support - In-person visits to patients homes have been temporarily suspended due to COVID-19 public health restrictions and are now being conducted via telephone and videoconferencing when appropriate. New programs were rolled out as described above and staff continues to recruit and engage volunteers in the support our patients/families.

Grief support - The Grief Support Dept. continued to offer all of its programs in a virtual environment, conducting individual and group support sessions through videoconferencing and by telephone for those without internet access.

Report 2

As COVID restrictions have eased, telephone and pen pal engagement activities are now moving to a return of in-person home visits. Grief support groups are continuing in the Zoom format.

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="316"/>	<input type="text" value="336"/>	<input type="text" value="652.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="316.00"/>	<input type="text" value="336.00"/>	<input type="text" value="652.00"/>	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="61"/>	<input type="text" value="84"/>	<input type="text" value="145.00"/>	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="306"/>	<input type="text" value="462"/>	<input type="text" value="768.00"/>	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="367.00"/>	<input type="text" value="546.00"/>	<input type="text" value="913.00"/>	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"/>	<input type="text" value="0.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="10"/>	<input type="text" value="84"/>	<input type="text" value="94.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="51"/>	<input type="text"/>	<input type="text" value="51.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="61.00"/>	<input type="text" value="84.00"/>	<input type="text" value="145.00"/>	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="61"/>	<input type="text" value="2"/>	<input type="text" value="63.00"/>	Seniors (62 and older)
Disabled	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Disabled
Female-Headed Households	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Female-Headed Households
Homeless	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Homeless
TOTAL	<input type="text" value="61.00"/>	<input type="text" value="2.00"/>	<input type="text" value="63.00"/>	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="7"/>	<input type="text" value="2"/>	<input type="text" value="9.00"/>	White
White + HISPANIC	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	White + HISPANIC
Black/African American	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	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"/>	<input type="text"/>	<input type="text" value="0.00"/>	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"/>	<input type="text"/>	<input type="text" value="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	39	82	121.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	15		15.00	Other/Multi Racial + HISPANIC
TOTAL	61.00	84.00	145.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	459	125	584.00	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)	1960	670	2,630.00	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	2,419.00	795.00	3,214.00	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

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

The purpose of the funding from the City of Pleasanton is to help provide support of Hope Hospice's Grief Support Services and Volunteer Services programs. Specifically, the funding helped support the salaries and benefits of staff who administer these programs for hospice patients, families, and the general public. Hope's community services are provided at no charge and help support families during a most challenging and stressful time—during the care of a loved one at the end of life or while coping with the loss of a loved one.

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

Volunteer Services upgraded its technology capabilities during this period. Both the Better Impact volunteer management program and MatrixCare patient care management program agency-wide became fully implemented. MatrixCare now also includes a portal for use by volunteers to record their patient care activities.

These tech upgrades help increase department efficiencies and helping to facilitate the return of volunteers to their patient care activities.

The Grief Support Services department has been seamless in its ability to support families and members of the community through Zoom videoconferencing. Those who have not felt comfortable in an online group environment were supported one on one, as needed. Grief support education materials were distributed through email and regular postal service. The department is reviewing procedures and protocols and preparing its programs for a safe, post-COVID experience for participants.

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. Though volunteers were not able to see patients in-person, the department still maintained a robust program of engagement and connection with families. Through videoconferencing, phone calling, correspondence, email and drop-offs, our patients and their caregivers continued to be supported through their journey. One volunteer even expressed, "Thank you for keeping the lights on." Most

volunteers have returned to service and staff is currently onboarding a new cohort. Feedback is received from families and participants through surveys which are reviewed and reported by our Chief of Quality and Compliance. Our bereaved clients also were supported during this period with regular online sessions, phone calls and mailed correspondence.

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

Though we were still in the height at the pandemic at the beginning of this reporting period, both the Grief Support and Volunteer Services departments creatively and effectively delivered their services and support through an online environment. Videoconferencing offered conveniences for some who might not have been able to attend before in person, allowing more people to participate and receive support and information. Since the grant helped support staff salaries and benefits, there were neutral effects on costs.

The Grief Support program had to suspend for the time being the in-person groups that involved both teens and their parents. Instead support moved to a videoconference format with just teens attending. When it is safe to do so, this combined group will likely resume.

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

Collaborations and referrals are received from Stanford Health Care-ValleyCare, Kaiser Permanente, San Ramon Regional, Sutter Health, John Muir, physician groups, and various board and care homes, senior residential, assisted living, and skilled nursing facilities throughout the region.

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 - \$17,769

Sunstate Equipment Foundation - Grief Support - \$7,500

Kiwanis Club of San Ramon Valley - PPE for volunteers - \$2,000

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Legal and Supportive Services for Older Adults

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available
Deadline: 1/27/2020

Legal Assistance for Seniors

Legal and Supportive Services for Older Adults

USD\$ 7,000.00 USD\$ 7,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Nora Abushaaban

Report 2

Editra Mercado

2. Title:

Report 1

Contracts Assistant

Report 2

Accounting Associate

3. Telephone:

Report 1

510-832-3040

Report 2

510-832-3040 ext 328

4. E-Mail:

Report 1

nabushaaban@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 2020-2021, the program scope of work is to provide free legal assistance to 25 low income seniors. Through our Community Education Program, we are to hold eight community education presentations and/or outreach events for 300 seniors, senior service providers and caregivers. The Health Insurance Counseling and Advocacy Program goal is to provide Medicare counseling sessions to 120 people.

During the period of July 1, 2020 and December 31, 2020, Legal Assistance for Seniors assisted 13 new Pleasanton clients on legal matters and provided 39.4 hours of case time. Also, four community education presentations were held with a total of 29 senior attendees. As for HICAP, 37 individuals were provided with Medicare counseling sessions during the first half of the fiscal year.

Report 2

During FY 2020-2021, the program scope of work is to provide free legal assistance to 25 low income seniors. Through our Community Education Program, we are to hold eight community education presentations and/or outreach events for 300 seniors, senior service providers and caregivers. The Health Insurance Counseling and Advocacy Program goal is to provide individual counseling sessions to 120 Medicare recipients at the Pleasanton Senior Center.

During the period of January 1, 2021 and June 30, 2021, Legal Assistance for Seniors assisted 1 Pleasanton client on legal matters and provided 58.2 hours of case time. Also, one community education presentation was held with a total of 15 attendees. As for HICAP, 13 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.	25	25	50.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	25.00	25.00	50.00	TOTAL

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

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.]	13	1	14.00	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)	716	118	834.00	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	729.00	119.00	848.00	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)	7	0	7.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	4	0	4.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	1	1	2.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	1	0	1.00	Moderate Income and Above (>80% Median)
TOTAL	13.00	1.00	14.00	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)	12	1	13.00	Seniors (62 and older)
Disabled	12	0	12.00	Disabled
Female-Headed Households	7	0	7.00	Female-Headed Households
Homeless	0	0	0.00	Homeless
TOTAL	31.00	1.00	32.00	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	9	1	10.00	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	4	0	4.00	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	13.00	1.00	14.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	55.4	58.2	113.60	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)	7797.6	7616.95	15,414.55	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

7,853.00

7,675.15

15,528.15

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.

Our attorneys and advocates continue to work remotely and 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 continue to be 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 Edita Mercado (Accounting Associate).

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 free legal assistance to 25 low-income seniors. Through our Community Education Program, we are to hold eight community education presentations and/or outreach events for 300 seniors, senior service providers and caregivers. The Health Insurance Counseling and Advocacy Program goal is to provide Medicare counseling sessions to 120 people.

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 25 Pleasanton seniors, we provided legal services to 14 seniors and 97.6 hours of direct legal service. LAS also provided a total of 5 community education presentations with a total of 44 people having been reached in Pleasanton. Through our HICAP program, a total of 50 seniors were reached in the City of Pleasanton.

LAS staff provided community education presentations at three 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 2020/2021, LAS received \$1,348,617 from governmental sources, \$314,752 from foundations and corporations, \$129,691 from court appointed fees, \$203,912 from the State Bar of California, \$32,391 from conference sponsorships, registration fees and training events, and \$167,291.75 from individual donors, client donations and fundraising campaigns.

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > NAMI Tri-Valley

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

NAMI Tri-Valley

NAMI Tri-Valley

USD\$ 7,900.00 USD\$ 7,900.00 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

Rosemarie - 1st Vice President, Gwen - President

Report 2

Rosemarie - 1st Vice President, Gwen - President

3. Telephone:

Report 1

925-487-8766

Report 2

925-487-8766

4. E-Mail:

Report 1

RomieGT@aol.com

Report 2

RomieGT@aol.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

Our Connections Program is ongoing as a weekly recovery support group for those with serious mental illness. Due to the COVID-19 pandemic, we had to change from in-person groups last spring to virtual online meetings via Zoom. That format continues at this time. Participant attendance actually increased during this 6 month period, averaging over 12 participants per meeting.

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

We have continued to provide weekly ONLINE Zoom support groups due to the pandemic restrictions.

Our focus is always to have enough trained facilitators because there is a high turnover rate. Having six facilitators, plus the implementation of a Peer Manager has been very beneficial in reducing facilitator burnout. The Peer Manager is in charge of scheduling, monitoring, and frequent communication with facilitators, as well as serving as a substitute facilitator.

The average attendance during this second six month period was 11 participants per meeting. Although the younger members adapted well to virtual meetings, some of the older members did not. We are confident that the older members will return once we are able to have some in-person meetings again.

Our attendees understood the importance of providing demographic data, and consistently completed the weekly online surveys.

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

Report 1

We were able to train one more participant as a peer facilitator. NAMI California offered the training online for the first time (due to the pandemic), and it was at no cost to us.

Report 2

We have become more aggressive in seeking out new potential facilitators and free online training through the State (NAMI CA) and other affiliates. We trained one more participant as a peer facilitator during this last six month period.

Unlike the physical in-person meetings, the virtual Zoom meetings had no geographic boundaries and we attracted and welcomed some participants from outside our local area, and even two from outside the state. Nevertheless, Pleasanton residents comprised 39% of the total clients served. This was on par with the 40% of Pleasanton residents served throughout the 2-1/2 years of this program.

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 YEAR.	130	130	260.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	130.00	130.00	260.00	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.]	20	2	22.00	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
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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)

34	3	37.00
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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

54.00	5.00	59.00
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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)	7	2	9.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	5	0	5.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	3	0	3.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	5	0	5.00	Moderate Income and Above (>80% Median)
TOTAL	20.00	2.00	22.00	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)	3	0	3.00	Seniors (62 and older)
Disabled	20	2	22.00	Disabled
Female-Headed Households	0	1	1.00	Female-Headed Households
Homeless	0	1	1.00	Homeless
TOTAL	23.00	4.00	27.00	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	2	18.00	White
White + HISPANIC		0	0.00	White + HISPANIC
Black/African American		0	0.00	Black/African American
Black/African American + HISPANIC		0	0.00	Black/African American + HISPANIC
Asian	3	0	3.00	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	1	0	1.00	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		0	0.00	Other/Multi Racial
Other/Multi Racial + HISPANIC		0	0.00	Other/Multi Racial + HISPANIC
TOTAL	20.00	2.00	22.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	26	25	51.00	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)	26	25	51.00	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

52.00

50.00

102.00

TOTAL

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

Report 1

Please refer to #17 above regarding confusion over "units of service" in the application, due to how the question was presented there. We erroneously filled in the # of persons on the application (question #10), since it did not give the option of another type of unit of service. The numeric answer to #17 above is the correct one.

