

**Schedule A**  
**Scope of Work**  
**Operation Dignity – Homeless Outreach**

**A. DESCRIPTION OF SERVICE**

Operation Dignity (“OD” or “Grantee”) shall provide mobile outreach services to homeless individuals and families in the City of Oakland. The Homeless Mobile Outreach Program (HMOP) will be composed of four teams engaging in field operations Sunday through Friday, for a minimum of 6 hours per shift, during the hours of 8am – 9pm.

**The Expanded Homeless Mobile Outreach Program Pilot (E-HMOP) as described below is a pilot model and will be reviewed every 90-days to assess for accuracy and effectiveness of the model.**

1. **Program Goals**

- Help unsheltered homeless individuals obtain permanent housing.
- Outreach to and engage unsheltered homeless individuals for housing problem solving, connection to temporary, emergency, and/or permanent housing, and connection to other resources (county, health, etc.) to help them end their unsheltered status.
- Help unsheltered homeless individuals maintain and/or increase health and safety within current living situations (curbside encampment, RV’s, etc.)
- Help unsheltered individuals adhere to the Encampment Management Policy
- Respond to specific community concerns including encampment intervention support.
- Assist the City in the completion of encampment site assessment for health and safety concerns, support, and engage residents ahead of encampment intervention operations following notification and posting procedures.
- Collect data in real-time on all clients served in the Homeless Management Information System (HMIS) and/or database system as developed to provide information about service needs, gaps, and performance metrics in the system.

Grantee will staff, manage, and train up to four (4) teams as described below:

2. **Specialist Mobile Outreach (SMO)**

- a. Three teams of up-to 3 staff members principally tasked with engagement and support for unsheltered homeless individuals and service details described in *Attachment A*.
- b. Each SMO team will consist of:

- 1 substance use and/or mental health specialist and
  - 1 generalist outreach specialist
- 1 clinical staff (master's level) will support all three teams on an as-needed basis.
- c. Each SMO team will be assigned a zone and provide in-depth services and continuity of care to the unsheltered homeless individuals in each zone as follows:
    - Zone A: Council Districts 1 and 3
    - Zone B: Council Districts 2, 4, and 5
    - Zone C: Council Districts 6 and 7
  - d. Each SMO team will have no less than 12 sites that they visit weekly as part of a recurring schedule to resolve the individuals' unsheltered status at those sites.
    - e. Each SMO team will visit no fewer than 25 unduplicated sites per month.
    - g. Each SMO team will respond to prioritized outreach requests as specified within two working days.
    - h. Each SMO will operate for at least one six-hour field shift six days a week on Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday at the discretion of the City/ Project Manager
    - i. Each SMO team will utilize a dedicated outreach vehicle.
    - j. Each SMO team will engage with sites more intensely with site slated for city interventions including but not limited to:
      - Communication of upcoming operations; timeline and parameters.
      - Support to achieve corrective actions when applicable.
      - Connections to resources and services as described in Attachment A.
      - Support Encampment Assessment, Posting and Procedures team (EAPPT)
    - k. Clinical social services will be provided to those requiring a higher level of services in the form of:
      - Medically assisted substance use treatment and interventions
      - Diagnosis for benefits eligibility and advocacy for said benefits.
      - Referral and warm handoff to appropriate treatment
      - 51/50 assessment and reporting mandated hospitalizations.
    - l. Outreach shifts will be in the field between the hours of 8 a.m. and 9 p.m.
    - m. SMO staff will participate in community and collaboration processes, which may include, but not be limited to:
      - Coordinated Entry Learning Collaborative
      - Housing Resource Center matching meetings (working title)
      - Weekly County Outreach Coordination Meeting
      - Any other meetings as needed.
    - n. Meet weekly with City Homelessness Administrator and Human Services staff to discuss outreach activities, including debriefing recent actions, case conferencing/problem solving concerns, and planning future outreach.

