



CITY OF OAKLAND

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OAKLAND
2016 MAR 31 PM 4:54

AGENDA REPORT

TO: Sabrina B. Landreth
City Administrator

FROM: Sara Bedford
Director, Human Services

SUBJECT: Permanent Access To Housing
(PATH) High Priority Funds Fiscal
Year 2015-2016 and 2016-2017

DATE: March 23, 2016

City Administrator Approval

Date:

3/29/16

RECOMMENDATION

Staff Recommends That The City Council Adopt A Resolution Authorizing The City Administrator To: 1) Amend The PATH Grant With Operation Dignity To Increase Funding By Up To \$125,000 For The Remainder Of The Grant Term Fiscal Year (FY) 2015-2017 For Additional Outreach Hours, Outreach Supplies, Case Management, Reunification Services, And Emergency Motel Vouchers For Single Adults; 2) Amend The Path Grant With Abode Services To Increase Funding By Up To \$170,000 For The Remainder Of The Grant Term Of FY 2015-2017 For Housing Case Management Services; 3) Amend The Current Winter Shelter Grant Agreement With Bay Area Community Services To Increase Funding In An Amount Not To Exceed \$5,000 For The Provision Of Reunification Services In FY 2015-2016; And 4) Amend The Grant Agreements Without Further Council Approval If Additional General Purpose Funding Becomes Available For The Same Purpose Within The Grant Term.

EXECUTIVE SUMMARY

This resolution authorizes the City Administrator to use PATH High Priority funds to amend the grant agreements with Abode Services, Operation Dignity, and Bay Area Community Services to enhance homeless services in Oakland. Areas of enhancement include winter relief efforts, street outreach and permanent supportive housing through the Oakland Path Rehousing Initiative (OPRI).

Item: _____
Life Enrichment Committee
April 12, 2016

BACKGROUND / LEGISLATIVE HISTORY

On April 15, 2015 the City Council received an informational report on the City's PATH strategy including key programs and outcomes, and including staff recommendations regarding strategic investments to homelessness in Oakland. That report made a series of funding recommendations. As a part of the FY 2015-2016 and FY 2016-2017 budget cycle, \$260,000 was added to the Human Services Department's budget for FY 2015-2016 and FY 2016-2017 to fulfill recommendations for enhanced funding for winter relief efforts, and funding for expanded and enhanced street outreach. Additionally, staff was able to use the funding to take advantage of an opportunity with the Oakland Housing Authority (OHA) to expand the City's current permanent supportive housing program known as Oakland Path Rehousing Initiative (OPRI). Staff used a portion of the dollars to match housing subsidies made available by OHA that allow for the expansion of OPRI.

In addition to the PATH High Priority funds being allocated in this resolution, there is a pending Council Resolution on April 5, 2016 to allocate \$40,000 in these funds for the provision of emergency hotel vouchers and reunification funds as a part of the City's Winter Relief efforts. Also, the Human Services Department has spent an additional \$50,000 for current winter relief efforts.

ANALYSIS AND POLICY ALTERNATIVES

Winter Relief

Please refer to the Winter Shelter Strategy staff report of September 29, 2015 for information about Oakland's current street homeless population, available shelter beds, and initial winter relief efforts (**See Attachment A**). Council Resolution No. 85986 C.M.S passed on January 21, 2016 expanded the City's Winter Relief efforts and added funds for a winter shelter expansion as well as for additional case management, additional outreach and some reunification services. The current PATH High Priority funds for FY 2015-2016 would continue to supplement the City's Winter Relief efforts with hotel vouchers and reunification funds. Due to the nature of these services these efforts will also continue beyond the time of Winter Relief.

Expanded Outreach

With a growing street homeless population it is crucial to expand and enhance the current street outreach efforts in the City. In addition, two major county initiatives are launching this year which will depend heavily on street outreach work to be successful. These include **Home Stretch Description and Eligibility** (prioritizing literally homeless and disabled people for permanent supportive housing) **See Attachment B** and **Coordinated Entry Policy Brief** (creating a streamlined entry way into the homeless service delivery system and prioritizing resources to those most in need) **See Attachment C**.

The PATH High Priority funds will be used to increase the grant agreement with Operation Dignity to improve outreach efforts to reach more people living outdoors through expanded outreach staffing, expanded hours of operation, and a greater emphasis on street based case management. These efforts will ensure that a deeper level of service is being provided to those most in need and will include getting clients on the Homestretch list and connecting clients with Coordinated Entry projects.

Expanded OPRI Program

Begun in 2010, the OPRI has successfully housed more than 210 formerly homeless Oakland residents. Housing subsidies for OPRI clients are provided by the Oakland Housing Authority (OHA). Services (Intensive Case Management) for OPRI clients are provided by partnering nonprofit agencies and funded through the City's PATH (Permanent Access to Housing) funds. OPRI providers work with clients living in homeless encampments, exiting the criminal justice system, and emancipating from foster care to move into permanent housing with targeted services and subsidies.

Over the past few years some of the clients in the OPRI program have stabilized to the point where they no longer need intensive case management although they are still in need of a housing subsidy. Therefore the program is moving into a new phase, called OPRI Step Down.

In OPRI Step Down, OHA will provide Housing Choice Voucher (HCV) subsidies and the City will provide services dollars from the PATH High Priority Funds, through increasing the grant agreement with Abode Services. These increased funds will support lighter touch case management services. We expect that 50 current OPRI clients will enter the OPRI Step Down program by the middle of FY 2016-2017. This will allow the program to move approximately 35 new, homeless clients into the regular OPRI program over that time.

The PATH High Priority Funds will be used to provide the following services in FY 2015-2016:

1. Winter Relief Efforts

Costs to increase the grant agreements with Bay Area Community Services (BACS) and Operation Dignity to provide:

a) Reunification Services – Some homeless individuals have safe, stable, and permanent housing available to them with friends and family members who live outside the City of Oakland. Once a case manager ensures that the living arrangement is truly stable, permanent funds will be used to assist the client to return to this living arrangement.

b) Emergency Motel funds for Homeless Families and Individuals – These funds will be used to house families who are literally on the streets or sleeping in a car while they work with a case manager on permanent housing. They will also be used to house individuals who are particularly vulnerable (for example due to illness) while they work with a case manager on accessing a shelter or other permanent housing.