RE #14: ALL of our participants are considered disabled as they all have a serious mental illness, such as Major Depression, Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, etc.

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 provides mental health services for individuals with Serious Mental Illness (SMI) living in Pleasanton and the Tri-Valley area. It meets the Human Services Priority Needs of Behavioral Health Care and Disability Services, and the HUD Strategic Goal of Improved Health Care Access.

This free, peer-based support group provides a continual weekly drop-in program available to this SMI population. It supports those working towards recovery and increased mental health. Information sharing and networking are encouraged, and self-sufficiency is promoted, all of which address the city's HUD guiding principles and service delivery priorities.

We did not spend the entire \$7900 grant allotted. We had planned on being able to return to in-person meetings at some point in the fiscal year. Since we were not able to do so, we did not have the usual expenses of rent, refreshments, supplies, and printing. Training (which was a big expense last year) was provided online for FREE by NAMI CA this year. Publicity was less than projected, and the Peer Manager changed to a free scheduling program.

Our primary expenses were facilitator and manager stipends, the Zoom subscription, publicity, and a share of the Directors & Officers insurance. Our expenses totaled \$4,764.88 .

Ironically, this year when we received the largest grant, we ended up with the fewest expenses.

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

We were able to maintain our program through virtual Zoom support groups, and maintain stable and consistent attendance. More attendees have taken on a leadership role and become facilitators. Some are maintaining stability outside the group, as well, with more self-sufficiency and independence, and advancing in their employment.

There is a great need for supportive services for individuals with Serious Mental Illness (SMI) in Pleasanton and the Tri-Valley, and where lack of income or insurance are not barriers. Our program is free to all, inclusive, and provides mental health care services to this underserved population. It is a structured weekly peer support group in the evening, and the only such service in the area. The BACS Valley Wellness Program, which was a drop-in day program, shut down early during the pandemic and still is not offering any services locally.

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 that the program was a success. Despite this entire fiscal year being during the pandemic shut-down, we were able to provide our support groups virtually and maintained an average weekly attendance of 11 participants.

Additionally, we collected data by having participants complete an online survey weekly during the virtual meetings. This provides demographic information, as well as their self-assessment of how this group affects their mental health.

The figures in the table below represent the responses of the Pleasanton residents only (39% of the total) each time that they attended meetings throughout the year. Thus, this is a duplicated count, of a possible 203 Pleasanton responses.

199 responses of "I feel more socially connected attending this group."

119 responses of "My mental health improves attending this group."

102 responses of "I receive support and information at this group."

111 responses of "I feel comfortable in this group."

91 responses of "I feel stability by attending this group."

67 responses of "I feel that I can move forward in my life."

We met our goal for units of service, which was to hold 48-52 weekly support group meetings throughout the year. We held 51 meetings.

As predicted, about half of the Pleasanton participants fell in the "extremely low income" category, with 47% being the actual amount. The next most frequent response was "moderate income," at 25%.

We served 203 Pleasanton residents throughout the fiscal year, exceeding our numeric goal of 130.

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

Not everyone was comfortable with a virtual Zoom delivery of our support group meetings. We have temporarily lost a few participants in the over 51 age groups, as well as those without computer access. However, we gained new participants, including some from out of the area, through advertising and word of mouth.

One of our facilitators, who is in his 50's, was not comfortable with Zoom. Because we had enough other trained facilitators, we had the flexibility to let him step out until we can return to in-person meetings. There were no effects on costs.

With the comfort, camaraderie, and confidence gained through this peer support group, the leadership is exploring ways to expand to creative activities outside the regular meetings. They are planning a creative outlet through art and writing.

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 CA and NAMI San Bernardino to obtain free online facilitator training.

Some of the agencies with which we previously collaborated were not functioning during the pandemic. BACS (Bay Area Community Services) has not provided any local services for our clients since 3/2020, and FERC (Family Education Resource Center) has been in a state of transition and less available..

We reached out again to Kaiser Behavioral Health in Pleasanton and provided updated flyers. We also established a partnership with a Kaiser District Manager, sharing information on NAMI programs. Kaiser continues to be a good source of referrals to our program.

NAMI Tri-Valley is a founding member and long-time participant of the Valley Council on Mental Health which meets most months to discuss, plan and implement mental health needs in Pleasanton, Dublin and Livermore. Community leaders, local agencies [such as Alameda County Behavioral Health, Pathways to Wellness, Axis Community Health, BACS, FERC] and concerned citizens meet to exchange information, bring forth ideas and network in order to improve the lives of those affected by serious and persistent mental illness. The meetings halted during the pandemic but resumed this spring.

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

No, we did not have to do so this year.

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Pleasanton Hot Meal and Children's Bag Lunch Programs

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: **1/27/2020**

Open Heart Kitchen

Pleasanton Hot Meal and Children's Bag Lunch Programs

USD\$ 20,000.00 USD\$ 20,000.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Taylor Hoover-Hart

Report 2

Taylor Hoover-Hart

2. Title:

Report 1

Program Manager

Report 2

Executive Assistant

3. Telephone:

Report 1

(925) 580-1616

Report 2

4. E-Mail:

Report 1

taylor@openheartkitchen.org

Report 2

taylor@openheartkitchen.org

PROJECT / PROGRAM STATUS

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

Report 1

Open Heart Kitchen's Street Outreach Program provides meals and other resources directly to the encampments or hotel rooms of our unhoused Pleasanton community members who cannot participate in other services due to transportation barriers or the necessity to shelter in place. During the COVID-19 pandemic we have expanded our Street Outreach Program from 1 day a week to 6. We have also expanded the services that we provide through the program. In addition to a hot, well balanced meal we now also provide shelf stable breakfast bags and snacks daily to address our clients nutritional needs, along with waters, masks, hand sanitizer, hygiene products and emergency shelter and clothing supplies.

Report 2

We continue to serve meals, snack items, and shelf stable breakfast items to our neighbors experiencing homelessness at encampments, apartment complexes, and other locations 6 days a week. In addition to meals, we also distribute donated supplies such as socks, hygiene kits, sleeping bags, and information on relevant resources as-needed.

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

Report 1

We regularly modify our efforts to address the needs of our unhoused clients as they arise. During the fires over the summer of 2020 we partnered with other CBO's to distribute KN95 masks and information on local clean air shelters for unsheltered individuals. Over the 2020 holiday season we distributed "Holiday Care Bags" donated by our community supporters, which included snacks, gift cards for fast food restaurants, hygiene items and cold weather gear such as hats and gloves. Throughout the cold weather months we have also been distributing purchased or donated blankets, sleeping bags and tents, as well as clothing items including underwear, socks, shoes and jackets. Our team regularly partners with local agencies, such as City Serve, to identify new clients who would benefit from our Street Outreach program.

Report 2

We have continued to put focus on providing our clients with relevant information and resources in addition to their meals. Throughout 2020 we encouraged our clients to complete the Census to ensure that they are represented in our community. Also in 2020, our Street Outreach team distributed voter registration and mail-in ballot information and encouraged our clients to vote in the November elections so that their voices are represented and heard. This year our team has acted as "Vaccine Ambassadors", encouraging our clients to consider receiving the vaccine. When a vaccine clinic geared toward serving the unhoused community was planned, our team distributed information on the location and timing, and offered free 24-hour bus passes to clients to help them get there.

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

We are continuing with the program modifications that we implemented in early 2020 in response to the pandemic.

Report 2

We are continuing with the program modifications that we implemented in early 2020 in response to the pandemic. No other major modifications have been made.

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

- Yes
- No

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

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

CLIENT DATA

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

- Persons
- Households

11. Please indicate the Numeric GOAL stated in your 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="0"/>	<input type="text" value="350"/>	<input type="text" value="350.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="350.00"/>	<input type="text" value="350.00"/>	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="68"/>	<input type="text" value="15"/>	<input type="text" value="83.00"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report,
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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)

69	246	315.00
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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

137.00	261.00	398.00
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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)

68	12	80.00
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Extremely Low Income (<30% Median)

Very Low Income (30% to 50% Median)

	3	3.00
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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
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Moderate Income and Above (>80% Median)

TOTAL

68.00	15.00	83.00
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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)

1	1	2.00
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Seniors (62 and older)

Disabled

3	2	5.00
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Disabled

Female-Headed Households

25	2	27.00
----	---	-------

Female-Headed Households

Homeless

59	10	69.00
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Homeless

TOTAL

88.00	15.00	103.00
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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	<input type="text" value="37"/>	<input type="text" value="6"/>	<input type="text" value="43.00"/>	White
White + HISPANIC	<input type="text" value="10"/>	<input type="text"/>	<input type="text" value="10.00"/>	White + HISPANIC
Black/African American	<input type="text" value="12"/>	<input type="text" value="5"/>	<input type="text" value="17.00"/>	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"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	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"/>	<input type="text"/>	<input type="text" value="0.00"/>	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" value="9"/>	<input type="text" value="3"/>	<input type="text" value="12.00"/>	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="68.00"/>	<input type="text" value="15.00"/>	<input type="text" value="83.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	1811	2131	3,942.00	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)	25264	29943	55,207.00	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	27,075.00	32,074.00	59,149.00	TOTAL

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

Report 1

N/A

Report 2

N/A

CAPER REPORT (END OF YEAR)

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

Report 1

N/A

Report 2

Heather Greaux, Executive Director

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

The purpose of this grant is to fund our meal programs conducted in the City of Pleasanton. Due to the pandemic, we had to suspend our Children's Weekend Bag Lunch Program and our Hot Meal Program locations in Pleasanton. Our Street Outreach Program remains fully operational, with service 6 days per week that includes shelf stable breakfast and snack items in addition to a hot, nutritious meal.

The entire awarded grant amount was spent during the reporting period.

22. For CAPER: Describe the accomplishments of the project or program funded through HHS. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs**Report 1**

N/A

Report 2

We have seen the demand for food assistance continue to grow over the months, and we have been able to keep up with the demands. Every month we welcome more new clients to our programs who can benefit from our free services. Through online and printed materials and word-of-mouth referrals we have connected with many new clients from diverse backgrounds. We are humbled to be trusted by our neighbors experiencing homelessness to provide consistent and well-balanced meals that they can rely on and trust to nourish them. We have broadened our menu offerings to be more inclusive of cultural tastes and preferences, as well as to provide more options for diners who follow a meat-free diet. By offering more resources translated into the languages our diners speak and read, including Spanish and Mandarin Chinese, we are able to provide our guests with more needed resources and a greater level of care.