3. **Assessment, Procedures and Postings Team (APPT).**

- a. One team of up to 3-staff members principally tasked with assessment, mitigation, blight abatement, and implementation of procedural intervention at street-based encampments throughout the City of Oakland.
- b. Respond to City requests to outreach and engage specific encampments, including postings as described below. APP team will go to High Sensitivity sites first.
- c. Inform encampment residents of the 2020 Encampment Management Policy (EMP) and any updates to said policy as they occur. Details described in the *Attachment B*.
- d. Engage with encampment residents in a progressive engagement model and supportive actions to increase the health and safety of encampments and the surrounding community including adherence to the EMP.
  - o Problem-solve with encampment residents to increase compliance with the EMP.
  - o Strategizing and implementing mitigating actions including but not limited to relocating tents/structures, organizing light cleanup of encampment sites, engaging encampment residents to maintain clean sites and surrounding areas.
  - o Provide cleaning materials such as bags, brooms, and coordination with other City departments for site support services.
- e. Outreach to, inform, and communicate with site residents about upcoming interventions.
- f. Post notifications at encampments for scheduled interventions including debris removal, deep cleaning, and closures following all City requirements.
- g. On-site support during encampment interventions.
- h. Provide site services and site profile summaries, site censuses, and other data as requested of encampments.
- i. Work closely with SMO teams to refer clients to services.
- j. Meet weekly with City Homelessness Administrator and Human Services staff to discuss outreach activities, including debriefing recent actions, case conferencing/problem solving concerns, and planning future outreach.

4. **APPT procedures for encampment interventions and postings:**

The following is not a comprehensive Standard Operations Procedure (SOP), nor does it replace City of Oakland's Posting SOP created by City Attorney, HSD/PW/OPD.

- a. Schedules for encampment operations will be provided at least one week in advance (whenever possible) and engagement with sites will begin as soon as schedules are released.
- b. APPT will inform and communicate with site residents about upcoming interventions.
- c. Intensity of engagement will be informed by the scope of the intervention and is including but not limited to:

- Clearly and regularly informing encampment residents of the date of operations and scope of operation (debris removal, deep cleaning, closure).
  - Expectations of residents for the operation (e.g. relocation to one side of the street, reducing footprint, etc.)
  - Provide harm reduction outreach items as available including but not limited to cleaning supplies, blankets, brooms, hygiene kits, and other resources informed by the scope of the operation.
  - Offer alternative shelter and/or housing options to encampment residents before and through the day of scheduled operation subject to availability.
- d. Specifically, for closure operations, intensification of outreach and engagement will occur, **when possible**, no later than 30-days before a scheduled operation.
- APPT will complete extensive site service assessment and site profiles to inform the appropriate interventions for residents and inform/coordinate with appropriate partner providers to support residents with relocation.
  - Coordinate with SMO and other provider teams to ensure that at least one alternative shelter and/or housing option is offered to all encampment residents, including but not limited to; emergency shelter, community cabins, transitional housing, RV Safe Parking, permanent housing, and permanent supportive housing subject to availability.
- e. Properly post sites with approved notification signage that will be completed at minimum 72 hours before scheduled operations.
- f. Posting requests made before 12 noon will be completed same day.
- g. APPT staff will work in the field a minimum of 6 hours per shift, during the hours of 8am – 9pm, five days per week. One day per week the team will have an office day to complete data entry, coordination calls, etc.
- h. APPT will provide the City with posting documentation (e.g., photos of notices posted at encampments, alternative shelter/housing log, site profiles, etc).
- i. APPT will respond to prioritized outreach requests as specified.

## **B. OUTCOME MEASURES AND REPORTING SCHEDULE**

### **1. Specialist Mobile Outreach Team (SMO)**

- a. Reports quarterly by way of HMIS APR, Demographics, CHS template
- b. Reports monthly on sites visit log reports with activity measures per format as provided by the City.
- c. Reports shall include cumulative totals for the year to date and totals for the quarter completed most recently

- d. Number of unduplicated clients served/ enrolled in HMIS program
- e. Amount of Harm Reduction units of service provided (data service-agency log)
- f. Number of CES assessments completed
- g. Number of clients assisted to become completely document ready for housing (data source- agency log, moving to HMIS when available)
- h. Number of clients who exit street outreach to an indoor location (Goal:50%)
- i. Reports shall include cumulative totals for the year to date and totals for the quarter completed most recently.
- j. Monthly records remain in place for log of sites visited, number of duplicated clients present, and harm reduction units of services provided.
- k. Grantee is responsible for reporting on all objectives under the purview of any sub grantees.
- l. Reports shall be submitted to the CHS Program Analyst II, Tiara Jones at [Mjones3@oaklandca.gov](mailto:Mjones3@oaklandca.gov).
- m. HMIS Reports and data quarterly due dates:
  - o First Quarter (July, August, September): Due October 9, 2022
  - o Second Quarter (October, November, December): Due January 10, 2023
  - o Third Quarter (January, February, March): Due April 10, 2023
  - o Fourth Quarter (April, May, June): Due July 10, 2023

m.

