Albany Project HOPE Homeless Outreach and Engagement Program Berkeley Food and Housing Project July-September 2018 Report to City Council

<u>Activities</u>

Housing Navigation

Housing Navigator (HN) has continued to conduct a minimum of four to six house meetings a month and averages one to two visits weekly with individual clients to address their personal needs. This quarter there have been four instances of client(s) not paying their full rent. This has caused the HN to go out to the shared housing unit in Oakland several times (4) on top of the regular house visits to try to talk with the client as he was not answering his phone or responding to letters. These issues have also made it necessary to have conversations with the Landlord to trouble shoot and assure rental payments to prevent homelessness. During the regular house meetings, issues of housekeeping, bill paying and respecting house mates have been addressed.

Housing Navigator has been attempting to find alternative housing subsidies for the client that was diagnosed with cancer while in his third month of housing subsidy with Project HOPE. It has been difficult because, as he is currently housed, he is not considered homeless. Housing Navigator will continue to look into prevention support for this man. Housing Navigator continues to reach out to other agencies here and in San Francisco.

Housing Navigator has witnessed the growth in the stability and self-sufficiency of the men whose housing is being subsidized. We continue to assist with food, clothing, medical resources and with continued support with housing applications. This household continues to utilize available donation resources, requiring less assistance by the HN. Most clients are either on GA or Social Security so these donations have been essential to make ends meet. HN has seen a significant increase in sharing of information among residents, requiring less directed intervention by the HN. Clients utilizing services now share the resources and results at house meetings, so that the group is becoming much more self-sufficient. They have shared experiences with employment agencies, the Berkeley free clinic, UC Berkeley Minor Hall (vision) and Options Recovery. There have been very few instances of household disputes which is common in shared housing units.

Although clients have the option to remain at the shared housing unit, Housing Navigator completes an average of one to two applications per week for permanent supportive housing, senior housing, other affordable housing units and section 8-Property Based units. This is clearly the only way that these clients will ever be able to afford their own apartments.

Landlord Liaison

Housing Navigator meets with the landlord of the shared housing unit once a month to ensure there are no problems with rents, building maintenance or repairs. At these meeting we reconcile rent balances and address any issues or concerns they may have. In addition to those scheduled meetings, HN met with the landlord two additional times to go over inspection of rooms and shared living space to ensure they are clean and free of damage. As stated before, there was an instance where a client's full share of rent was not paid on time. It turned out the client's hours were cut on the job. He was instructed as to how to keep HN apprised of these issues and how to communicate with the Landlord in the future. HN recognized how communication skills needed to be reinforced as most of our housed individuals have been homeless for multiple years and have not had to utilize good communication skills in a very long time. HN continues to reach out to other types of affordable housing opportunities for participant referrals.

Outreach & Referrals

The Coordinated Outreach System outreach team searched in multiple areas with great success. In the month of Sept, the team was able to meet with 26 individuals. We have also had the opportunity to be reacquainted with other individuals who had engaged with us in the past, but with whom we had lost contact. The result is a high number of outreach contacts for the quarter. The Outreach team is confident that they will be able to follow up with these individuals to find possible housing solutions.

HN continues to dedicate at least 20 hours a week in outreach, canvassing the main streets of Albany and locating encampments. This quarter the "Target" encampment redeveloped which was vacant for well over 1.5 years. These individuals found themselves pushed out of other locations and emerged behind Target. Outreach has gotten to know every person at this location, offering them shelter services, food, medical referral and jackets. Assessment for future services have also been offered at every visit. These individuals are chronically homeless and typically turn down shelters. Outreach staff will continue to offer these options at every turn.

The Outreach team has had several contacts with "Professor". The meetings have the benefit of the knowledge acquired from the previous outreach encounters-the do's and don'ts- with the genuine hope that progress can be made with this individual. It is the hope that within this group of dedicated outreach staff, a connection will be made with him.

Literature and contact information will continue to be left with businesses in the hopes that they let us know what assistance we can provide. This can be a helpful tool to address the homeless population and avert problematic behavior. With the expansion of outreach staff, we have been able to simultaneously outreach in multiple locations in a day. This has already resulted in increased outreach contacts which could ultimately lead to housing solutions.

While in outreach, HN provides a wide array of referrals and services which include discussions on improving quality of life, pet care, legal resources (HAC), dentistry (suitcase clinic), food services (hot meals), AOD (Alcohol and Other Drug), personal safety (DV, homeless camps precautions), GED locations/services, area maps, AC transit schedules and where to get them (library), library resources/locations, donations sites (freecycle, rooster) for coats-blankets-etc., podiatry services, acupuncture, mental health service agencies, YMCA memberships (for showers and holistic pain relief alternatives). HN attempts to carry essential supplies such as water, handi-wipes, socks and food. We are also making referrals to an organization called "Clean Streets". They offer stipends for work done in street cleaning and peer outreach. They offer lunch at the first meeting and a wide range of services which includes medical and housing solutions.