2. Enhanced Outreach

Costs to increase the Operation Dignity grant agreement are pro-rated for a partial year and include expanded outreach capacity to five (5) shifts per week and two outreach teams, early morning and evening outreach, and increased street based case management.

3. Expanded OPRI Program

Costs to increase the grant agreement with Abode Services are pro-rated for a partial year and include staffing to serve OPRI Step Down clients as well as move in costs for new clients (deposits, etc.)

The PATH High Priority Funds will be used to provide the following services in FY 2016-2017:

1. Enhanced Outreach

Costs to increase the grant agreement with Operation Dignity for a full year and include expanded outreach capacity to five (5) shifts per week and two outreach teams, early morning and evening outreach, and increased street based case management.

2. Expanded OPRI Program

Costs to increase the grant agreement with Abode Services for a full year of staffing to serve the expected 50 OPRI Step Down clients.

FISCAL IMPACT

Recommendations in this report seek to authorize grant agreement amendments with service providers funded by the General Purpose Fund (1010), Community Housing Services Organization (78411), Homeless Path High Priority Area Project (A490850), and Fostering Safe and Healthy Communities Program (SC22) in the amounts of \$140,000 in FY15-16 and \$160,000 in FY16-17. Funding to support the programs and activities presented in this report will come from the PATH High Priority General Purpose Funds and will be allocated in the following way:

PATH High Priority Funds 2015-2016				
Purpose	Agency	Amount	Funding Source	Coding Block
Winter Relief Reunification	BACS Operation Dignity	\$5,000 \$10,000	General Purpose Funds	1010.78411.A490850.SC22
Hotel Vouchers	Operation Dignity	\$10,000		
Total Winter Relief		\$25,000		
Expanded Outreach	Operation Dignity	\$25,000	General Purpose Funds	1010.78411.A490850.SC22
Total Outreach		\$25,000		
Expansion of OPRI	Abode	\$90,000	General Purpose Funds	1010.78411.A490850.SC22
Total OPRI		\$90,000		
Total 2015-2016		\$140,000		

PATH High Priority Funds 2016-2017				
Purpose	Agency	Amount	Funding Source	Coding Block
Expanded Outreach	Operation Dignity	\$80,000	General Purpose Funds	1010.78411.A490850.SC22
Total Outreach		\$80,000		
Expansion of OPRI	Abode	\$80,000	General Purpose Funds	1010.78411.A490850.SC22
Total OPRI		\$80,000		
Total 2015-2016		\$160,000		

PUBLIC OUTREACH / INTEREST

On February 29, 2016 there was a convening of City and County elected officials, City and County Department representatives, and the Human Services Department to discuss homelessness in Oakland and the changing landscape of Federal homelessness funding. This meeting served to reinforce the need for additional resources to be given to both proven and new strategies to address ending homelessness in Oakland.

This report did not require public outreach other than the posting of this report on the website

COORDINATION

Coordination has occurred between the Human Services Department, the Office of the City Attorney, and the Controller's Bureau in the preparation of this report and resolution.

PAST PERFORMANCE, EVALUATION AND FOLLOW-UP

Outreach/Operation Dignity

In FY 2014-2015 the Operation Dignity Homeless Mobile Outreach Program (HMOP) conducted 290 new field intakes with homeless encampment clients and provided more than 28,000 units of harm reduction services.

OPRI/Abode

Since 2010 the OPRI program has provided 210 formerly homeless clients with permanent housing. In the adult programs (provided by Abode Services) serving encampments, shelters, and the reentry population, ninety-seven percent (97%) of people placed have been stably housed for more than 12 months; ninety percent (90%) for a year or more; and seventy-two percent (72%) for three years or more.

SUSTAINABLE OPPORTUNITIES

Economic: As noted in the report, all funds identified in this report are for the purpose of providing housing and services to eliminate homelessness.

Environmental: The provision of housing and services for at-risk and homeless persons is intended to address the environmental degradation caused by homeless families and individuals precariously housed or living on the streets.

Social Equity: The expenditure of these funds is targeted to the most vulnerable and at-risk populations in this City and is providing essential and basic human services, housing and support.

ACTION REQUESTED OF THE CITY COUNCIL

Staff Recommends That The City Council Adopt A Resolution Authorizing The City Administrator To: 1) Amend The PATH Grant With Operation Dignity To Increase Funding By Up To \$125,000 For The Remainder Of The Grant Term Fiscal Year (FY) 2015-2017 For Additional Outreach Hours, Outreach Supplies, Case Management, Reunification Services, And Emergency Motel Vouchers For Single Adults; 2) Amend The PATH Grant With Abode Services To Increase Funding By Up To \$170,000 For The Remainder Of The Grant Term Of FY 2015-2017 For Housing Case Management Services; 3) Amend The Current Winter Shelter Grant Agreement With Bay Area Community Services To Increase Funding In An Amount Not To Exceed \$5,000 For The Provision Of Reunification Services In FY 2015-2016; And 4) Amend The Grant Agreements Without Further Council Approval If Additional General Purpose Funding Becomes Available For The Same Purpose Within The Grant Term.

For questions regarding this report, please contact Susan Shelton, Community Housing Services Manager, at 510-238-6186.