Monthly Reports due dates 10th of each month for the previous reporting month or the following business day:

Specialist Mobile Outreach Team (SMO) Deliverables & Measures		
Quarterly		
PROGRAM DELIVERABLES	PERFORMANCE MEASURES	DATA SOURCE
<ul style="list-style-type: none"> <li>• All staff shall have received HMIS training and have user licenses.</li> <li>• 100% of direct service staff with HMIS user licenses within 2 months of hire date</li> </ul>	100% of direct service staff with HMIS user licenses within 2 months of hire	<ul style="list-style-type: none"> <li>• HMIS</li> </ul>
<ul style="list-style-type: none"> <li>• SMO staff shall enter data accurately, completely, and in real time:</li> </ul>		<ul style="list-style-type: none"> <li>• HMIS</li> <li>• CHS data template</li> </ul>

<ul style="list-style-type: none"> <li>• 100% of data entry in real time (within two business days of service delivery) for intake, exit, and annual assessments.</li> <li>• Data will be submitted per quarterly schedule including CHS data template</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of records entered in real time for project entries/HMIS intake, annual, and exits.</li> </ul>	
<ul style="list-style-type: none"> <li>• Number of clients that are completely document ready for housing (ID, birth certificates, chronic homelessness verifications, proof of disability if any, proof of income, etc.).</li> <li>• Number of clients that will maintain current document readiness (updated documents gathered and uploaded into HMIS)</li> </ul>	<ul style="list-style-type: none"> <li>• 200 unduplicated clients per Quarter cumulative (all three zones).</li> </ul>	<ul style="list-style-type: none"> <li>• HMIS or HomeStretch report</li> </ul>
<ul style="list-style-type: none"> <li>• 50% of clients who exit street outreach will go to an indoor location.</li> </ul>	<ul style="list-style-type: none"> <li>• % of existing clients entering an indoor location</li> </ul>	<ul style="list-style-type: none"> <li>• HMIS</li> </ul>
<b>Monthly</b>		
<ul style="list-style-type: none"> <li>• SMO staff will provide general outreach to a minimum of 750 unduplicated clients per month (250 per zone)</li> <li>• Teams will distribute a total of at least 1200 units of harm reduction supplies per month</li> </ul>	<ul style="list-style-type: none"> <li>• 250 unduplicated clients per zone per month.</li> <li>• 25 unduplicated sites per zone per month.</li> <li>• 400 units of harm reduction supplies per zone.</li> </ul>	<ul style="list-style-type: none"> <li>• HMIS</li> <li>• Agency log of sites visited by date, shift, zone, units of service, and activities.</li> </ul>

including rain ponchos, sandwiches, hygiene kits and other items as available.		
<ul style="list-style-type: none"> <li>• SMO staff complete at least 60 CES assessments (new or updates) per month (20 minimum per team)</li> <li>• Determined by AC CES new protocols, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• # of assessments completed.</li> </ul>	<ul style="list-style-type: none"> <li>• HMIS</li> </ul>

**2. Assessment, Procedures and Postings Team (APPT)**

- a. Reports are due weekly.
- b. Reports shall include cumulative totals for the week and then cumulative for each calendar month.
- c. Weekly records of sites visited will include (as relevant) the following information:
  - Number of clients present
  - Harm reduction units of services provided.
  - Postings completed.
  - Site visit summaries
  - Site services and site profile assessment
  - Database entry (being created).
- d. Grantee is responsible for reporting on all objectives under the purview of any sub grantees.
- e. Reports shall be submitted to the CHS Program Analyst II, Tiara Jones at [Mjones3@oaklandca.gov](mailto:Mjones3@oaklandca.gov).