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 consider this program to be a great success. Although we did not meet our goal to serve 350 unduplicated Pleasanton residents, that goal was set when we were still planning to run our Children's Weekend Bag Lunch Program and our Hot Meal Program locations in Pleasanton. If those 2 programs were not suspended at the start of the pandemic, we very likely would have surpassed our estimations.

During the reporting period, we served 2,442 prepared meals to our Street Outreach Program diners in Pleasanton. In addition to those meals, we served 1,820 of our shelf stable "breakfast bags", which includes bottled water, fresh fruit, shelf stable milk, cereal, and various high-protein snack items.

We are also proud of the emotional wellbeing that we have been able to provide our guests. Our daily meal service also acts as a daily check-in with a familiar team of trained professionals who serve with respect and compassion. Our daily interactions provide consistency to our guests, and let them know that they are not alone and that someone cares about them. Despite a busy and time-sensitive meal delivery route, our Street Outreach team takes time to connect with their guests, ask questions,

and listen to our clients' stories. Our team memorizes the names, relationships, schedules, preferences, and jokes of this community, and warmly greet each guest daily, despite any obstacles our team or our clients may be facing.

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 continued to work through issues related to the ongoing pandemic. Our outdoors service leaves our team vulnerable to the elements including rain, heat, and smoke. We have had to make changes to the ways that we prepare and serve our meals, including the use of expensive single use to-go containers that have to be stored in expensive heated mobile units. Despite a multitude of obstacles our team has continued to serve the unhoused community of Pleasanton and our project remained a success without disruptions.

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

CityServe partners with us to help coordinate needed services for our Street Outreach Program Clients. Our team first identifies unhoused clients in need of services while delivering meals, and then arranges to introduce a CityServe staff member to the client so that they can assist further. CityServe also helps us procure needed items for distribution, such as hygiene kits.

The Tri-Valley Haven places unhoused individuals and families into temporary housing and connects our team with their clients so that we can serve them.

The Valley Humane Society provides us with free pet food to distribute to our clients for their pets.

The Alameda County Community Food Bank provides us with produce, juice boxes, and other supplies for our program.

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 Housing & Human Services Grants, Livermore Meal Programs, \$19,000.00

-City of Dublin Human Services Grant Program, Open Heart Kitchen Dublin Meal Programs, \$21,211.00

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Pleasanton Senior Meal Program

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: **1/27/2020**

Open Heart Kitchen

Pleasanton Senior Meal Program

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

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Taylor Hoover-Hart

Report 2

Taylor Hoover-Hart

2. Title:

Report 1

Program Manager

Report 2

Executive Assistant

3. Telephone:

Report 1

(925) 580-1616

Report 2

(925) 580-1616

4. E-Mail:

Report 1

taylor@openheartkitchen.org

Report 2

taylor@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

In response to COVID-19 the Open Heart Kitchen congregate Senior Meal Program service has transitioned into an outdoor curbside pickup, accessible to diners by car, bike, and on foot. All COVID-19 protocols continue to be strictly enforced, including daily health screenings for all staff and volunteers, the wearing of masks and other PPE, enforcing social distancing through the use of trays to pass food to guests, and sanitizing equipment between each use. We take efforts to provide the seniors of our community with resources that will help them continue to quarantine, including the ability for seniors or their caregivers to pick up meals on behalf of at-risk seniors who cannot come to our curbside service. Our outreach has included contacting diners by phone, online platforms (including social media), word of mouth referrals within the senior community, and by collaborating with other local service providers so that their clients are made aware of our service. We continue to work alongside Pleasanton Senior Center staff members to provide information to the senior community of Pleasanton, including information on other safe food resources such as our twice weekly drive-thru grocery distribution at the Alameda County Fairgrounds, and informational handouts from other CBO's including COVID-19 updates, rental assistance for Pleasanton residents, and legal services for seniors. Many of our senior clients are particularly vulnerable not just to the virus, but to the effects of isolation as well including the risk of decreased nutrition. Our team reaches out to seniors who make sudden changes to their dining schedules in order to identify what factors may be keeping them from participating in our program, such as providing donated bus passes to seniors with transportation barriers.

Report 2

We continue to serve seniors at the Pleasanton Senior Center (PSC) and at Ridgeview Commons (RVC). Our compassionate team of staff and volunteers continue to serve to-go style meals outside of the building via a drive or walk-up line.

We have implemented a new procedure to accommodate our most at-risk seniors who require that their meals be deposited into the trunk of their vehicle. Seniors requiring that service will enter the service queue and indicate through their car window that they would like assistance. Our team members then stop traffic, guide the senior into a safe parking stall, and load their meals into their trunk before helping them safely exit the parking lot with traffic still halted. This gives peace of mind to at-risk seniors, as well as ensures the safety of our staff and volunteers who do not have to place themselves between 2 vehicles in order to access the trunk. The safety of our team and our guests remains our top priority at all times.

Over the months our program has welcomed many new diners, and we have continued to explore new ways to better serve the needs of our ever-evolving clientele. One of our largest obstacles is communicating with our clients who speak limited or no English. Our teams use iSpeak cards to help identify a client's preferred language, and this quarter we also began releasing our monthly menus in English, Spanish, and Mandarin Chinese. A number of our senior clients have expressed that they are vegetarian either by preference, for their health, or for religious or cultural reasons. In April we began "Meatless Mondays", serving delicious and totally meat-free meals, including no use of animal broths. We are happy to report that these meals are a hit, and we received great feedback on the meatless meals from vegetarians and non-vegetarians alike when we surveyed our diners' satisfaction in May.

As PSC has reopened, our team is continuing to communicate with the PSC staff to plan ahead for our eventual return to congregate dining inside of the building. At this time, our service at both of our Pleasanton locations remains to-go only until further notice, with a modified layout to safely accommodate foot traffic in and out of the buildings.

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

Report 1

Open Heart Kitchen has maintained a continuous meal service following all developing COVID-19 protocols to ensure client and staff/volunteer safety. We are engaging with our clients remotely to keep them informed about our programs, as well as other local resources available to them.

Report 2

We have worked with the teams at both PSC and RVC to distribute relevant information to our guests, including information about how to receive a COVID vaccine. We continue to focus on providing high-quality nutritious meals to our clients in a way that keeps our clients, staff, and volunteers 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

The Open Heart Kitchen meal services relied heavily on a volunteer workforce before COVID-19. As a matter of safety for our staff and diners, we have hired support staff for our Site Supervisor, decreased the number of volunteers onsite, and limited volunteers to only working curbside.

Additionally, during COVID-19 we have made efforts to connect with our most vulnerable Senior Meal Program clients to check-in on individuals who may need additional assistance and provide our clients with other resources over the phone.

Report 2

We are continuing with the program modifications that were implemented in early 2020 in response to the 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.	<input type="text" value="750"/>	<input type="text" value="750"/>	<input type="text" value="1,500.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="750.00"/>	<input type="text" value="750.00"/>	<input type="text" value="1,500.00"/>	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.]	<input type="text" value="274"/>	<input type="text" value="169"/>	<input type="text" value="443.00"/>	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="647"/>	<input type="text" value="239"/>	<input type="text" value="886.00"/>	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="921.00"/>	<input type="text" value="408.00"/>	<input type="text" value="1,329.00"/>	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="179"/>	<input type="text" value="126"/>	<input type="text" value="305.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="43"/>	<input type="text" value="25"/>	<input type="text" value="68.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="27"/>	<input type="text" value="9"/>	<input type="text" value="36.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value="25"/>	<input type="text" value="9"/>	<input type="text" value="34.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="274.00"/>	<input type="text" value="169.00"/>	<input type="text" value="443.00"/>	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)	270	160	430.00	Seniors (62 and older)
Disabled	34	13	47.00	Disabled
Female-Headed Households	75	19	94.00	Female-Headed Households
Homeless		2	2.00	Homeless
TOTAL	379.00	194.00	573.00	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	173	93	266.00	White
White + HISPANIC	23	10	33.00	White + HISPANIC
Black/African American	2	1	3.00	Black/African American
Black/African American + HISPANIC			0.00	Black/African American + HISPANIC
Asian	53	40	93.00	Asian
Asian + HISPANIC		3	3.00	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			0.00	American Indian/ Alaskan Native and White
American Indian/ Alaskan Native and White + HISPANIC	1		1.00	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	18	12	30.00	Other/Multi Racial

Other/Multi Racial + HISPANIC

2

10

12.00

Other/Multi Racial + HISPANIC

TOTAL

274.00

169.00

443.00

TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

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

19466

20731

40,197.00

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)

27437

28747

56,184.00

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

46,903.00

49,478.00

96,381.00

TOTAL

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

Report 1

N/A

Report 2

N/A

CAPER REPORT (END OF YEAR)

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

Report 1

N/A

Report 2

Heather Greaux, Executive Director

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 purpose of this grant is to fund our Senior Meal Program conducted in the City of Pleasanton. Our Senior Meal Program services at both PSC and RVC remain fully operational 5 days per week offered at no cost to the diners. Pleasanton is the only Tri-Valley city where Open Heart Kitchen offers seniors both a lunch and dinner option, and guests are welcome to attend both services.

The entire awarded grant amount was spent during the service period.

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 have seen the need for food assistance continue to grow over the months, and we have been able to keep up with the demands of our community. Every month we welcome more new clients to our program and we continue to connect with more at-risk seniors so that they can benefit from our free services. Through online and printed materials and word-of-mouth referrals we have connected with many new clients from diverse backgrounds. We are humbled to be trusted by the seniors of this community to provide consistent and well-balanced meals that they can rely on and trust to nourish them. We have broadened our menu offerings to be more inclusive of cultural tastes and preferences, as well as to provide more options for diners who follow a meat-free diet. By offering more resources translated into the languages our diners speak and read, we are able to provide our guests with more needed resources and a greater level of care.

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 absolutely consider this program to be a success. Between July 1, 2020 - June 30, 2021 we served 40,197 free and nutritious meals at our Pleasanton Senior Meal Program locations. This is a huge accomplishment, especially when compared to our meal service during the July 1, 2019 - June 30 2020 period during which we served 27,331 meals. Although we did not meet our goal to serve 700 unduplicated Pleasanton residents during the reporting period, we were a secure source of nutrition to more than 500 Pleasanton clients.

Our program has remained a consistent resource to help seniors who are struggling to meet their dietary needs, and our quarterly nutrition education flyers keep clients aware of healthy practices. We are also proud of the emotional wellbeing that we have been able to provide our guests. Our daily meal service also acts as a daily check-in with a familiar team of trained professionals who care for the needs of the seniors, and care about the seniors themselves. Our short but meaningful interactions with our guests let them know that they are not alone and that someone cares about them. Despite busy services, our teams are encouraged to slow down and connect with their guests. Over the months, our teams have memorized the names, relationships, schedules, tastes, jokes, and dietary preferences of hundreds of seniors, and warmly greet each guest daily despite any obstacles our teams may be facing.