Respectfully submitted,


SARA BEDFORD
Director, Human Services Department

Community Housing Services Division

Reviewed by: Susan Shelton, Manager
Prepared by: Lara Tannenbaum, Planner

ATTACHMENTS:

- A – Winter Shelter Strategy Staff Report
- B – Home Stretch Description and Eligibility Tool
- C – Coordinated Entry Policy Brief

Item: _____
Life Enrichment Committee
April 12, 2016

ATTACHMENT

A

**Winter Shelter Strategy
[dated: September 29, 2015
for 10/13/15 LEC Meeting]**

2015 OCT 13 11:24



CITY OF OAKLAND

AGENDA REPORT

TO: Sabrina B. Landreth
City Administrator

SUBJECT: Winter Shelter Strategy

FROM: Sara Bedford
Director, Human Services

DATE: September 29, 2015

City Administrator Approval

Date:

9/30/15

RECOMMENDATION

Staff Recommends That The City Council Adopt A Resolution Authorizing The City Administrator To:

(1) Enter Into An Agreement And Accept And Appropriate Up To \$152,000 From Alameda County For North County Winter Relief Efforts Including Winter Shelter Beds;

(2) Enter Into An Agreement And Accept And Appropriate Up To \$15,000 From City Of Emeryville Funds For Winter Shelter Beds;

(3) Enter Into A Grant Agreement With Society Of St. Vincent De Paul Of Alameda County For The Provision Of 50 Plus Emergency Winter Shelter Beds For The Period Of November 1, 2015 Through April 30, 2016 In An Amount Not To Exceed \$150,000;

(4) Enter Into A Grant Agreement With Bay Area Community Services, Operator Of The Henry Robinson Service Center, For The Provision Of 10 Emergency Winter Shelter Beds For The Period Of November 1, 2015 Through April 30, 2016 In An Amount Not To Exceed \$30,000; And

(5) Accept And Appropriate Additional Funds From Alameda County And The City Of Emeryville To Fund Winter Relief Efforts And Amend The Grant Agreements For Additional Winter Relief Efforts For The Period Of November 1, 2015 Through April 30, 2016 Without Returning To Council.

Item: _____
Life Enrichment Committee
October 13, 2015

EXECUTIVE SUMMARY

The City of Oakland, in collaboration with the cities in North County (Oakland, Emeryville, Albany, Berkeley) and Alameda County, has developed a Winter Response strategy to address the needs of unsheltered (living on streets, in cars or in other places not meant for human habitation) homeless people during the winter months. The resolution before the City Council funds the continuation of a single site winter shelter accommodating 50 + single adults, as well as a service rich second shelter accommodating 10 single adults who are identified as very vulnerable. We anticipate that the total winter shelter beds will cost approximately \$235,000.

The shelters will be open from approximately 6pm-8am every day. The anticipated period of service provision is November 15, 2015 through April 15, 2016 with an additional two weeks before and after this time period to allow for non-profits to set up and dis-assemble the shelter and to increase the number of days the shelters are open should additional funds become available.

This resolution asks the Council to accept and appropriate funds for this effort.

BACKGROUND / LEGISLATIVE HISTORY

From 1999 through 2012, the City of Oakland, in partnership with Alameda County and the City of Berkeley, operated a regional winter shelter at the Oakland Army Base for homeless North County residents. The shelter was housed in a large warehouse building owned by the former Oakland Redevelopment Agency. This 100 bed congregate shelter for single men and women provided primarily compassionate refuge from inclement weather during the winter months, with a bare minimum of social services on site due to budget constraints. The approximate cost of the shelter was \$300,000 per season plus use of the building itself, with the costs shared by the participating jurisdictions.

Starting in 2013, the Army Base site became unavailable due to development. A suitable site for a large (100 bed) congregate shelter had not been identified. After discussions with jurisdictional partners, a regional winter weather response system was developed as an alternative to the Army Base shelter for the 2013/2014 and 2014/2015 Winter Shelter seasons. The strategies incorporated various active components, including scattered site beds at various agencies, as-needed warming centers, outreach-based interventions, rapid re-housing programming, and housing assistance client services. The as needed warming centers, which have operated since the closure of the Oakland Army Base shelter, have been challenging to staff and manage.

ANALYSIS AND POLICY ALTERNATIVES

The January 2015 EveryOne Home Homeless count indicates that, on any given night, there are 1,384 unsheltered homeless persons in Oakland. Within the unsheltered population 56.5 percent are African American, 24 percent are White, and 12 percent are Latino. Additionally, of these 1384 individuals, 82 percent are 25 years or older. 20.8 percent of the 1384 individuals are chronically homeless, which is defined as a person with a disabling condition who has been homeless for one year continuously or who has had four episodes of homelessness in the past three years. The homeless population in shelters may include people temporarily in transition from institutions or other residential circumstances as well as the working homeless, who work during the day and sleep at the shelter at night.

Throughout Oakland there are approximately 350 shelter beds available on any given night, a portion of which are funded by the City. The proposed additional 60+ Winter Shelter beds during the cold winter months will be funded by the City of Oakland. The cold weather and rain of the winter months cause extreme hardship for those homeless persons who are unable to find shelter, and existing shelters must turn homeless persons away every day during the winter months. The establishment of these shelters will allow the most fragile of the homeless population, in danger of death due to exposure, to come in off the streets. It will also allow those in transition from institutions or other circumstances to have a temporary base from which to pursue self-sufficiency. The winter shelters also provide an opportunity for service providers to reach out and engage chronically homeless individuals. With such limited resources and a high demand even a relatively small winter shelter program will make a positive difference.

Table 1 below further demonstrates findings from the most recent homeless count for the unsheltered population.

Table 1: Oakland Homeless Demographics

Measure	Year: 2015
Total Homeless	2191
Unsheltered (on streets or places not meant for human habitation)	1384
Chronically Homeless	345
With Serious Mental Illness	359
With Substance Use Disorders	262
Victims of Domestic Violence	487
Living with HIV/AIDS	44
Veterans	203
Under the age of 18	240

While the total numbers of homeless individuals have stayed roughly the same since 2009 (the last year with Oakland specific data) there were a few significant changes. The numbers of unsheltered single adults has increased 45 percent since 2009 while the numbers of homeless families have declined by 13 percent. The numbers of homeless veterans in Oakland also dropped significantly, by 49 percent, reflecting a recent sizable increase in both Federal and State resources for this homeless sub-population.

Winter Relief Strategy

After discussions with jurisdictional partners, a regional strategy has been developed using an innovative and hybrid approach that draws upon staff's experience with a single site as well as the last two years' models.