<b>Assessment, Procedures and Postings Team (APPT)</b>		
<b>PROGRAM DELIVERABLES</b>	<b>PROGRAM DELIVERABLES</b>	<b>PROGRAM DELIVERABLES</b>
All staff shall have received HMIS training and have user licenses.	<ul style="list-style-type: none"> <li>• 100% of direct service staff with HMIS user</li> </ul>	HMIS

<ul style="list-style-type: none"> <li>• 100% of direct service staff with HMIS user licenses within 2 months of hire date</li> </ul>	<ul style="list-style-type: none"> <li>• licenses within 2 months of hire</li> </ul>	
<ul style="list-style-type: none"> <li>• Record of sites visited.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of sites visited will be recorded</li> </ul>	<ul style="list-style-type: none"> <li>• Agency log of sites visited by date, shift, zone, units of service, site services assessments, and activities.</li> </ul>
<ul style="list-style-type: none"> <li>• Postings will be completed following protocols.</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of postings will be completed in time and with documentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Site summary and posting documentation will be provided upon completion</li> </ul>
<ul style="list-style-type: none"> <li>• Supply distribution to encampment residents</li> </ul>	<ul style="list-style-type: none"> <li>• Sites will be supported to increase health and safety with the distribution of relevant tools/supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Record of supply distribution; quantity, time, and for what purpose (agency log)</li> </ul>

**3. COORDINATED ENTRY PORCESS**

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoC) establish and operate a coordinated entry (CE) process, and that recipients of CoC Program and Emergency Solutions Grants (ESG) program funding within the CoC’s area must use that CE process. (See 24 CFR Section 578.1, et seq. and 24 CFR Section 576.1, et seq.) Participation in CE means that Grantee must do all of the following:

1. Notify the relevant CE entity (Home Stretch, regional HRC or other designated entity) when vacancies occur or are expected in all participating programs.
2. Fill all beds, units, program slots or other means of providing resources with referrals made by the designated CE entity.
3. Accept all referrals made according to the adopted CE policies that meet the established and approved criteria for the program.
4. Provide explicit and timely rationale for the rejection of any and all referrals.
5. Enter data into the HMIS system relevant to the CE process, including notifying the CE when vacancies or openings occur or are anticipated, when referrals are received, when they are accepted or rejected, and when individuals or households enroll or move in.
6. Meet timeliness standards for the posting, accepting, and/or rejecting of referrals.
7. Communicate in a timely fashion with the CE entity and any other parties regarding the processing of specific referrals and the overall process.
8. Participate from time to time, as requested by City, in regional and/or countywide meetings to plan, assess, revise, or improve the CE process.



9. Such other requirements as may be specified in the CE policies and procedures.

#### 4. PROGRAM STANDARDS AND MONITORING

Grantee agrees to the following program standards and monitoring requirements for the program(s) funded under this Agreement:

**1. The program has written client eligibility criteria consistent with specific HSD funding requirements and maintains documentation of eligibility for all clients served under this contract.**

Guideline: There are written, program specific eligibility criteria that are available for review. The program has a process for disseminating eligibility information to clients. Staff can show proof of eligibility for clients served.

**2. The program has implemented a compliant HMIS system.**

Guideline: There are written protocols describing data entry. Staff can create reports demonstrating accurate data collection. County verifies the agency is compliant.

**3. Hours of operation and service availability are established and maintained to accommodate the needs of clients and are made known to clients.**

Guideline: Program staff can describe how clients are accommodated. Emergency shelters can demonstrate maximum possible hours of operation per day, seven days per week. Homelessness prevention and Resource Specialist schedules indicate evening and weekend availability. Staff can describe how clients are notified of the hours of operation how and where?

**4. If the program serves families, families served must consist of one or more minor children (17 or under) in the legal custody of one or more adults (not to exceed two) who, prior to losing housing, were living together and working cooperatively to care for the children. This includes 2-parent and 1-parent families, including those with same-sex partners, families with intergenerational and/or extended family members, unmarried couples with children, families that contain adults who are not the biological parents of the children and other family configurations.**

Guideline: The agency is able to provide evidence that all families are given the same access to services as traditional families. This can include an independent policy statement regarding family definition, or a policy statement within client eligibility criteria.

**5. The program has a process for reciting and making known clients' responsibilities. Reasonable efforts shall be made to ensure that all clients understand their responsibilities regardless of the clients' language.**

Guideline: Program staff can describe how clients are advised of their responsibilities. If applicable, a copy of the written policies regarding client responsibilities is available for review. Program staff can describe how communication with limited English proficient clients is established.