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 continued to work through issues related to the ongoing pandemic. Our outdoors service at PSC leaves our team vulnerable to the elements, and traffic safety remains a top priority that we are constantly seeking ways to improve upon. We have had to make changes to the ways that we prepare and serve our meals, including the use of expensive single use to-go containers that have to be stored in expensive heated mobile units. Despite a multitude of obstacles our team has continued to serve the seniors of Pleasanton and our project remained a success without disruptions.

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 Alameda County Community Food Bank provides us with produce, juice boxes, and other supplies for our program.

We also collaborate with PSC. The Center staff help our team with ongoing operational logistics including planning for crowd control and traffic safety.

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 Housing & Human Services Grants, Livermore Meal Programs, \$19,000.00

-City of Dublin Human Services Grant Program, Open Heart Kitchen Dublin Meal Programs, \$21,211.00

-Alameda Area Agency on Aging Grant, \$344,256.00

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Meals on Wheels for Homebound Pleasanton Seniors

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Spectrum Community Services

Meals on Wheels for Homebound Pleasanton Seniors

USD\$ 72,930.00 USD\$ 24,930.00 Requested

Report Totals

GENERAL INFORMATION

1. Name of Person Completing Report:

Report 1

Carrie Oldes

Report 2

Carrie Oldes

2. Title:

Report 1

Meals on Wheels Program Manager

Report 2

Meals on Wheels Program Manager

3. Telephone:

Report 1

925-483-1989

Report 2

925-483-1989

4. E-Mail:

Report 1

coldes@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 and disabled adults in Pleasanton. The meals provided meet the nutrition requirements outlined in Title III C of the Older Americans Act. In addition to providing a nutritious meal, the volunteer delivery drivers provide a safety check to ensure the clients well-being.

Report 2

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 III C 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.

With the additional funding that was provided we have been able to serve every senior or adult disabled resident that called to ask for service.

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

Report 1

We continue to use safety and health protocols necessary for COVID19. This includes bagging lunches, wearing masks and standing at least 6 feet away from our clients. We have not missed a single day of service throughout the pandemic.

Report 2

We implemented a mobile meal delivery app. This allows us to have an even tighter hold on our clients private information. The app is only live during meal service and the passkey is changed daily for added protection.

We have been partnering closer than ever with the other non-profits in Pleasanton serving seniors. Throughout COVID we have been meeting regularly with the other agencies serving the Tri Valley. We have been collaborating and finding the most efficient ways for us to meet the needs of the seniors.

One partnership is with Mercy Brown Bag. They are giving us bags of groceries with food specific to the needs of seniors. We have identified 30 low-income seniors who have the need for this food, and deliver it to them once every two weeks with their meal.

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

We have not made any additional modifications.

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 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.	100	100	200.00	Numeric GOAL for THIS FISCAL 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.]	132	59	191.00	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)	376	146	522.00	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	508.00	205.00	713.00	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)	48	23	71.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	46	22	68.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	34	7	41.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	4	7	11.00	Moderate Income and Above (>80% Median)
TOTAL	132.00	59.00	191.00	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)	132	57	189.00	Seniors (62 and older)
Disabled	132	59	191.00	Disabled
Female-Headed Households	79	16	95.00	Female-Headed Households
Homeless	0		0.00	Homeless
TOTAL	343.00	132.00	475.00	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	72	28	100.00	White
White + HISPANIC	0	2	2.00	White + HISPANIC
Black/African American	5	5	10.00	Black/African American
Black/African American + HISPANIC	0		0.00	Black/African American + HISPANIC
Asian	13	7	20.00	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	42	17	59.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	0		0.00	Other/Multi Racial + HISPANIC
TOTAL	132.00	59.00	191.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	10,771	11,412	22,183.00	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)	33,725	34,004	67,729.00	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

44,496.00

45,416.00

89,912.00

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

While serving the homebound seniors of the Tri Valley, including Pleasanton, this year we have been able to provide 67,719 nutritious meals program wide, with 22,183 of those meals delivered to 188 Pleasanton residents. In this reporting period, our number of meals served has surpassed our annual goal by 58%, and we have exceeded our goal of clients served by 88%.

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

Carrie Oldes

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

The purpose of this grant was to serve 13,850 nutritious meals and wellness checks to 100 homebound elderly residents.

Spectrum delivered 22,183 meals and wellness checks to 188 seniors living in 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

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.

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

Spectrum's Meals on Wheels program has been able to provide 67,719 nutritious meals in the Tri-Valley, with 22,183 of those meals delivered to 188

Pleasanton residents. This year we exceeded both our service goal by 8,333 meals and our numeric goal by 88 seniors.

While delivering these meals our volunteers have been able to perform daily welfare checks. 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

N/A

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.

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 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

N/A

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, which covers only 39,475 of the 67,719 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 2020/21 Housing and Human Services Grant Program > Accessible Signage for Adults with Developmental Disabilities

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: **1/27/2020**

Sunflower Hill

Accessible Signage for Adults with Developmental Disabilities

USD\$ 16,907.00 USD\$ 16,907.00 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

The SmartBoard was installed in the Community Room at Sunflower Hill at Irby Ranch in September 2020. Sunflower Hill staff and our partners with the Housing Consortium of the East Bay have undergone training so that we will be able to effectively utilize this technology with residents.

Report 2

The SmartBoard was installed in the Community Room at Sunflower Hill at Irby Ranch in September 2020. Sunflower Hill staff and our partners with the Housing Consortium of the East Bay have undergone extensive training and have been effectively utilizing this technology with residents.

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

Report 1

Sunflower Hill was selected by SmartTeach, the corporation that developed the SmartBoard, as a test market for a new toolkit of accessories they plan to launch. These accessories, which will be used along with the SmartBoard, include numbers, emojis, and geometric shapes. SmartTeach is eager to increase the accessibility of their products among individuals with limitations in mobility, reading, or writing skills. SmartTeach has committed to providing Sunflower Hill at Irby Ranch staff with additional training on how to effectively use this new toolkit with residents, with the goal of staff ultimately providing meaningful feedback regarding the accessibility of the new accessories.

Report 2

The Community Room at Sunflower Hill at Irby Ranch was closed to residents as a result of the pandemic and COVID-related safety protocols from September 2020 - June 2021. During this time, staff was not able to use the SmartBoard as was intended in our original grant application. Irby Ranch staff, however, were able to effectively use the SmartBoard's online classroom feature to supplement virtual programs for residents during this time period.

Since the Community Room opened to residents in June 2021, Irby Ranch staff have been able to successfully use the SmartBoard with a wide variety of in-person programming. Residents have thoroughly enjoyed using the SmartBoard, and staff have reported that this technology has been instrumental in assisting residents with fully engaging in all aspects of programming.

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

Report 1

The Community Room at Sunflower Hill at Irby Ranch is currently closed to residents due to the pandemic. As a result, we have not been to use the SmartBoard in the way in which we originally intended. Our Residential Programs Manager at Irby Ranch recently attended an additional training so that she can begin using the SmartBoard's online classroom feature with residents. While we look forward to a time in 2021 when we are able to welcome residents into the Community Room and use the SmartBoard in person, the online classroom capability will allow staff to further engage with residents virtually.

Report 2

The Community Room at Sunflower Hill at Irby Ranch was closed to residents as a result of the pandemic and COVID-related safety protocols from September 2020 - June 2021. During this time, staff was not able to use the SmartBoard as was intended in our original grant application. Irby Ranch staff, however, were able to effectively use the SmartBoard's online classroom feature to supplement virtual programs for residents during this time period.

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="36"/>	<input type="text" value="36"/>	<input type="text" value="72.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="36.00"/>	<input type="text" value="36.00"/>	<input type="text" value="72.00"/>	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="35"/>	<input type="text" value="1"/>	<input type="text" value="36.00"/>	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="1"/>	<input type="text" value="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	<input type="text" value="35.00"/>	<input type="text" value="2.00"/>	<input type="text" value="37.00"/>	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="6"/>	<input type="text" value="1"/>	<input type="text" value="7.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="17"/>	<input type="text"/>	<input type="text" value="17.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="12"/>	<input type="text"/>	<input type="text" value="12.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="35.00"/>	<input type="text" value="1.00"/>	<input type="text" value="36.00"/>	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"/>	<input type="text" value="0.00"/>	Seniors (62 and older)
Disabled	<input type="text" value="30"/>	<input type="text" value="1"/>	<input type="text" value="31.00"/>	Disabled
Female-Headed Households	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2.00"/>	Female-Headed Households
Homeless	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Homeless
TOTAL	<input type="text" value="32.00"/>	<input type="text" value="1.00"/>	<input type="text" value="33.00"/>	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="25"/>	<input type="text" value="1"/>	<input type="text" value="26.00"/>	White
White + HISPANIC	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1.00"/>	White + HISPANIC
Black/African American	<input type="text" value="3"/>	<input type="text"/>	<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="1"/>	<input type="text"/>	<input type="text" value="1.00"/>	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" value="1"/>	<input type="text"/>	<input type="text" value="1.00"/>	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" value="1"/>	<input type="text"/>	<input type="text" value="1.00"/>	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" value="2"/>	<input type="text"/>	<input type="text" value="2.00"/>	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="35.00"/>	<input type="text" value="1.00"/>	<input type="text" value="36.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	<input type="text" value="35"/>	<input type="text" value="36"/>	<input type="text" value="71.00"/>	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="35.00"/>	<input type="text" value="36.00"/>	<input type="text" value="71.00"/>	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

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 develop accessible signage at Sunflower Hill at Irby Ranch, which was to be achieved through the purchase and installation of a SmartBoard in the Community Room. A SmartBoard is a large interactive white board that is mounted on the wall of the Community Room and is fully accessible to all residents.

Sunflower Hill expended the majority of these grant funds to purchase the SmartBoard. Our agreement with the City of Pleasanton stipulates that Sunflower Hill was allocated \$15,749.08 for operating supplies, with \$13,668.34 allocated towards the SmartBoard, and \$2,080.74 to cover the cost of technical supportive equipment. The cost of the SmartBoard itself was \$13,668.34, and Sunflower Hill invoiced this amount and was subsequently reimbursed.

We used the remaining balance of the operating supplies budget towards the purchase of a MacBook Pro. According to our retailer, there are a number of learning tools within the SMART software that must be downloaded to the MacBook Pro to allow the instructor to create lessons within the software itself. The MacBook Pro is the most compatible device with the SmartBoard and is essential to ensuring that the SmartBoard is able to function effectively and fully meet the needs of all Irby Ranch residents. We have submitted an invoice for reimbursement of the MacBook Pro and are awaiting approval.

We did not spend the remaining \$1,157.92, which is allocated towards contract services in our agreement. We originally included this expense in our invoice to cover the cost of a staff member who needed to be onsite while the SmartBoard was being installed. We were advised, however, that this was not a permissible expense under the grant.