The basic tenets of the strategy are as follows:

Single Site Winter Shelter - Traditional winter shelter beds will be available at The Society of St. Vincent de Paul (SVdP) located at 675 23rd Street Oakland, California 94612. SVdP is a nonprofit organization that provides direct assistance to needy men, women, and children in Alameda County. The organization engages to meet the needs of the poor and the homeless and serves anyone in need, regardless of race, creed, or origin. The proposed location is a large dining hall. The room is utilized as a dining hall Tuesday to Saturday, 10:45 am - 12:45 pm and serves up to 700 hot meals per day to people in need. The SVdP proposed Winter Shelter hours will be from 6pm – 8am thereby enabling the needs of both winter shelter participants and hot meals program recipients to both be served without conflict. The beds will be accessible to participants through a referral process from various City Of Oakland agencies. As part of staff's work, agreements will be reached with participating referring agencies about the number of bed assignments. Though not part of the Winter Shelter program specifically, SVdP operates a drop-in support services center adjacent to the proposed site that offers programs and assistance to help participants with steps toward stability.

Vulnerable Beds Shelter - The second proposed site is the Henry Robinson Center located at 559 16th St Oakland, CA 94612. Bay Area Community Services (BACS) is the operator and will provide up-to 10 beds for those persons identified to be most vulnerable using a vulnerability screening index. The vulnerability screening is designed to be congruent with the Home Stretch prioritization criteria (discussed in following sections) and will identify and target those that are the most medically vulnerable, long time homeless, seniors, and other special needs populations. The vulnerable beds shelter will be available every night during the winter season from approximately 6pm until 8am and will engage participants in intensive case management and rapid-rehousing services. Referrals to the shelter for vulnerable homeless individuals will come from Operation Dignity and BACS during their respective outreach efforts and these agencies will administer a vulnerability screening index. In addition, SVdP, and their referring agencies, will inform BACS if they believe someone might meet eligibility criteria and BACS will outreach to those persons to complete the vulnerability screening.

Outreach team interventions - Outreach teams will provide street outreach to known encampments on an every night basis. Outreach services will be funded through existing homeless mobile outreach programs in coordination with the Alameda County Behavioral Health Agency.

Client Targeting - Clients will be admitted to the winter shelter on a first come, first served basis, for each referring agency allotted bed allocations. In addition, the current strategy proposes using every night street outreach teams to target and engage the most medically vulnerable of the unsheltered homeless for entry to winter shelter and rapid re-housing programming, while still keeping winter shelter beds available for the general homeless population.

Home Stretch - The Winter Shelter Strategy proposed here is at the forefront of the County-wide Home Stretch effort, a collaborative project of the Alameda County Health Care Services Agency, EveryOne Home, and its public and non-profit agency partners. Home Stretch is a system that will coordinate, streamline, and prioritize access to permanent supportive housing for the most vulnerable homeless individuals. The Vulnerable Bed Shelter design proposed here is in alignment with this effort and BACS staff will fulfill the 'housing navigator' role that further supports the process of attaining and retaining permanent supportive housing.

FISCAL IMPACT

City funds will be used to fund the traditional winter shelter and vulnerable bed strategy, outreach, and case management elements. Outreach services and housing-related case management activities will be funded by the County. Oakland will contribute these funds to the regional strategy from an appropriation of approximately \$85,758 in General Funds from the baseline budget dedicated to winter shelter and approximately \$50,000 additional general funds dedicated to homeless services. The City of Emeryville is anticipated to contribute \$15,000 to be administered through the City of Oakland Human Services Department and will be used for the procurement of winter shelter and vulnerable bed accommodations. Alameda County Housing and Community Development (HCD) is also projected to contribute up to \$152,000 towards the North County's single site Winter Shelter, Vulnerable Bed Shelter, and Rapid Rehousing services. The following table below represents the allocation of funding for the FY15/16 winter shelter program:

Source	Fund	Organization	Account	Project	Program	Amount
City of Oakland	1010 General Purpose Fund	78411 Community Housing Services	54912 Grants Contracts	G487210 FY 15-16 OABTWS FY 15 GPF Match	SC22 Fostering Safe and Healthy Communities	\$85,758
City of Oakland	1010 General Purpose Fund	78411 Community Housing Services	54912 Grants Contracts	G463170 OABTWS FY 14 MTC	SC22 Fostering Safe and Healthy Communities	\$3,898
City of Oakland	1010 General Purpose Fund	78411 Community Housing Services	54912 Grants Contracts	A490850 Homeless PATH High Priority Area	SC22 Fostering Safe and Healthy Communities	\$50,000
City of Emeryville	2994 Social Services Grants	78411 Community Housing Services	54912 Grant Contracts	G417220 Winter Shelter & Warming Center Services	SC22 Fostering Safe and Healthy Communities	\$15,000
Alameda County	2160 County of Alameda: Grants	78411 Community Housing Services	54912 Grant Contracts	G463150 OABTWS FY1415 ALA	SC22 Fostering Safe and Healthy Communities	\$152,000
Total Funding:						\$306,656

Staff remains in negotiations with individual providers, the estimated amounts for grant agreements and supplies are shown in the chart below.

Winter Shelter			
	Clients served per night	Funding source	Amount
St. Vincent de Paul – general beds	50+	General Fund	Up to \$150,000
Henry Robinson Center – vulnerable beds	10	Alameda County	Up to \$30,000
Supplies (cots, bedding)	60	General Fund	Up to \$5000
Food and miscellaneous	60	General Fund	Up to \$50,000
Grand Total			Up to \$235,000

PUBLIC OUTREACH / INTEREST

This item did not require any additional public outreach other than the required posting on the City's website.

COORDINATION

This item required coordination with the Alameda County Housing and Community Development Agency (HCD), Alameda County Health Care Services Agency, and the Cities of Albany, Berkeley and Emeryville, the report and resolution have been approved by the Office of the City Attorney and the Controller's Bureau.

SUSTAINABLE OPPORTUNITIES

Economic: Integration of homeless clients into the economic mainstream reduces crime and provides economic stability for clients, their families, and the community.

Environmental: Integration of homeless clients into familiar Oakland neighborhoods in supervised settings will provide for community stability and productive environments. Homeless shelters improve the quality of Oakland's streets and neighborhoods.

Social Equity: Through the provision of housing and wrap around services to homeless populations, these clients will begin to achieve stability and prosperity and contribute positively to the community.