**6. The program has a clearly defined client code of conduct, as well as a process for distributing and making known program rules, regulations, and termination policies. The code of conduct contains written guidelines of unacceptable participant behaviors that would lead to termination of services or program**

**ineligibility. The consequences of rules violations are clearly stated and consistently enforced.**

Guideline: Program staff can describe how rules and regulations are communicated to clients. The written code of conduct is available for review. Program staff can describe how behavioral expectations and consequences of rule violations are communicated to clients.

**7. Programs have a grievance policy for addressing alleged violations of clients' rights and a process for reciting and making known the grievance procedure. Reasonable efforts shall be made to ensure that all clients understand the grievance policy regardless of the clients' language. There is evidence that the governing board (or its agent) collects, evaluates, and analyzes all grievances so that trends and patterns can be noted, and corrections made. Clients are given a copy of the grievance form upon entry into the program. Any person against whom a complaint is made shall not address the grievance. Clients are given a written response to their grievance within a reasonable time frame and are permitted reasonable time to respond to the decision.**

Guideline: The grievance policy is available for review. The policy gives adequate detail regarding the steps of the grievance process and addresses each of the points contained in the standard. The policy states whether or not the agency has a clients' rights officer, that clients can expect a written response to their grievances, the timeframe for providing a response and how long the client has to respond to the decision. The policy also delineates the process clients can follow if they are dissatisfied with the response to the grievance.

Program staff can describe how information about grievance procedure is disseminated to clients and how it is communicated to limited English proficient clients. A copy of the grievance form is included in the intake packet and given to clients at the time of entry into the program. Program staff can describe how grievances are resolved and who resolves them, as well as the procedure for resolving grievances when they are made against a staff member who would normally participate in the resolution process. The agency has a clearly delineated process for analyzing grievances, identifying trends, and making corrections if patterns are detected. The agency has a clear process for ensuring that the governing board (or its agent) is periodically informed of grievances. If the governing board designates an agent, program staff can identify the designee. Program staff can give examples of trends that have been identified and corrected through the grievance process. Summaries of grievance reports or analyses are available for review. Program and/or administrative staff can describe the review process.

**8. The program has a written document outlining clients' rights which is posted, read, or otherwise made known to clients upon admission. Upon intake, all clients receive a copy of the clients' rights document which includes instructions for grievances and appeals and identifies the agency clients' rights officer, if applicable. Rights include, but are not limited to, items such as:**

- **Clients have the right to be treated with dignity and respect.**
- **Clients have the right to privacy,**
- **Clients have the right to be treated with cultural sensitivity.**

- **Clients have the right to self-determination in identifying and setting goals.**
- **Services should be provided to clients only in the context of a professional relationship based on valid, informed consent.**
- **Clients should be clearly informed, in understandable language, about the purpose of the services being delivered, including clients who are not literate and/or are limited-English proficient.**
- **Clients have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure.**
- **Clients have the right to reasonable access to records concerning their involvement in the program.**
- **Clients have the right to have an advocate present during appeals and grievance processes.**

Guideline: A written clients' rights document is available for review. The document contains, at a minimum, the above listed rights. Program staff can discuss how the program ensures that clients' rights are not violated and the procedure for dealing with violations or alleged violations of clients' rights.

**9. The program has an appeals policy and follows appropriate due process when handling appeals and evicting clients, as well as when deciding to restrict clients from services. Any person involved in the original decision being appealed shall not address the appeal. There is evidence that service restrictions and client appeals are reviewed at least quarterly by administrators or through a quality assurance process. There is evidence that due process is being followed. The appeals procedure must allow clients to appeal, at a minimum, the following decisions:**

- **Admissions (denial)**
- **Terminations**
- **Disciplinary actions**

Guideline: The appeal/due process policy is available for review. Program staff can describe how the program implements due process. Examples of how due process is implemented include informing clients whom to contact regarding an appeal and how to contact her/him; not requiring clients to submit written appeals; making provisions for limited English proficient and illiterate clients. Clients are informed of their right to have an advocate present during appeals. If a client is denied admission into the program, the reason for the denial is clearly communicated to the client. Program staff can describe how it determines when to ban a client and for how long. The program staff can demonstrate how appeals are handled for each type of decision listed above. Summaries of appeal reports, or analyses are available for review. Program and/or administrative staff can describe the quarterly review process.