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

Sunflower Hill originally envisioned that the SmartBoard would allow Irby Ranch residents to make their own personal choices about their daily enrichment schedule. As staff have been able to obtain additional training, and also fully utilize the additional tools as a result of the pilot program, we have gained a greater appreciation for the tremendous versatility of this interactive tool.

For example, the SmartBoard has been instrumental in supporting regular resident meetings. It provides a central location for notes and the colorful pens allow staff and residents to create graphics that are easy to read and fully accessible.

Staff have also used the SmartBoard with outside speakers who are giving presentations to residents. The SmartBoard provides a large screen, so that attendees throughout the Community Room are able to see the full presentation. Residents recently enjoyed a presentation from Mayor Brown, who used the SmartBoard for her power point presentation.

Additionally, we have used the SmartBoard to support interactive, hands-on, educational programming. A program on dental hygiene became much more fun and engaging for residents when they were able to fully interact with the material through the SmartBoard's touchscreen. Staff and residents have also been able to use the SmartBoard to help support fun, social activities, such as movie or game nights.

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

Sunflower Hill believes our project was and continues to be a success. The SmartBoard was purchased and installed in the Community Room, which is centrally located to all residents at Irby Ranch. While the Community Room was closed to residents, our staff sought out additional training on the SmartBoard. As a result, they were able to use the technology to help enhance our virtual programming offered to residents during the shelter-in-place periods.

Since the Community Room has been open to residents, our staff has used the SmartBoard to supplement and enhance our robust enrichment and educational programming. This interactive tool is flexible and has enabled Sunflower Hill's' staff to address all types of learning styles among residents – visual, auditory, and kinesthetic. Success has been measured on a daily basis through direct feedback from the residents themselves and through staff observations of resident interactions with the SmartBoard.

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

As noted above, the Community Room at Sunflower Hill at Irby Ranch was closed to residents from September 2020 – June 2021. This significantly impacted the way in which our staff was able to utilize the SmartBoard with residents. While we were not able to use this technology in person as was originally planned, during this time period, our staff was able to receive additional training from SmartTeach, which ultimately allowed them to use the SmartBoard effectively with our virtual programs.

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

Report 1

N/A

Report 2

Sunflower Hill staff and our partners at the Housing Consortium of the East Bay have attended a variety of trainings together on the SmartBoard technology. This has enabled them to collaborate on the development of programming that effectively utilizes the SmartBoard technology in a way that is engaging and fully accessible to all Irby Ranch 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

N/A

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > HorticultureTeaching Support for Adults with Developmental Disabilities (copy)

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Sunflower Hill

HorticultureTeaching Support for Adults with Developmental Disabilities (copy)

USD\$ 31,680.00 USD\$ 31,680.00 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

Prior to the COVID-19 pandemic, our staff provided an engaging, hands-on program each week in the Sunflower Hill Garden for approximately 50 adults and teens with developmental disabilities from 16 different high school transition, adult-in-transition and adult day programs in the Tri-Valley and beyond. As a result of COVID-19 and the subsequent shelter-in-place orders, Sunflower Hill staff have transitioned to offering virtual programs, as well as a small number of in-person programs at the Garden. As many of our program participants are considered vulnerable with underlying health concerns, and disruptions in daily schedules severely impact people with developmental disabilities, our Programs Team developed and introduced our distance learning plan, Sunflower Hill Online Activities approximately 10 days after the first shelter in place order was implemented. Our online activities program was created with the goal of assisting caregivers with developing a routine of participating in regular Sunflower Hill Online Activities.

The response to our virtual programs has been overwhelmingly positive. To date, we have created a robust repository of 134 free, activity videos, designed specifically for individuals with developmental disabilities, which have been viewed 6,027 times. In addition to the pre-recorded content offered through our Sunflower Hill Online Activities Program, in October we began to offer live, virtual programming, along with small in-person programs at the Sunflower Hill Garden.

Report 2

Prior to the COVID-19 pandemic, our staff provided an engaging, hands-on program each week in the Sunflower Hill Garden for approximately 50 adults and teens with intellectual and developmental disabilities (I/DD) from 16 different high school transition, adult-in-transition and adult day programs in the Tri-Valley and beyond. As a result of COVID-19 and the subsequent shelter-in-place orders, Sunflower Hill staff have transitioned to offering virtual programs, as well as a small number of in-person programs at the garden. As many of our program participants are considered vulnerable with underlying health concerns, and disruptions in daily schedules severely impact people with developmental disabilities, our Programs Team developed and introduced our distance learning plan, Sunflower Hill Online Activities approximately 10 days after the first shelter in place order was implemented.

The response to our virtual programs has continued to be overwhelmingly positive. To date, we have created a robust repository of 185 free, activity videos, designed specifically for individuals with I/DD, which have been over 17,000 times. In addition to the pre-recorded content offered through our Sunflower Hill Online Activities Program, in October of 2020, we began to offer a series of live, virtual programming to support independent living, along with small in-person programs at the Sunflower Hill Garden, called Hands-On Garden Groups. Each of these programs are thriving, and the response has been tremendously positive. As it has become safe to do so, we have been able to gradually increase the number of individuals participating in programming at the Sunflower Hill Garden.

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

Report 1

Since the onset of the pandemic, our Programs Team has consistently innovated our virtual programs, based on feedback from our participants and their caregivers. Initially, all programming was pre-recorded. However, we have transitioned to offering a combination of pre-recorded and live programming to enable greater engagement and opportunities for connection for the participants we serve.

For example, in October, we began offering a live, virtual cooking class. This interactive, live class builds independent living skills through cooking discussions, teacher demonstrations, and group activities. Participants can either cook along with our Garden Teacher, who provides step-by-step guidance during class time, or choose to enjoy and learn while watching cooking demonstrations.

Our Garden Teacher has developed a curriculum that teaches basic cooking skills, kitchen utensil safety, and includes seasonal, fresh produce from the Sunflower Hill Garden. Each class uses a main Zoom camera to provide step-by-step instruction as well as a secondary camera to show a close-up of the instructor's hands to highlight the specialized skill being taught. Recipes are all original creations of our teacher, with modifications to accommodate participant dietary restrictions.

We are also offering weekly, life skills virtual sessions called, Popcorn Chats, hosted by our Programs Manager. These sessions enable participants to engage in activities to build community and friendship with one another, experience supported leadership, and learn tools necessary to enjoy their own virtual and social independence.

Report 2

We have continued to offer our cooking classes and have innovated this popular virtual program, based on feedback from our participants and their caregivers. This has resulted in offering additional classes, based around a theme, including a Sweet Treat series, and an Around the World Cuisine series. All cooking classes are live, interactive, and build independent living skills through cooking discussions, teacher demonstrations, and group activities. Participants can either cook along with our instructor, who provides step-by-step guidance during class time, or choose to enjoy and learn while watching cooking demonstrations.

Our instructor has developed a curriculum that teaches basic cooking skills, kitchen utensil safety, and includes seasonal, fresh produce from the Sunflower Hill Garden to highlight healthy eating habits. Each class uses a main Zoom camera to provide step-by-step instruction as well as a secondary camera to show a close-up of the instructor's hands to highlight the specialized skill being taught. Recipes are all original creations of our teacher, with modifications to accommodate participant dietary restrictions.

We have also continued to offer our Hands-On Garden Groups throughout this reporting session. The program offers person-centered programming for adults with developmental disabilities, providing opportunities to learn, explore, and engage in new and supportive ways through in-person garden experiences. We have gradually increased the number of participants in our in-person garden program, and this will continue as we move into our fall programming.

We also continue to offer weekly, life skills virtual sessions called, Popcorn Chats. These year-long sessions continue to enable participants to engage in activities to build community and friendship with one another, experience supported leadership, and learn tools necessary to enjoy their own virtual and social independence.

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

In addition to the virtual programming noted above, we were able to welcome a small group of program participants back to in-person programming at the Sunflower Hill Garden in October 2020. Following strict CDC guidelines, we launched our Hands-On Garden Groups to small cohorts of adults with developmental disabilities. These cohorts are uniquely designed to honor all ability levels and are smaller in size to guarantee intentional interaction, ensuring an environment that equips each person for success. Weekly tasks are designed with individual participants in mind, allowing for a variety of garden tasking to appeal to all functioning levels. Tasks include a range of gross and fine motor movements and a variety of standing, kneeling, lifting, and/or table top tasks.

We are hopeful to return to hosting larger groups in the Sunflower Hill Garden later in 2021. However, until it is safe to do so, Sunflower Hill staff will continue to offer engaging virtual programming, along with in-person programs for small groups, all specifically designed to meet the unique needs of individuals with developmental disabilities.

Report 2

As noted above, in October 2020, and following strict CDC guidelines, we launched our Hands-On Garden Groups to small cohorts of adults with I/DD and their caregivers. These cohorts are uniquely designed to honor all ability levels and are smaller in size to guarantee intentional interaction, ensuring an environment that equips each person for success. Weekly tasks are designed with individual participants in mind, allowing for a variety of garden tasking to appeal to all functioning levels. Tasks include a range of gross and fine motor movements and a variety of standing, kneeling, lifting, and/or table top tasks. All programming enables participants to develop plant knowledge, explore tastes of new and healthy foods, and engage their senses in the garden's natural setting.

These in-person groups at the garden remain small in size to enable our staff to safely meet COVID-related safety protocols. We initially were offering in-person programming to two separate groups of three adults with I/DD and their caregivers. While we have gradually increased the number of in-person program participants in the garden, we are hoping to continue to grow these numbers as we move into our fall programs.

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="40"/>	<input type="text" value="40"/>	<input type="text" value="80.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="40.00"/>	<input type="text" value="40.00"/>	<input type="text" value="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.]	<input type="text" value="10"/>	<input type="text" value="5"/>	<input type="text" value="15.00"/>	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="20"/>	<input type="text" value="25"/>	<input type="text" value="45.00"/>	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="30.00"/>	<input type="text" value="30.00"/>	<input type="text" value="60.00"/>	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="10"/>	<input type="text" value="5"/>	<input type="text" value="15.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="10.00"/>	<input type="text" value="5.00"/>	<input type="text" value="15.00"/>	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"/>	0.00	Seniors (62 and older)
Disabled	<input type="text" value="10"/>	<input type="text" value="5"/>	15.00	Disabled
Female-Headed Households	<input type="text"/>	<input type="text"/>	0.00	Female-Headed Households
Homeless	<input type="text"/>	<input type="text"/>	0.00	Homeless
TOTAL	<input type="text" value="10.00"/>	<input type="text" value="5.00"/>	<input type="text" value="15.00"/>	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="10"/>	<input type="text" value="4"/>	14.00	White
White + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	White + HISPANIC
Black/African American	<input type="text"/>	<input type="text"/>	0.00	Black/African American
Black/African American + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	Black/African American + HISPANIC
Asian	<input type="text"/>	<input type="text" value="1"/>	1.00	Asian
Asian + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>	0.00	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	<input type="text"/>	<input type="text"/>	0.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	<input type="text"/>	<input type="text"/>	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	<input type="text" value="10.00"/>	<input type="text" value="5.00"/>	<input type="text" value="15.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	705.5	801.25	1,506.75	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)	0		0.00	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)
TOTAL	705.50	801.25	1,506.75	TOTAL

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

Report 1

The number of Pleasanton residents currently being served through live, virtual programs or in-person programming is significantly lower than the number of program participants we have historically served in person at the Sunflower Hill Garden. These numbers are temporarily lower to enable us to adhere to strict COVID-related safety protocols for our in-person programs.