ACTION REQUESTED OF THE CITY COUNCIL

Staff Recommends That The City Council Adopt A Resolution Authorizing The City Administrator To:

- (1) Enter Into An Agreement And Accept And Appropriate Up To \$152,000 From Alameda County For North County Winter Relief Efforts Including Winter Shelter Beds;
- (2) Enter Into An Agreement And Accept And Appropriate Up To \$15,000 From City Of Emeryville Funds For Winter Shelter Beds;
- (3) Enter Into A Grant Agreement With Society Of St. Vincent De Paul Of Alameda County For The Provision Of 50 Plus Emergency Winter Shelter Beds For The Period Of November 1, 2015 Through April 30, 2016 In An Amount Not To Exceed \$150,000;
- (4) Enter Into A Grant Agreement With Bay Area Community Services, Operator Of The Henry Robinson Service Center, For The Provision Of 10 Emergency Winter Shelter Beds For The Period Of November 1, 2015 Through April 30, 2016 In An Amount Not To Exceed \$30,000; And
- (5) Accept And Appropriate Additional Funds From Alameda County And The City Of Emeryville To Fund Winter Relief Efforts And Amend The Grant Agreements For Additional Winter Relief Efforts For The Period Of November 1, 2015 Through April 30, 2016 Without Returning To Council.

For questions regarding this report, please contact Susan Shelton, Manager, Community Housing Services Division at 510-238-6186.

Respectfully submitted,


SARA BEDFORD
Director, Human Services Department

Community Housing Services Division
Reviewed by: Susan Shelton, Manager
Prepared by: Lara Tannenbaum, Planner
Talia Rubin, Program Analyst II

Item: _____
Life Enrichment Committee
October 13, 2015

ATTACHMENT

B

Home Stretch Description and Eligibility Tool



Home Stretch Description and Eligibility

Home Stretch is a project of the Alameda County Health Care Services Agency in collaboration with EveryOne Home and partnering agencies to help *literally homeless individuals with disabilities*, and their families, link with appropriate resources, services, and permanent housing as quickly as possible. Eligible individuals and households referred to Home Stretch are prioritized for access to services and permanent supportive housing resources in Alameda County based on their level of need and the length of time they have experienced homelessness. Home Stretch functions as a referral list for most permanent supportive housing programs in Alameda County. It does not operate as a waiting list for all affordable housing opportunities, so individuals and households referred to Home Stretch should get on waiting lists as they become open.

To be eligible, people must meet the following criteria at the time of referral:

- The individual (or head of household) is living on the streets, in abandoned buildings, parks, a vehicle, or other outside place not meant for people to live, in an emergency shelter or emergency housing program, or a transitional housing program for homeless individuals OR is in an institutional care facility for fewer than 90 days and was in one of the previously listed living situations prior to entering the institution; AND
- The individual (or head of household) has a disabling health condition(s), such as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, which limits their ability to work or perform one or more activities of daily living;

Individuals that meet one or both of the criteria **below** receive prioritized access to resources. Highest priority is given to individuals that meet both of the following criteria:

- The individual (or head of household) has been staying in a place not meant for human habitation or a shelter for more than one year continuously or four or more times over the past three years with more than 12 months of cumulative time living on the streets or in shelters; AND
- The individual (or head of household) has high priority needs as demonstrated by *at least* one of the following (see *Home Stretch High Services Need Verification Form* for details):
 - Frequent verified contact with health or law enforcement agencies over the last 12 months
 - High health risks with verified medical diagnoses
 - A VI-SPDAT screening score of 8 or more

NOTE: A head of household for a family that meets the above criteria makes the family eligible for Home Stretch.

If the individual **is eligible**, please complete a Home Stretch Referral Packet that includes all of the following:

- ☐ Completed Fax Cover Sheet
- ☐ Completed and Signed Home Stretch Consent to Release of Information (ROI)
- ☐ Completed InHOUSE Standard Intake Form
- ☐ Home Stretch High Service Need Verification Form and Supporting Documents (if applicable)
- ☐ Home Stretch Contact Information Form

Contact **HOME STRETCH** via fax: 855.658.5466, email: HomeStretch@acgov.org, phone: 510.891.8938
Or send referral packet via mail: 1404 Franklin Street, Suite 200, Oakland, CA 94612

Version	Description of change	Date
0	Original	2-24-16

ATTACHMENT

C

Coordinated Entry Policy Brief

COORDINATED ENTRY POLICY BRIEF

An effective coordinated entry process is a critical component to any community's efforts to meet the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. This policy brief describes HUD's views of the characteristics of an effective coordinated entry process. This brief does not establish requirements for Continuums of Care (CoCs), but rather is meant to inform local efforts to further develop CoCs' coordinated entry processes.

Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a *Centralized or Coordinated Assessment System*. In this document, HUD uses the terms *coordinated entry* and *coordinated entry process* instead of *centralized or coordinated assessment system* to help avoid the implication that CoCs must centralize the assessment process, and to emphasize that the process is easy for people to access, that it identifies and assesses their needs, and makes prioritization decisions based upon needs. However, HUD considers these terms to mean the same thing. See 24 CFR 578.7(a)(8) for information on current requirements.

HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD has previously provided guidance regarding prioritization for permanent supportive housing (PSH) in Notice CPD-014-12 *Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*. This brief builds upon that Notice and provides guidance for using coordinated entry to prioritize beyond permanent supportive housing (PSH).

Qualities of Effective Coordinated Entry

An effective coordinated entry process has the following qualities:

- **Prioritization.** HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC, including PSH, Rapid Rehousing (RRH), and other interventions.
- **Low Barrier.** The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers in partnership with the coordinated entry process.

- **Housing First orientation.** The coordinated entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
- **Person-Centered.** The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.
- **Fair and Equal Access.** All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. Marketing strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers. If the entry point includes one or more physical locations, they are accessible to people with disabilities, and easily accessible by public transportation, or there is another method, e.g., toll-free or 211 phone number, by which people can easily access them. The coordinated entry process is able to serve people who speak languages commonly spoken in the community.
- **Emergency services.** The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, people who need emergency shelter at night are able to access shelter, to the extent that shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process.
- **Standardized Access and Assessment.** All coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decisionmaking processes. A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they presented at that location.
- **Inclusive.** A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. However, CoCs may have different processes for accessing coordinated entry, including different access points and assessment tools for the following different populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. These are the only groups for which different access points are used. For example, there is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process. The CoC continuously evaluates and improves the process ensuring that all subpopulations are well served.