**10. The agency shall encourage and make referrals to appropriate supportive service providers.**

Guideline: Referrals are made to places that provide public assistance and benefits (such as CalWorks, WIC, Head Start, food stamps, MediCal, Medicare, SSI, SDI, etc.). Other services include but are not limited to: employment opportunities, education and training; medical, health care and mental health services; transportation services; alcohol and drug treatment programs; assistance to secure long-term housing; material assistance programs, and adult/children's protective services; basic financial planning. Program staff can describe how clients are linked to necessary supportive services.

**11. Program makes written information about supportive services available for clients. Clients have access to find information on their own about community services and service agencies, including evenings and weekends.**

Guideline: The program has brochures and other materials available for clients. The project has a resource area or room that clients can access without staff assistance during normal business hours, and evenings, and weekends wherever possible. Available materials are broad in scope – social services available in the community, information about public transportation, rental units, etc. and supplement the services provided by staff.

**12. The agency must distribute legal rights brochures to clients that cover topics such as landlord-tenant law, consumer protection and other relevant topics.**

Guideline: The packet of brochures provided to clients is available for review.

**13. There is a written plan and process for reporting child and/or elder abuse.**

Guideline: The program has a written plan and reporting procedure. There is a plan for disseminating the plan and ensuring that staff is trained in the procedure. Supervisory staff can describe how they ensure the plan is implemented and effective.

**14. The program has written intake and client record keeping procedures and files that include intake interviews and records of services provided.**

Guideline: The agency has a written record keeping procedure that is available for review. The agency can produce actual files that contain intake forms, case notes and other records of service provision. The program can produce the tenant list and describe how it is maintained and updated.

**15. Files containing client information are in a secure location and locked (or capable of being locked) to maintain confidentiality.**

Guideline: The agency can demonstrate that files are kept in a locked filing cabinet or that the room containing the files can be locked.

**16. Program staff attends applicable system and key partner meetings, trainings and capacity building activities convened by HSD, EveryOne Home, or Alameda County's HMIS program to share information, receive capacity building assistance and/or assure coordinated planning, implementation and delivery of services and housing.**

Guideline: Program staff can describe attendance at HSD, EveryOne Home, and HMIS meetings convened. Examples of program staff include program managers/supervisors, case managers, resource specialists, intake specialists, outreach specialists, mobile support staff, etc.

**Quality Assurance and Evaluation – All Programs**

**17. Client evaluation and feedback are collected, analyzed, and used. Clients are encouraged to complete exit surveys, and summary reports are forwarded to**

**HSD on an annual basis. At a minimum, the exit survey should contain questions regarding the following topics:**

- **Access to housing options.**
- **Access to employment assistance.**
- **Treatment (treated with dignity and respect).**
- **Access to any other personal development activities.**
- **Any major obstacles to obtaining housing/goals.**

Guideline: Staff can describe the methods used for collecting client feedback and how feedback is analyzed and used to determine programming changes. Copies of surveys and other evaluation tools are available for review. Staff can give examples of how client feedback has been used in recent months. Copies of summary reports are available for submission to HSD as part of the review and certification process.

**18. The changing needs of the homeless community are routinely assessed. The information gathered is used to determine program direction and updates.**

Guideline: Staff can describe how the program staff assess and stay abreast of the needs of the homeless community. Staff can give examples of how programming has been modified based on new information about trends in homelessness.

**Consumer Involvement – All Programs**

**19. Clients are involved in decision-making processes, including planning for services.**

Guideline: Staff can describe how clients are involved in decision making and service planning. Documentation, such as written meeting notes or summaries of surveys or focus groups are available for review. A list of dates and type of client participation from the past 12 months is available for review.

**20. Clients are involved in monitoring grievance and appeals procedure implementation and summary information concerning grievances and appeals.**

Guideline: Staff can describe how clients monitor the grievance and appeal procedures and summary information. Documentation, such as written meeting notes or summaries of surveys or focus groups are available for review. A list of dates and type of client participation from the past 12 months is available for review.

**Community Relations and Good Neighbor Agreements – All Programs**

**21. The Agency works to have positive relationships with peer agencies, service providers, funders, and the general public.**

Guideline: Staff can describe efforts in this area as it relates to each of the groups listed.