It is also important to note that while we are able to accurately count those individuals who are registered and participating in our live cooking classes or Popcorn Chats, we are not able to identify those individuals who are viewing our free Sunflower Hill Online Activities. To date, our Online Activities have been viewed over 6,000 times, however, we are not able to determine the exact location of the individuals viewing this content. We are pleased to report that we are sharing our free, virtual programming broadly, and it is being used extensively by our colleagues in the industry, including RADD in Pleasanton, Tri-Valley REACH, the Developmental Disabilities Councils in Alameda and Contra Costa Counties, Pleasanton Adult and Career Education, Strides in Castro Valley, and Camp Krem. Our Programs staff also continues to maintain relationships and share our virtual curriculum with the programs in Pleasanton that were accessing the garden prior to the implementation of COVID-related restrictions, including Amador Valley High School, Village High School and Pleasanton Social Vocational Services, Inc. (SVS).

Report 2

Please note that while the number of new Pleasanton clients reflected above seems low in comparison to previous years, we also continued to serve 15 existing Pleasanton residents, and a total of 51 program participants during this reporting period. We anticipate that this number will also increase significantly as COVID-related restrictions are gradually lifted.

It is also important to note that while we are able to track those individuals who are registered and participating in our programs at the garden, and live cooking classes and Popcorn Chats, we are not able to identify those individuals who are viewing our free Sunflower Hill Online Activities. To date, our Online Activities have been viewed over 17,000 times, however, we are not able to determine the exact location of the individuals viewing this content. We are pleased to report that we are sharing our free, virtual programming broadly, and it is being used extensively by our colleagues in the industry, including RADD in Pleasanton, Tri-Valley REACH, the Developmental Disabilities Councils in Alameda and Contra Costa Counties, Pleasanton Adult and Career Education, Strides in Castro Valley, and Camp Krem. Our Programs staff also continues to maintain relationships and share our virtual curriculum with the programs in Pleasanton that were accessing the garden prior to the implementation of COVID-related restrictions, including Amador Valley High School, Village High School and Pleasanton Social Vocational Services, Inc. (SVS).

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 our Horticulture Program in the Sunflower Hill Garden and our Garden Teacher. While we have grown and innovated our garden program extensively since the time the original application was submitted in response to the COVID-19 pandemic, we have expended the grant in its entirety to support our instructor's time teaching, preparing lessons, and developing curriculum.

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

Report 1

N/A

Report 2

Our staff has continued to offer a unique, in-person garden program that provides every participant an opportunity to find success. Because weekly tasks are designed with each participant in mind, all groups allow for a variety of garden tasks to appeal to high, medium, and low function levels, which may include any range of gross and fine motor movements, and a variety of standing, kneeling, lifting, and/or table tasks. In response to COVID-19 safety guidelines, and in order to ensure safety when in the fields, all garden programs require participants to be accompanied by a caregiver/support staff to provide a 1:1 ratio. These small group sizes have enabled us to provide safe, socially distanced, and meaningful indoor experiences at the garden as well, which has allowed us to accommodate groups during inclement weather.

Our virtual programmatic offerings, are also specifically designed to support adults with I/DD, and enable them with a variety of opportunities to develop life skills that support independent living. Our team is constantly evaluating our virtual programs and making modifications based on the data, and feedback we are getting from those utilizing and enjoying our programs. We are delighted to hear that our program participants are not only developing valuable new life skills, such as cooking or virtual meeting skills, but they are also building confidence, social independence, and friendships with one another.

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

Sunflower Hill believes our project was and continues to be a success. As with many nonprofits, the pandemic resulted in Sunflower Hill re-envisioning how we meet the needs of our constituents. We are a resilient and flexible organization and are extremely proud of our work to support the I/DD community and their families during this challenging time.

Our program continues to succeed in several vital areas – produce donations, in-person programming, and virtual programming. Success in the area of our produce donations is measured through the continuation of our partnerships with local nonprofit organizations. Our team continues to measure the following outcomes: frequency by which produce is delivered; the amount of produce delivered each week; and the variety of produce donated. We also rely on feedback from our nonprofit partners, which has been consistently positive. So far in 2021, we have donated over 1,600 pounds of produce to Culinary Angels, Shepherd's Gate, and Tri-Valley Haven.

Our virtual programs been incredibly successful as well. To date we have created a robust library of 185 free activity videos for individuals with I/DD and their families, which are being utilized by the greater community. Success for our in-person garden groups, as well as our cooking and

Popcorn Chat programs have been measured by direct feedback received from participants and their caregivers, along with our registration numbers, and students returning for additional programs. Feedback has been overwhelmingly positive and has resulted in staff opening additional sessions of both our cooking series and Popcorn Chats.

Growth in the area of our in-person programs has been intentionally slow to enable us to continue to meet COVID safety protocol while in the garden. The demand is high, however, for in-person programming, particularly in the garden, and we are already planning for fall and winter of 2021, as well as for 2022, when we are able to host larger groups.

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 continued to adapt quickly and with effectiveness to our ever-changing environment. While we are thrilled to be able to offer in person programming in the garden, we are looking forward to be able to offer programming to a greater number of program participants in the future. This process has been slow, to enable us to ensure that we are following COVID-related safety protocol at the garden. We also continue to work closely with local adult day programs and high school transition classes that utilized our in-person programs pre-COVID, to determine how to continue to best meet the needs of our program participants in the future.

By the same token, we are also evaluating how best to proceed with our virtual programmatic offerings. Virtual cooking classes and Popcorn Chats are more accessible to a larger group of participants. We have noticed an increase in the number of individuals participating in virtual programming from both within the Tri-Valley, and outside the immediate area. In addition, virtual cooking classes also enable participants to cook within the comfort of their own homes and gain confidence using their own household appliances and the kitchen utensils. As we move into the fall session, we will continue to offer virtual programming, but will also be exploring options for in-person meetings, particularly with our Popcorn Chat participants.

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

Report 1

N/A

Report 2

We continue to collaborate with Shepherd's Gate, Tri-Valley Haven, and Culinary Angels to coordinate weekly produce donations.

Additionally, our team continues to collaborate with our colleagues in the industry, including local adult day programs and school districts to ensure that our virtual programming continues to be engaging and accessible to their students. In Pleasanton specifically, we have continued to partner with staff from Amador Valley High School, Village High School, Pleasanton SVS, and RADD in Pleasanton.

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 have received funding from the City of Dublin, as well as small grants from the following companies and foundations: Clif Family Foundation, East Bay Community Energy, Robert Half, Rotarian Foundation of Livermore, and the San Ramon Kiwanis Foundation. In addition, we continue to support our programs through contributions from generous donors and our robust fundraising efforts, including our inaugural virtual gala, Moonlight at Home, and our monthly giving program.

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Counseling

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: **1/27/2020**

Tri-Valley Haven

Counseling

USD\$ 30,000.00 USD\$ 30,000.00 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

925-449-5845

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. Tri-Valley Haven aims to create a Pleasanton community free from violence, one individual at a time.

Report 2

Tri-Valley Haven's Behavioral Health Care Program provides intakes, assessments and in-person individual and group counseling for adults, teens, and children in the Pleasanton community who have been impacted by sexual assault, domestic violence, homelessness and poverty. During the COVID-19 pandemic, the Haven's counseling department provided confidential counseling using videoconferencing technology. As the county began to open up, the Haven also provided counseling and regular support groups at our community building and at our Pleasanton Office for victims of sexual assault and domestic violence. All of our counseling services are provided free of charge to survivors. Our mission is to empower each client by delivering them the information, therapy and resources necessary to keep them safe.

We aim to create a greater Pleasanton community free from violence, one individual at a time.

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.

Due to the COVID-19 pandemic and the California State Wide Shelter in Place, Tri-Valley Haven has implemented Telehealth as a means of servicing our clients. Telehealth uses confidential digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage health. Tri-Valley Haven made sure to implement this system so that our Pleasanton clientele would have access to the Haven's quality mental health services in this time of crisis.

Report 2

Tri-Valley Haven continued to provide Pleasanton counseling clients excellent therapy during the recent pandemic. The Haven offered crisis counseling within one business day of the client's request for services. We did this by assigning a trained counselor to respond to the Haven's counseling line each day, several times a day. We also utilize a confidential client database that enables us to more efficiently serve each survivor seeking Haven services. 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. During the COVID-19 crisis, we switched to virtual, online counseling. If a client in need did not have the resources, we assisted that client and found a solution. For instance, we gave clients at our shelters laptops so they could safely attend their counseling sessions while still socially distancing from others. Tri-Valley Haven is committed to providing each person with the tools they need 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

No modifications.

Report 2

There have been no delays with this project. Due to the pandemic, Tri-Valley Haven provided virtual individual and group therapy via confidential video conferencing. If a Pleasanton counseling client did not own a computer or smart phone, Tri-Valley Haven would loan out a laptop to make sure their counseling needs were met.

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="16"/>	<input type="text" value="6"/>	<input type="text" value="22.00"/>	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="66"/>	<input type="text" value="107"/>	<input type="text" value="173.00"/>	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="82.00"/>	<input type="text" value="113.00"/>	<input type="text" value="195.00"/>	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="12"/>	<input type="text" value="5"/>	<input type="text" value="17.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="3.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	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="16.00"/>	<input type="text" value="6.00"/>	<input type="text" value="22.00"/>	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="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	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="4"/>	<input type="text" value="1"/>	<input type="text" value="5.00"/>	Female-Headed Households
Homeless	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3.00"/>	Homeless
TOTAL	<input type="text" value="6.00"/>	<input type="text" value="3.00"/>	<input type="text" value="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	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="5.00"/>	White
White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	White + HISPANIC
Black/African American	<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value="6.00"/>	Black/African American
Black/African American + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
Asian	<input type="text" value="8"/>	<input type="text" value="0"/>	<input type="text" value="8.00"/>	Asian
Asian + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	Other/Multi Racial
Other/Multi Racial + HISPANIC	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	Other/Multi Racial + HISPANIC
TOTAL	<input type="text" value="16.00"/>	<input type="text" value="6.00"/>	<input type="text" value="22.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	<input type="text" value="145"/>	<input type="text" value="68"/>	<input type="text" value="213.00"/>	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)

591

844

1,435.00

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

736.00

912.00

1,648.00

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

Thank you for this vital funding. There has been a big need for mental health and counseling services this past year, particularly for those individuals who have experienced past trauma. We greatly appreciate the City of Pleasanton's commitment to Tri-Valley Haven and to the clients we serve.