- **Referral to projects.** The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.
- **Referral protocols.** Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.
- **Outreach.** The coordinated entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.
- **Ongoing planning and stakeholder consultation.** The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning.** Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Leverage local attributes and capacity.** The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.
- **Safety planning.** The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).
- **Using HMIS and other systems for coordinated entry.** The CoC may use HMIS to collect and manage data associated with assessments and referrals or they may use another data system or process, particularly in instances where there is an existing system in place into which the coordinated entry process can be easily incorporated. For example, a coordinated entry process that serves households with children may use a system from a state or local department of family services to collect and analyze coordinated entry data. Communities may use CoC Program or ESG program funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into the CoCs HMIS. A forthcoming paper on Coordinated Entry and HMIS will provide more information.

- **Full coverage.** A coordinated entry process covers the CoC's entire geographic area. In CoCs covering large geographic areas (including statewide, Balance of State, or large regional CoCs) the CoC might use several separate coordinated entry processes that each cover a portion of the CoC but in total cover the entire CoC. This might be helpful in CoCs where it is impractical for a person who is assessed in one part of the CoC to access assistance in other parts of the CoC.

The remainder of this brief clarifies a few aspects of the coordinated entry process that deserve further explanation and emphasis, including how communities prioritize people in their coordinated entry process, how communities think about and address waiting lists, and considerations for the assessment tools and processes that communities implement. This document also clarifies some of the considerations to be made at the local level as communities further develop their process.

Prioritizing people who are most vulnerable or have the most severe service needs

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD's policy is that people experiencing chronic homelessness should be prioritized for permanent supportive housing. In some cases PSH projects are required to serve people experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. HUD is strongly encouraging communities to fully implement the prioritization process included in Notice CPD-014-12.

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. When considering how to prioritize people for housing and homelessness assistance, communities can use the following:

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
- The extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

Communities should decide what factors are most important and, to the greatest extent possible, use all available data and research to inform their prioritization decisions. The coordinated entry process is meant to orient the community to one or two central prioritizing principles by which the community can make decisions about how to utilize its resources most effectively. This prioritization ensures that across subpopulations and people with different types of disabilities, those most vulnerable or with the most severe service needs will be prioritized for assistance. The prioritization may not target a category of people with a particular disability. However, individual programs, including CoC funded projects, may restrict access to people with a

particular disability or characteristic. In these cases, the coordinated entry process should ensure that people are only referred to projects for which they are eligible. At the same time, providers should ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

Communities should take care to ensure that their prioritization process does not allow people who are more vulnerable or who have more severe service needs to languish in shelters or on the streets because more intensive types of assistance are not available. Evidence indicates that one of the most important factors to successfully ending an episode of homelessness is the speed with which the intervention is made available to the person (see discussion of assessment tools below and HUD's February 2015 [report on assessment tools](#)). This means that if a person is assessed as being highly vulnerable, that person may be prioritized for PSH, but if PSH is not available or the PSH has a long waiting list, that person should be prioritized for other types of assistance such as RRH or TH. CoCs should not assume that because a person is prioritized for one type of assistance, they could not be served well by another type of assistance. However, CoCs should be aware that placing a household in transitional housing can affect their eligibility for other programs. For example, people coming from transitional housing are not eligible for most rapid re-housing funded under the ESG and CoC Programs and placement in transitional housing can affect a person's chronic homelessness status.

Addressing waiting times through coordinated entry

Long wait times make homeless assistance less effective and reduce the overall performance of a community's homeless assistance system. When a community faces a scarcity of needed resources, they should use the coordinated entry process to prioritize which people will receive housing assistance rather than continuing to add people to a long waiting list. For example, if a community has enough permanent supportive housing to serve 10 new households per month, but 30 households are assessed as needing PSH every month, the coordinated entry process should be adjusted to prioritize approximately 10 households for PSH each month. The other 20 households should be prioritized for other resources available in the community, such as RRH, TH (taking care to consider the impact of placement in TH on an individual's chronically homeless status or future eligibility in other programs), housing subsidies, or other mainstream resources. Short waiting times of a few days or weeks might be necessary to properly manage utilization, but waiting times for homeless assistance of several months or years should be eliminated whenever possible. Although PSH is almost always the most effective resource for people with high levels of vulnerability and high service needs, including those experiencing chronic homelessness, the lack of available PSH should not result in people languishing in shelters or on the streets without further assistance.

Most communities face a gap between need and availability based on limited resources. Communities should be proactively taking steps to close these gaps that are identified through the coordinated entry process. For example, if there is insufficient PSH available in the community, the CoC should be working with PHAs, other affordable housing providers, and Medicaid-funded agencies to increase the supply of PSH. To the maximum extent possible, existing PSH should be targeted to chronically homeless people based on the severity of their service needs (as described in Notice [CPD-014-12](#)). Where there are individuals in PSH who no longer need a high level of services, the CoC should pursue "move up" strategies that help those individuals shift to another form of housing assistance, freeing up the PSH assistance for another prioritized household.

Implementing effective assessment tools and processes

HUD does not endorse any specific assessment tool or approach, but there are universal qualities that any tool or criteria used by a CoC for their coordinated entry process should include. HUD outlined some of these qualities in the Notice [CPD-014-12](#) and is building on those qualities in this brief. HUD recognizes the need for guidance as both the process and the tools continue to evolve, so some of the qualities have remained the same, while others have had changes and additions that reflect HUD's evolving understanding of the assessment process and what is most effective. Please refer to HUD's February 2015 [report on assessment tools](#) for further information.

At its core, the assessment process is not a one-time event to gather as much information about a person as possible. Instead, assessments are performed only when needed and only assess for information necessary to help an individual or family at that moment. Initial assessments happen as quickly as possible regardless of where households are residing—streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker. Following are several principles that communities can use to ensure an effective assessment process:

- **Phased assessment.** The assessment tools are employed as a series of situational assessments that allow the assessment process to occur over time and only as necessary. For example, an assessment process may have separate tools that assess for each of the following:
 - Screening for diversion or prevention
 - Assessing shelter and other emergency needs
 - Identifying housing resources and barriers
 - Evaluating vulnerability to prioritize for assistance
 - Screening for program eligibility
 - Facilitating connections to mainstream resources

These assessments will likely occur over a period of days or weeks, as needed, depending on the progress a homeless household is making. The different assessments build on each other so a participant does not have to repeat their story. There will also be instances where a participant should be reassessed or reprioritized, particularly if they remain homeless for a long period of time.