**22. The Agency assures that neighborhood safety, security, codes of conduct, and property management standards are established, monitored, and complied with by the Agency.**

Guideline: Program and administrative staff is aware of the neighborhood expectations regarding code of conduct, property management, etc. Staff can describe how the program ensures that the facility, and residents if applicable, upholds neighborhood standards. One example is participation in the neighborhood watch.

**23. Board and/or staff of the facility participate in appropriate neighborhood associations.**

Guideline: The agency has a list of neighborhood associations in which its board and/or staff members participate. The agency can identify by name and title the representatives who

serve as the contact person for each group. Written notes from meetings are available for review.

**24. The Agency promotes communication, respect and trust among neighbors, clients and staff of facilities and apartments.**

Guideline: The agency has a process for communication with neighbors. Staff can describe the process, including action steps taken to implement the process.

**Fiscal Standards and Guidelines**

**Grantee agrees to the following fiscal standards and guidelines for the program(s) funded under this agreement:**

**Standard 1: The agency maintains a financial management system that is accurate and clear.**

Guideline 1: Finance personnel can demonstrate the accounting software used and whether or not it tracks expenditures by grant source and project. If the accounting software does not track expenditures by grant source and project, then finance personnel can demonstrate how costs are identified for each project.

**Standard 2: Costs, direct and indirect, are consistently charged to appropriate funding sources.**

Guideline 2: The agency has a procedure that ensures costs are charged to the appropriate funding sources.

**Standard 3: If the agency charges indirect costs to HSD, it has an indirect cost allocation plan that details the allocation methodology, as well as what expenses are included in the indirect costs.**

Guideline 3: A sufficient and appropriate indirect cost allocation plan, and where applicable, federally approved or approved by the City of Oakland, is available for review and submission to HSD.

**Standard 4: There is separate accountability of administrative and program costs.**

Guideline 4: The agency has a procedure for tracking, charging, and accounting for program and non-program staff time and costs. The agency uses time sheets to track how staff spends its time. Time sheets are signed by employees and by each employee's supervisor. If timesheets are not used, agency has a process for determining how much time each employee spends on program and administrative activities.

**Standard 5: Duties are adequately segregated between review and authorization of costs.**

Guideline 5: Finance personnel can describe how these duties are segregated. The agency can list the duties of each finance staff person. The list of duties demonstrates adequate segregation of responsibilities.

**Standard 6: Payments are reviewed and approved in compliance with the HSD contract.**

Guideline 6: The agency can state name and title of the employee(s) responsible for ensuring expenditures and payments are in compliance with the contract. There is evidence that the payment review and approval process is being implemented.

**Standard 7: Managers review financial reports, budgeted and actual costs, and supporting documentation on a timely basis.**

Guideline 7: The agency can identify which employees review reports and the schedule for review, including the names and titles of individual. The agency can describe the frequency and nature of the reports. It is expected that managers in the finance department, as well as program

managers, review reports periodically and on a timely basis. There is evidence that managers review the reports.

**Standard 8: Program managers investigate budget to actual variances.**

Guideline 8: The agency monitors program budgets and analyzes any variance between budgeted and actual revenue and expenditures greater than 10%. The agency can describe the process for monitoring budgets and analyzing variances. Causes for variances are well described on semi-annual financial reports to HSD.

**Standard 9: The general ledger is current.**

Guideline 9: Finance personnel can describe the process for closing the month. The general ledger will be randomly tested during a review.

**Standard 10: The organizational chart for fiscal management and accounting is clear.**

Guideline 10: The agency has a chart of fiscal management and accounting available for review.

**Standard 11: The agency has a written, updated accounting policies and procedures manual.**

Guideline 11: Agency has a written, up-to-date policy and procedure manual for finance and accounting. The agency can identify the date it was last updated and has the manual available for review.

**Standard 12: Adequate back-up documentation is on file to verify expenses invoiced to HSD, including expenses for all sub-Grantee payments.**

Guideline 12: All invoices submitted to HSD have verification of all expenses listed on the invoice regardless of whether HSD requires submission of back-up with the invoice. Back-up documentation must meet the contractually prescribed guidelines. The agency can produce back-up documentation for each invoice submitted to HSD.

**Standard 13: Funds received are appropriately restricted and/or allocated to specific programs.**

Guideline 13: Finance personnel can describe how cash receipts are posted and an audit trail can be established for HSD payments.

**Standard 14: Executed HSD contracts are maintained on file.**

Guideline 14: The agency can produce the current HSD executed contract.