CAPER REPORT (END OF YEAR)

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

Report 1

n/a

Report 2

Ann King, Executive Director

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

Report 1

n/a

Report 2

The purpose of this grant was to provide effective counseling and mental health services to men, women and children in need who reside in Pleasanton and who've experienced interpersonal abuse. Tri-Valley Haven succeeded in providing excellent in-person and online therapy and group support for domestic violence survivors and for clients who've experienced sexual assault. Our support groups are open to the Pleasanton community and are free of charge to attend. These groups are run by counselors and are transformative. Groups also provide a support system and a safe place for clients to process emotions. Tri-Valley Haven utilized all the grant funds from this grant. Thank you for the funding.

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 continued to provide excellent and efficient therapy services to Pleasanton residents during the COVID-19 pandemic. The Haven offered virtual therapy, crisis counseling and group support using confidential video technology. Our agency quickly transitioned to a virtual model so clients could safely attend their counseling sessions while still socially distancing from others. Online services were successful during the shelter at home when many survivors of trauma desperately needed mental health counseling. Tri-Valley Haven made sure therapists were available so a waiting list was not necessary. The need for mental health services and counseling increased for many during the shelter at home. Some victims of domestic violence were forced to shelter in place with a batterer, cut off from their support systems. The Haven's 24-hour domestic violence and sexual assault crisis hotline was also a vital resource for many victims during COVID-19. Tri-Valley Haven remains committed to providing each Pleasanton resident in need with the tools to get out of crisis and to become safe.

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 purpose of this grant was to provide effective counseling and mental health services to men, women and children in need who reside in Pleasanton and who've experienced interpersonal abuse. Tri-Valley Haven succeeded in providing excellent in-person and online therapy and group support for domestic violence survivors and for clients who've experiences sexual assault. Our support groups are open to the Pleasanton community and free of charge to attend. These groups are run by trained therapists and clients tell us that they are transformative. Counselling sessions and groups also provided a support system and a safe place for clients to process emotions, as described in the performance measures.

Tri-Valley Haven succeeded in offering Pleasanton clients useful mental health therapy and tools to recover from traumatic events. Our therapists evaluate each client and their progress towards healing from past trauma. Clients graduate from Tri-Valley Haven's counseling program when they have successfully achieved therapeutic goals and milestones outlined by the individual and their counselor upon admission to Tri-Valley Haven's counseling program.

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

Report 1

n/a

Report 2

There have been no delays with this project.

Due to the COVID-19 pandemic, Tri-Valley Haven provided virtual individual and group therapy via confidential video conferencing. This was quite effective for many clients who were sheltering at home. If a Pleasanton counseling client did not own a computer or smart phone, Tri-Valley Haven made arrangements to loan a laptop to them in order to ensure their counseling needs were met.

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 collaborates with numerous nonprofit and governmental agencies to support Pleasanton residents in need. We also collaborate with numerous nonprofits. One of the Haven's managers is on the Board of Directors of the Tri-Valley Non-Profit Alliance, an agency that now serves and connects our agency to over 300 local nonprofits. TVH works with the Pleasanton middle and high schools to provide counseling services and primary prevention education about healthy relationships and anti-teen dating violence to Pleasanton students.

Thank you to the City of Pleasanton for working with Tri-Valley Haven on this important grant.

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: \$136,914

County: \$24,388

Local: \$9,000

Donations: \$140

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Food Pantry

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: **1/27/2020**

Tri-Valley Haven

Food Pantry

USD\$ 30,000.00 USD\$ 30,000.00 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

925-449-5845

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 each afternoon Monday through Friday. 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. 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.

The Covid-19 pandemic continues to present the greatest challenge to Tri-Valley Haven's Food Pantry operations. We practice social distancing protocols. Staff from other TVH departments continue to be scheduled to perform the food pantry duties of volunteers.

We provided staff and volunteers masks, gloves and sanitizers, placed six foot decals in the distribution line and have required all customers to wear face masks. Pop-up tents were installed to keep food items, staff and customers out of the sun and rain. In doing so we have been able to continue food services to our community without missing a day. TVH utilizes our Food Pantry not only as a place where people in need can receive free groceries, but also as a venue for providing social services referrals, information about assistance available, informing clients on how to apply for CalFresh, and connecting clients with the appropriate local programs.

TVH continues to operate a Mobile Food Pantry providing food at two housing complex sites in Pleasanton. City of Pleasanton staff continue to provide their generous support to act as Drivers for this endeavor. On the first Tuesday of each month our Mobile Food Pantry distributed Emergency Food Box items and grocery rescue food items to Kottinger Phase 1 and Ridge View Commons. An additional distribution is provided to Ridge View Commons on the 3rd Tuesday of each month. These efforts assisted individuals who are not able to travel to the food pantry site.

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 weekday afternoons. On average 40-50 households are provided assistance each day. In April we added Saturday afternoons for food distribution to customers. The Food Pantry continues to receive 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 weekday morning pickups at Whole Foods, Target, Trader Joe's, the Walmart Neighborhood Store, Safeway, Raley's /Nob Hill, Lucky's and Big Lots. This donated food includes fresh bread, dairy, meat, fish, eggs and produce. TVH's Food Pantry is also the recipient of food drives sponsored by local churches, businesses and schools.

The Covid-19 pandemic continues to present a challenge to Tri-Valley Haven's Food Pantry operations. We continue to distribute food to our customers outside in the parking lot. We provided staff and volunteers masks, gloves and sanitizers, placed six foot decals in the distribution line and have required all customers to wear face masks. Pop-up tents continue to keep food items, staff and customers out of the sun and rain. In doing so we have been able to continue food services to our community without missing a day. TVH utilizes our Food Pantry not only as a place where people in need can receive free groceries, but also as a venue for providing social services referrals, information about assistance available, informing clients on how to apply for CalFresh, and connecting clients with the appropriate local programs.

During the reporting period TVH's Mobile Food Pantry continued to provide food at two housing complex sites in Pleasanton. These efforts assisted individuals who are not able to travel to the food pantry site.

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

Report 1

The economic fallout that Covid-19 has presented to Tri-Valley area households has resulted in an increase in the number of families in need of food. During the reporting period Tri-Valley Haven staff and volunteers provided assistance to Open Heart Kitchen for food distribution efforts at the Alameda County Fairgrounds on Tuesdays and Thursdays of each week.

Report 2

The economic fallout that Covid-19 has presented to Tri-Valley area households has resulted in an increase in the number of families in need of food. During the reporting period Tri-Valley Haven staff continued to aid Open Heart Kitchen for food distribution efforts at the Alameda County Fairgrounds on Tuesdays and Thursdays of each week.

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

Report 1

No modifications were made.

Report 2

No modifications were made.

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

- Yes
 No

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

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

CLIENT DATA

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

- Persons
 Households

11. Please indicate the Numeric GOAL stated in your 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.	600	600	1,200.00	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	600.00	600.00	1,200.00	TOTAL

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

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.]	252	336	588.00	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)	1406	2131	3,537.00	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	1,658.00	2,467.00	4,125.00	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)	241	333	574.00	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	11	2	13.00	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	0	1	1.00	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	0	0	0.00	Moderate Income and Above (>80% Median)
TOTAL	252.00	336.00	588.00	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)	169	90	259.00	Seniors (62 and older)
Disabled	12	8	20.00	Disabled
Female-Headed Households	5	52	57.00	Female-Headed Households
Homeless	0	1	1.00	Homeless
TOTAL	186.00	151.00	337.00	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	76	24	100.00	White
White + HISPANIC	0	0	0.00	White + HISPANIC
Black/African American	15	10	25.00	Black/African American
Black/African American + HISPANIC	0	0	0.00	Black/African American + HISPANIC
Asian	92	185	277.00	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	2	0	2.00	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	1	1	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	36	72	108.00	Other/Multi Racial
Other/Multi Racial + HISPANIC	30	44	74.00	Other/Multi Racial + HISPANIC
TOTAL	252.00	336.00	588.00	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

zero)

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	129.54	418.54	548.08	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)	898	951.16	1,849.16	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	1,027.54	1,369.70	2,397.24	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 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 Food Pantry Assistant.

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 actively network and outreach to the local community to solicit food donations to meet the needs of our program participants. We provide monthly Mobile Food Pantry services at two Pleasanton locations. Tri-Valley Haven holds annual Winter Outreach Events to provide homeless customers with seasonal supplies, an annual Back-To-School Backpack event to prepare local students for the upcoming (virtual/online) school year, as well as Thanksgiving and December holiday distribution events to provide Tri-Valley households with holiday food. 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.

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 was within range of meeting the original objective with serving close to 600 Pleasanton individuals. We exceeded by providing more grocery packages than previous years by 10%.

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

A number of TVH staff from other departments continued to be scheduled to assist the few volunteers who returned during the reporting period for unloading the truck and vans returning from morning grocery rescue pickups, weighing donations, sorting, bagging, shelving and afternoon distribution to customers. Food distribution to our customers remained outside in the parking lot under canopies that are weighed down due to the frequent gust of winds that appear. TVH continues to distribute food on-site at its regular afternoon weekday hours practicing social distancing with the clients. In April food distribution on Saturday afternoons was initiated. During the reporting period TVH continued to operate its Mobile Food Pantry providing food at seven housing complex sites in the Tri-Valley area: two sites in Livermore, three sites in Dublin and two sites in Pleasanton. Distribution at these sites are on a monthly or bi-monthly schedule. TVH continues to purchase food items to accommodate the food distribution to our Mobile Food Pantry customers.

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.

We were successful in securing a local grant (StopWaste/\$20,000) to support and expand Food Pantry Operations. During the reporting period Tri-Valley Haven staff aided Open Heart Kitchen for food distribution efforts at the Alameda County Fairground on Tuesdays and Thursdays of each week.

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: \$153,583

County: \$130,888

Foundation: \$10,000

Faith and Individual Donations, Fundraising: \$38,942

In-Kind Donations: \$395,854 (note: this is food donations ONLY. This is NOT cash donations)

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Shiloh

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Tri-Valley Haven

Shiloh

USD\$ 35,000.00 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

925-449-5845

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**

The domestic violence services program, which provides, shelter, a 24-hour crisis line and other supportive services is a long-established project in the Tri-Valley. We have consistently provided services throughout the COVID 19 pandemic, although we have made some modifications in how services are delivered in order to increase safety from COVID 19 for both clients and staff. Our on-site shelter population has been reduced to a maximum of 18 in order to ensure that residents do not have to share rooms with non-family members and to allow for adequate social distancing in common areas. We shelter up to 12 more adults and children in a motel, where they meet with case managers both remotely and in person, have access to individual counseling through telehealth, and receive a daily hot meal from Open Heart Kitchen and gift cards to a nearby grocery store. They may meet with our Legal Services Advocate remotely if a restraining or custody order, or good cause report is needed. They have access to crisis counseling around the clock via our 24-hour crisis line. Motel clients move to the shelter as space becomes available.