- **Necessary information.** The assessment process only seeks information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless. For example, a coordinated assessment process would only assess for a particular disability to determine if that household could be referred to a program that requires a particular disability as part of its eligibility criteria.
- **Participant autonomy.** The protocol for filling out assessment tools provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.

- **Person-centered.** The assessment process provides options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. The process also incorporates participants' strengths, goals, and protective factors to recommend options that best meet the needs and goals of the people being assessed.
- **Cultural competence.** Staff administering assessments use culturally competent practices, and tools contain culturally competent questions. For example, questions are worded to reflect an understanding of LGBTQ issues and needs, and staff administering assessments are trained to ask appropriately worded questions and offer options and recommendations that reflect this population's specific needs.
- **User-friendly.** Tools are brief, easily administered by non-clinical staff including outreach workers, minimize the time required to utilize, and easy for those being assessed to understand.
- **Privacy protections.** Privacy protections are in place to ensure proper consent and use of client information.
- **Meaningful recommendations.** Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants being assessed should know exactly what program they are being referred, what will be expected of them, and what they should expect from the program. The coordinated entry process should avoid placing people on long waiting lists.
- **Written standards and policies and procedures.** The CoC has written standards describing who is prioritized for assistance and how much assistance they might receive, and the policies and procedures governing the coordinated assessment process are approved by the CoC and easily accessible to stakeholders in the community.
- **Sensitive to lived experiences.** Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions are worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool minimizes risk and harm, and provides individuals or families with the option to refuse to answer questions. Agencies administering the assessment have and follow protocols to address any psychological impacts caused by the assessment and administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool are trained to recognize signs of trauma or anxiety.

Integrating youth into the coordinated entry process

CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth, that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs.

Serving people fleeing domestic violence

CoCs must work with domestic violence programs in their communities to ensure that the coordinated entry process addresses the safety needs of people fleeing domestic violence. This includes providing a safe location or process for conducting assessments, a process for providing confidential referrals, and a data collection process consistent with the Violence Against Women Act.

If the CoC's coordinated entry process uses separate access points for people fleeing domestic violence, CoCs should take care to ensure that people who use the DV coordinated entry process can access homeless assistance resources available from the non-DV portion of the coordinated entry process and vice versa. Many people experiencing homelessness have a history of domestic violence, and should be able to access appropriate DV services even if they are not accessing it through a DV coordinated entry point. Similarly, people fleeing domestic violence often have housing and homeless assistance needs that should not be limited by their decision to access a DV coordinated entry access point.

Defining coordinated entry roles in the homeless assistance system

Diverse stakeholders have different roles in a coordinated entry process. In some cases, these roles are clearly defined. Often, the roles are challenging to define and can change over time.

Homeless assistance organizations

All homeless assistance organizations should be involved in the coordinated entry process by helping people access the system and receiving referrals. Homeless assistance organizations may also provide assessments or provide space for assessments to be conducted. Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs should only receive referrals through the coordinated entry process.

Mainstream housing and services

Affordable housing and mainstream services are crucial tools for ending homelessness and should be involved in the coordinated entry process. As a CoC's coordinated entry process is developed, mainstream providers can act as a source or receiver of referrals. For instance, sources of referrals could include mental health service providers, substance abuse service providers, Department of Veterans Affairs (VA) Medical Centers, jails, or emergency rooms. Receiving agencies could include public housing authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services could be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to your coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively your community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

How a provider or program is integrated into the coordinated entry process will depend on a number of factors including the makeup of the local homeless population, the patterns of service use in the community, and whether the coordinated entry process has been folded into an existing mainstream service system or if it stands alone. These decisions evolve as communities build their processes, and communities might decide to incorporate certain mainstream services over time—as a referral source, a receiving agency, or both.

Prevention and Diversion

There are many more people who qualify for homelessness prevention assistance than homeless assistance. In developing coordinated entry processes, CoCs should consider how much capacity they have to manage prevention assistance. At a minimum, ESG funded prevention assistance should be incorporated into the coordinated entry process. Communities should decide to what extent they include additional non-prevention programs and how they are incorporated.

A Note on Future Guidance

As more communities implement coordinated entry and more research on the topic is conducted, HUD is learning more about what makes an effective coordinated entry process, and the Department will continually modify its guidance and recommendations to communities. This is challenging for communities, who have to adjust their processes to stay up to date. Nonetheless, HUD believes it is important to act on the best available evidence known at the time, while also recognizing that communities need time and resources to keep up with new guidance.

In the coming months, HUD anticipates releasing the following materials related to coordinated entry:

- Summer 2015: Notice on the requirements for development and implementation of a CoC's coordinated entry process. This notice will establish requirements for coordinated entry and timelines for implementation.
- Ongoing: Technical Assistance products
 - Meeting HUD expectations and requirements
 - Special considerations for youth
 - Special considerations for people fleeing domestic violence
 - Compliance and monitoring
 - Options for funding coordinated entry
 - Advanced approaches for coordinated entry processes and systems
 - Deciding on community-specific assessment tools
 - Planning and implementation
 - Data sharing
 - CoC written standards
 - Using progressive engagement

Additionally, HUD intends to release the Emergency Solutions Grant (ESG) and CoC Program interim rules for public comment in 2015. During this time, HUD encourages CoCs, ESG recipients and subrecipients, and CoC Program recipients to submit comments on the requirements contained in the interim rules related to coordinated entry.

Resources on Coordinated Assessment

HUD's Office of Policy Development & Research February 2015 Summary Report: *Assessment Tools for Allocating Homelessness Assistance: State of the Evidence*

HUD's requirements for a *Centralized or Coordinated Assessment System* in CoC Program Interim Rule (24 CFR 578.7(a)(8)).