Although we have not received any referrals from the Albany Police Dept. this quarter, we continue to outreach in the area of City Hall and the Albany Police Dept. as it has shown to be a regular spot for homeless contacts.

Successes

During this quarter, the family reunification efforts made by the HN for the last year have finally proven to be successful. Our only senior female who would not be able to continue to afford her rent decided to move in with family. Project HOPE was able to give her the safety of an apartment while negotiations were made. She will be moving in with family by the end of next quarter. With the remaining three individual men at the shared housing unit, one is completely self-sufficient, another able to take on ½ of his rent now and, within three months, ¾ of it. The remaining individual is battling cancer but has recently reached out to extended family to work toward another housing solution.

There has also been smaller mentionable instances of successful contacts. An example of this is an individual who refused to talk with HN at least 12 times during the last 2 years. In July he finally gave his name to HN. Although he denied offered services at that moment, progress had been made. With a larger outreach team it is likely that further progress can and will be made as the contact does not become "cold" before another friendly outreach face can make further progress.

Challenges

Lack of affordable housing in the current market continues to be a problem. Landlords are reluctant to rent to people with subsidies and our client base brings with them questionable credit reports and poor tenant histories. We continue to search for shared housing opportunities that will fit limited budgets. Housing Navigator has found landlords prefer to rent shared housing spaces to UC students. And although shared housing is a solution to the high cost of rent, it opens up a whole set of dynamics. Housemate matching can be challenging as some of our clients have physical and/or mental health issues that make co-habituating sometimes difficult. There are few other subsidized housing locations that are accepting new clients. We continue to help clients to get on senior wait lists, and complete applications for Senior Living, Section 8 property-based housing and

ultimately Homestretch to try to obtain permanent supportive housing. However, that can be a long process and may not address our client immediate needs.

Outreach has not taken hold for individual known as "Professor". His mental health makes difficult the acquisition of documents such as ID which would allow for further agency assistance. Professor is an example of individuals who have mental health challenges, yet are not to the point where the problem is extreme enough to require more significant intervention. Project HOPE will continue to make ourselves available in the hope that we will catch the moment when he allows us to assist him.

Although the information was given, Outreach has found no one in the encampments interested in shelter beds. Many individuals have refused to do an assessment and those that would, found themselves with a ranking on the County priority list that was too low to automatically qualify for immediate shelter beds. Recently, the shelter bed County policy was changed and so we are able to offer beds to everyone in outreach who has been assessed. We are confident this new policy will mean that at least some Albany clients will be placed in shelter beds.

In terms of the housed clients, HN has found that the individual with cancer has been a challenge in that his housed status disqualifies him for the services he might qualify for medically. Project HOPE will continue to reach out and find a viable solution.

HN has found that the homeless population in Albany, although small in number, is typically comprised of individuals with a long history of homelessness, who refuse shelter service in any capacity. Having active engagement outreach has been helpful in referring them to services when needed (dental, medical).

ATTACHMENT

BFHP Albany PROJECT PERFORMANCE MEASURES

Due on the ${\bf 15}^{\rm th}$ of each month following the quarter

Project Performance Measures and Targets								
Performance Measure	Target	Progress/Activity this period	Year to date statistics	Comments				
Outreach contacts (unduplicated contact with a new client)	30	26						
Performed initial intake/enrollment	12	0						
Number of housing case plans performed	10	4						
New Clients Housed	6	0						
Clients maintaining housing for 6 months	4	3						
*Clients maintaining housing for a year	4	4						
Clients exited from Aftercare program	4	0						
Clients receiving prevention	2	0						

^{*}This measure duplicates clients in the measure above. It includes only non-exited clients.

BFHP OUTREACH Services Tracking 2018-19

City of Albany

Update at the end of each month

SERVICES	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD
Discussion about Housing	15	10	26										51
Discussion about Benefits	15	10	26										51
Discussion about Medical Care	15	10	26										51
Discussion about Homeward Bound	0	0	0										0
Discussion about Employment	15	10	26										51
All other Discussions (document topic in narrative)	12	10	10										32
Assistance with paperwork (specify details)	4	2	2										8
Transporting to medical appt	0	0	0										0
Transporting to social services	0	0	0										0
Transporting client to DMV	0	0	0										0
Transporting client to shelter	0	0	0										0
Transporting client to employment specialist	0	0	0										0
Transporting client to showers at MASC/Albany	0	0	0										0
All other Transportation (document location in narrative)	3	0	0										3
DMV Voucher provided	0	0	6										6
Bus tickets provided	0	0	0										0
Referrals and linkages to other services	12	10	18										40
Life skills assistance	4	4	8										16
Outreach supplies	15	10	26										51
Other (Document topic in narrative)													