Report 2

Our domestic violence shelter continues to house clients in our shelters and motels where we provide case management, counseling, food assistance and other supportive needs. We have delivered uninterrupted services during and post shelter in place by utilizing tele health to reach our clients in need.

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

We are proud that there has been no reduction or interruption of services due to the pandemic. This has been an especially dangerous time for those who have had to shelter in place with an abusive partner, so it has been imperative to be able to provide shelter, safety planning, crisis counseling, therapy and legal services to those who reach out to us in a time of need.

Report 2

TVH has continued to families seeking shelter. To maintain social distancing, we currently shelter 24 persons at our domestic violence shelter and 6 in motels to make up our 30-bed capacity. We move motel clients into the shelter as space opens up. We provide a welcome kit containing hygiene and toiletries to families when they come into the program whether in the shelter or at the hotels, we continue to provide case management, counseling, meals, clothing as well as other needs like baby food and sanitary products when 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 changes to the project goals or timelines.

Report 2

We are operating at 80% capacity in our shelter so as to maintain social distancing requirements until the county states otherwise or until herd immunization is reached. We do make up the difference by placing clients in motels so that survivors' needs are met.

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="5"/>	<input type="text" value="5"/>	<input type="text" value="10.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="5.00"/>	<input type="text" value="5.00"/>	<input type="text" value="10.00"/>	TOTAL

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

A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
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="142"/>	<input type="text" value="61"/>	<input type="text" value="203.00"/>	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="142.00"/>	<input type="text" value="62.00"/>	<input type="text" value="204.00"/>	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="0"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50% Median)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Very Low Income (30% to 50% Median)
Low Income (50% to 80% Median)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value="0"/>	<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="1.00"/>	<input type="text" value="1.00"/>	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="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Female-Headed Households
Homeless	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1.00"/>	Homeless
TOTAL	<input type="text" value="0.00"/>	<input type="text" value="1.00"/>	<input type="text" value="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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	White
White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	White + HISPANIC
Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American
Black/African American + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
Asian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian
Asian + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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="1"/>	<input type="text" value="1.00"/>	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="1.00"/>	<input type="text" value="1.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

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="2"/>	<input type="text" value="2.00"/>	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="279"/>	<input type="text" value="760"/>	<input type="text" value="1,039.00"/>	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="279.00"/>	<input type="text" value="762.00"/>	<input type="text" value="1,041.00"/>	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

We have provided burner phones to clients who left their homes in a hurry and have no means of communication.

CAPER REPORT (END OF YEAR)

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

Report 1

n/a

Report 2

Ann King, Executive Director

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

Report 1

n/a

Report 2

The grant was given to provide services to survivors of domestic violence at our domestic violence shelter. Such services include case management, life skills classes, job readiness, safety planning, self-care and other educational groups held here at the shelter. The grant was spent in its entirety.

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 are one of few shelters who remained open even in the height of the pandemic and sheltering in place. Even though we reduced the number of persons admitted to shelter to ensure social distancing, we continued to provide services to survivors of domestic violence while ensuring that clients received uninterrupted services. We now hold groups of up to 8 people at once with everyone wearing masks. provide hand sanitizers and masks, wipe down rooms were groups are held and have Plexiglas in place as additional shield to protect everyone. We continue to give clients sanitizers, masks, and disinfectant spray for their rooms. We have not had a single case of COVID in our shelter.

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 not only met but exceeded our goals as we were able to render services during the pandemic using telehealth. We remained opened when survivors needed us the most and services were never stopped as we strived to keep all our clients safe from harm.

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 continue to support the AC/Open Heart Kitchen food distribution program at the fairgrounds. Additionally, Open Heart Kitchen supported both our domestic violence and homeless shelters with daily hot meals throughout the pandemic and beyond and only recently stopped that program when clients stopped utilizing it.

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: \$537,587

County: \$302,074

Local: \$48,453

Foundation: \$11,500

Individual donations: \$10,000

City of Pleasanton

Programs > FY 2020/21 Housing and Human Services Grant Program > Sojourner House

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Tri-Valley Haven

Sojourner House

USD\$ 80,000.00 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

925-449-5845

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. Homeless individuals and families continue to access Sojourner House shelter services through the County's Coordinated Entry system, direct referrals from the Alameda County Social Services Agency and 211. 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. 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 to secure housing for eligible families.

We continue to accept new families/individuals based on the bedspace configuration of the shelter in order to provide adequate social distancing. Once individuals/families are accepted Sojourner House staff hold a mini-intake and place them in a local motel for a two-week isolation. Sojourner House staff continue to contact these individuals on a daily basis to monitor their health and ensure that temperatures were taken daily. These individuals/families are 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 are able to enter Sojourner House. We continue to follow Shelter in Place protocols - all residents are required to limit their time away from the shelter for two hours maximum daily for medical needs, food purchases and exercise. Exceptions are made for all working residents. Staff and resident temperatures are taken and recorded daily. We provide both staff and residents with gloves, masks, cleaning disinfectant and hand sanitizers.

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. Homeless individuals and families continue to access Sojourner House shelter services through the County's Coordinated Entry system, direct referrals from the Alameda County Social Services Agency and 211. 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. 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 to secure housing for eligible families. We continue to accept new families/individuals based on the bed space configuration of the shelter in order to provide adequate social distancing. We continue to follow Shelter in Place protocols - all residents are required to limit their time away from the shelter for up to six hours daily for medical needs, food purchases and exercise. Exceptions are made for all working residents. We provide both staff and residents with gloves, masks, cleaning disinfectant and hand sanitizers

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

Report 1

The number of clients served at Sojourner House continues to be affected due to the Covid-19 pandemic. Since March of 2020 we have designated the four shelter bedrooms to either individuals or families in order to practice social distancing. On a number of occasions either individuals or families that are accepted and placed in a motel for the two-week isolation and Covid-19 testing have left the motel without notice or have decided not to be placed at Sojourner House after their two-week stay. This has limited the number of residents we are serving. Sojourner House staff on-site schedules continue to be reduced. We are receiving fewer calls from the County's AC Fast system for referrals – ACSSA or 211. There are fewer referrals from the Coordinated Entry System as well. Covid-19 continues to provide challenges to both staff and residents.

Report 2

The number of clients served at Sojourner House continues to be affected due to the Covid-19 pandemic. Since March of 2020 we have designated the four shelter bedrooms to either individuals or families in order to practice social distancing. On a number of occasions either individuals or families that are accepted and placed in a motel for the two-week isolation and Covid-19 testing have left the motel without notice or have decided not to be placed at Sojourner House after their two-week stay. This has limited the number of residents we are serving. Sojourner House staff on-site schedules continue to be reduced. We are receiving fewer calls from the County's AC Fast system for referrals – ACSSA or 211. There are fewer referrals from the Coordinated Entry System as well. Covid-19 continues to provide challenges to both staff and residents. It has become more difficult to fill all available beds at Sojourner House in a timely manner. The establishment of Operation Room Key in Alameda County has resulted in numerous placements of homeless individuals that have been assessed into hotels.

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

As mentioned in the previous section it has become more difficult to fill all available beds at Sojourner House in a timely manner. Covid-19 has certainly played a part in this situation. The establishment of Operation Room Key in Alameda County has resulted in numerous placements into hotels.

Report 2

As mentioned in the previous section it has become more difficult to fill all available beds at Sojourner House in a timely manner. Covid-19 has certainly played a part in this situation. The establishment of Operation Room Key in Alameda County has resulted in numerous placements of homeless individuals that have been assessed into hotels.

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="5"/>	<input type="text" value="5"/>	<input type="text" value="10.00"/>	Numeric GOAL for THIS FISCAL YEAR.
TOTAL	<input type="text" value="5.00"/>	<input type="text" value="5.00"/>	<input type="text" value="10.00"/>	TOTAL

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

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="4"/>	<input type="text" value="0"/>	<input type="text" value="4.00"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]
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="21"/>	<input type="text" value="18"/>	<input type="text" value="39.00"/>	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="25.00"/>	<input type="text" value="18.00"/>	<input type="text" value="43.00"/>	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="4"/>	<input type="text" value="0"/>	<input type="text" value="4.00"/>	Extremely Low Income (<30% Median)
Very Low Income (30% to 50%)				Very Low Income (30% to 50%)

Median)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Median)
Low Income (50% to 80% Median)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Low Income (50% to 80% Median)
Moderate Income and Above (>80% Median)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Moderate Income and Above (>80% Median)
TOTAL	<input type="text" value="4.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>	TOTAL

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

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="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	Female-Headed Households
Homeless	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Homeless
TOTAL	<input type="text" value="1.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1.00"/>	White
White + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	White + HISPANIC
Black/African American	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="3.00"/>	Black/African American
Black/African American + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Black/African American + HISPANIC
Asian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian
Asian + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Asian + HISPANIC
American Indian/Alaskan Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native
American Indian/Alaskan Native + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	American Indian/Alaskan Native + HISPANIC
Native Hawaiian/Other Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>	Native Hawaiian/Other Pacific Islander
Native Hawaiian/Other Pacific Islander + HISPANIC	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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="4.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4.00"/>	TOTAL

UNITS OF SERVICE

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

-Text questions are not calculated-

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

-Text questions are not calculated-

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

Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	<input type="text" value="15"/>	<input type="text" value="0"/>	<input type="text" value="15.00"/>	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="109"/>	<input type="text" value="100"/>	<input type="text" value="209.00"/>	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="124.00"/>	<input type="text" value="100.00"/>	<input type="text" value="224.00"/>	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 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 Case Manager, Life Skills Instructor and Shelter Monitor.

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

Sojourner House is one of the few shelters in the county 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 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

Yes, we believe our Sojourner House and Food Pantry programs are a continuing success. This success is defined by our ability to meet, and hopefully exceed, the needs of our program participants from the Tri-Valley 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

Sojourner House staff on-site schedules continued to be reduced due to Covid-19 protocols. New referrals continue to be accepted based on the configuration of the shelter to provide adequate social distancing. Once individuals/families are accepted Sojourner House staff 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 continue to be required to limit their time away from the shelter for six hours maximum daily for medical needs, food purchase and exercise.

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

Sojourner House staff worked with Abode Coordinated Entry System staff, the Alameda County Social Services Agency and 211 for referrals and placement of new residents. Sojourner House staff worked with AXIS Community Health for health, mental health and dental services for shelter clients. Sojourner House staff have also worked with the City of Livermore, Department of Housing and Human Services for placement opportunities specific to homeless 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

Alameda County: \$437,394

Local: \$71,078

Foundations: \$4,000

Fundraising and donations: \$1,700