HUD's Office of Special Needs Assistance Programs (SNAPS) July 2013 *Weekly Focus on Coordinated Assessment*

HUD's *Overview of Coordinated Assessment Systems Prezi and Video*

Community Solutions' *recorded one hour conference call with slide deck: Overview of Coordinated Assessment and Housing Placement System.*

Community's Solutions' *CAHP System Overview - Zero: 2016*

Corporation for Supportive Housing's January 2015 Report: *Improving Community-wide Targeting of Supportive Housing to End Chronic Homelessness: The Promise of Coordinated Assessment*

National Alliance to End Homelessness *Coordinated Assessment Toolkit*

United States Interagency Council on Homelessness *Coordinated Assessment: Putting the Key Pieces in Place*

OAKLAND CITY COUNCIL


City Attorney

2016 MAR 31 PM 4:54

RESOLUTION NO. _____ C.M.S.

RESOLUTION AUTHORIZING THE CITY ADMINISTRATOR TO:

- 1) AMEND THE PATH GRANT WITH OPERATION DIGNITY TO INCREASE FUNDING BY UP TO \$125,000 FOR THE REMAINDER OF THE GRANT TERM FISCAL YEAR (FY) 2015-2017 FOR ADDITIONAL OUTREACH HOURS, OUTREACH SUPPLIES, CASE MANAGEMENT, REUNIFICATION SERVICES, AND EMERGENCY MOTEL VOUCHERS FOR SINGLE ADULTS;**
- 2) AMEND THE PATH GRANT WITH ABODE SERVICES TO INCREASE FUNDING BY UP TO \$170,000 FOR THE REMAINDER OF THE GRANT TERM OF FY 2015-2017 FOR HOUSING CASE MANAGEMENT SERVICES;**
- 3) AMEND THE CURRENT WINTER SHELTER GRANT AGREEMENT WITH BAY AREA COMMUNITY SERVICES TO INCREASE FUNDING IN AN AMOUNT NOT TO EXCEED \$5,000 FOR THE PROVISION OF REUNIFICATION SERVICES IN FY 2015-2016; AND**
- 4) AMEND THE GRANT AGREEMENTS WITHOUT FURTHER COUNCIL APPROVAL IF ADDITIONAL GENERAL PURPOSE FUNDING BECOMES AVAILABLE FOR THE SAME PURPOSE WITHIN THE GRANT TERM**

WHEREAS, the City of Oakland has an estimated 2000 homeless individuals in the City; and

WHEREAS City Permanent Access To Housing (PATH) High Priority funds are necessary to expand and enhance efforts already addressing homelessness in Oakland; and

WHEREAS, through the FY 2015-2017 biennial budget adoption, the City Council allocated \$260,000 per fiscal year in General Purpose Funds towards Homeless/ PATH High Priority Areas budgeted in the General Purpose Fund (1010), Community Housing Services Organization (78411), Homeless/ PATH High Priority Areas Project (A490850) and Fostering Safe and Healthy Communities Program (SC22).

WHEREAS, with the additional funding identified above the City of Oakland can provide: additional services to support people in permanent housing, enhanced street based case management and outreach, and enhanced winter relief efforts including reunification services and emergency motel stay vouchers; and

WHEREAS, the City wishes to amend the grant agreement with Operation Dignity to increase the grant amount by up to \$125,000 for the remainder of the grant term of Fiscal Year (FY) 2015-2017 for the provision of increased outreach hours, street based case management, food, reunification services and emergency motel vouchers, for a total grant amount of \$855,000 over the three year term; and

WHEREAS, the City wishes to amend the winter shelter grant agreement with Bay Area Community Services to increase the grant amount by up to \$5,000 for FY 2015-2016 for the provision of reunification services for a total grant amount of \$110,000; and

WHEREAS, the City wishes to amend the grant agreement with Abode Services to increase the grant amount by up to \$170,000 for the remainder of the grant term of FY 2015-2017 for the provision of housing case management services for a total grant amount of \$807,809 over the three year term; now, therefore be it

RESOLVED: That the City Administrator is authorized to amend the grant agreement with Operation Dignity to increase the grant amount by up to \$125,000 for the remainder of the grant term of FY 2015-2017 for the provision of increased outreach hours, street based case management, food, reunification services and emergency motel vouchers; and be it

FURTHER RESOLVED: That the City Administrator is authorized to amend the grant agreement with Bay Area Community Services to increase the grant amount by up to \$5,000 for FY 2015-2016 for the provision of reunification services; and be it

FURTHER RESOLVED: That the City Administrator is authorized to amend the grant agreement with Abode Services to increase the grant amount by up to \$170,000 for the remainder of the grant term of FY 2015-2017 for the provision of housing case management services; and be it

FURTHER RESOLVED: That funding to support the grant agreement increases are budgeted and available in the General Purpose Fund (1010), Community Housing Services Organization (78411), Homeless/ PATH High Priority Areas Project (A490850) and Fostering Safe and Healthy Communities Program (SC22) in the amounts of \$140,000 in FY15-16 and \$160,000 in FY16-17; and be it

FURTHER RESOLVED: That if additional General Purpose funding becomes available for the same purposes within the existing grant term, the City Administrator or her designee is authorized to expend these funds and amend the grant agreements without retuning to council within the duration of the grant term of July 1, 2014 through June 30, 2017 for the PATH grants and the grant term of fiscal year 2015-2016 for the winter shelter grant; and be it

FURTHER RESOLVED: That the City Council authorizes the City Administrator to conduct all negotiations, execute and submit all documents, including but not limited to applications, agreements, modifications, payment requests, and amendments including increasing the amount of the above referenced grant agreements, without returning to Council; and be it

FURTHER RESOLVED: That said grant agreements shall be reviewed as to form and legality by the Office of the City Attorney and copies will be filed in the Office of the City Clerk.

IN COUNCIL, OAKLAND, CALIFORNIA, _____

PASSED BY THE FOLLOWING VOTE:

AYES- BROOKS, CAMPBELL WASHINGTON, GALLO, GUILLEN, KALB, KAPLAN, REID, AND
PRESIDENT GIBSON MCELHANEY

NOES-

ABSENT-

ABSTENTION-

ATTEST: _____
LATONDA SIMMONS
City Clerk and Clerk of the Council
of the City of Oakland, California