

**Albany Project HOPE**  
**Homeless Outreach and Engagement Program**  
**Berkeley Food and Housing Project Narrative**  
**July-Sept 2017**  
***Report to City Council***

**Activities to Date**

The Albany Homeless Outreach and Engagement Program, with its full time Case Manager and part-time Housing Navigator, has continued to work closely with housed clients and other residents to provide various levels of case management and outreach informational services.

**Outreach**

CM has dedicated an average of 20 hours/week to outreach and referral services. All attempts are made to keep the regular days of outreach (Mondays, Wednesdays and Fridays) to maintain a regular point of contact with those living outside. During these days CM provides a wide array of referrals and services which include: discussions on improving quality of life, pet care and personal safety (DV, homeless camps precautions and referrals for legal advice (HAC), dentistry (suitcase clinic), food services (hot meals), AOD (Alcohol and Other Drug), GED locations/services, area maps, ac transit schedules (library), library resources/locations, etc., podiatry services, acupuncture, mental health services, or showers and holistic pain relief alternatives (YMCA) and other items such as coats and blankets (freecycle, rooster). CM attempts to carry essential supplies such as water, handy wipes, socks and food. These initial conversations are extremely important with the desired outcome in future meeting/discussions.

Not every person living on the streets is interested in housing assistance. Underlying the resistance are acute mental health and/or substance abuse issues or simply preferring an “unstructured” lifestyle. Case manager has learned to not push individuals but rather to respect their preferences, stay consistent and continue to reach out to them periodically to “check-in” and see if they are ready for longer term help.

Case manager continues to receive leads from the Albany police department via e-mail which are followed up with positive results. CM found individuals (two men and one woman) on three separate occasions that needed a higher level of mental health assessment, which was provided by the Albany PD.

Case manager has found a small group of “travelers” that includes two individuals that are under 24 years of age who CM continues to work with on building trust and consistency for possible housing assistance. Case Manager provided the group referrals to meals, Albany showers, HUB Intake and directions to Public Library. CM gave out her contact information and office location.

CM has continued to receive calls/e-mails from concerned citizens from various public organizations and private citizens/business owners regarding people spotted on the street in need. CM makes every attempt to reach out to that person immediately as the street population tends to change camps frequently.

In terms of tracking topic discussions this quarter, other than those conversations which are clearly tailored, Case Manager makes a point of discussing housing, benefits and health care with every outreach individual(s) and with housed clients at every check in and house meeting

Case manager has developed a working relationship with the newly-established Albany Community Resource Center. The Center, which opened on September 8<sup>th</sup>, assists Albany residents including their homeless population in pursuing local services and housing. Program intakes were completed on four participants who had been living in their vehicles. These were people who would not have been reached through normal Outreach activities. Project HOPE's part-time Housing Navigator then met with them and completed Face Sheets to determine their housing needs and how we can best serve them.

CM spends 5-10 hours per week keeping client files updated with accurate and detailed notes. Some of this time is also devoted to conducting research to identify resources to meet clients' particular needs and requests. Providing this information to clients has been a great opportunity to build trust with the homeless population.

CM continues to assist with research for individual needs of current clients such as bus routes, food pantries, clothing donation sites, libraries and other free computers for housing research and referral agencies and has been asking more of the housed clients and show them how to help each other and themselves in these areas for greater self-sufficiency.

This quarter CM has made 38 contacts with potential participants. Twenty of these contacts generated genuine interest in further housing discussions. Many were not interested in further housing discussion. It is not uncommon for CM to find individuals or groups in outreach who do not identify with Albany.

By the end of September, six clients (in addition to the four mentioned above) were given intakes and officially put in Outreach Case Management. Two of them were "high need" and housing services/search has begun. One of the 6 is considered to be in "Prevention" housing services. The remaining three individuals are in various stages of assistance at this time.

Case Manager attended and presented information about Project HOPE at the Albany Community Resource Center's official opening. At that time more client leads were developed with follow up appointments set for assessment on individual needs and/or housing services.

PLEASE NOTE: Case Manager still finds that some outreach contacts are with people who wouldn't identify as homeless either in Berkeley or Albany. Some have said Albany and been located in Albany one week and Berkeley the next. In most of these cases, they are more interested in donated items and services than in housing assistance.

## **Aftercare**

Case Manager stays in constant contact with landlords with weekly “check-ins” with positive results. Case Manager continues to ensure rents are paid on time and other landlord requirements are met.

CM makes one to two home visits weekly (1-2 hours each) to ensure good housekeeping and to offer any assistance in reaching program goals, manage disputes, ensure timely rent payments and confirm that all housing needs are met. CM spends 6-8 hours each week driving clients to essential agency appointments where application assistance may be needed.

CM has spent many hours gathering essential donations for those clients in need and has gradually taught individual where and how to request items for themselves. Items include such basic needs as blankets, toiletries, and food. Most clients are either on GA or Social Security so in order to make ends meet these donations have been essential.

Case Manager has accessed the Benevolent program for each client for various needs. This program is designed to connect those with specific financial needs with donors who would like to assist with such a need. For example a client who has just gotten a part-time job is very interested in going back to school. We have submitted paperwork to Benevolent for a simple laptop so that the client can further his educational goal, ultimately getting better job opportunities.

Other beneficial programs utilized this quarter have been the CARE program (discounted PG&E), low-cost (or no cost) cell phones, free haircuts and business type clothing donation for job searches. Referrals to the Employment agency and assisted web searches has given one of our housed clients the opportunity to find employment.

### **Successes this Quarter**

Although no one was officially housed this quarter, two are in the final stages of the housing process with 3 more in middle stages. The two in the final stages are senior, and so we are getting them on Senior wait lists, filling out Senior Living applications, Section 8 property based housing and ultimately Homestretch. The work to get clients ready for housing has been tedious but very fruitful. In all cases when the intakes were completed, paperwork for “Homestretch” was completed and submitted. Homestretch is a permanent supportive housing program for high need homeless individuals.

CM has been diligent in obtaining living essentials for clients such as furniture, beds and dressers. All of our clients have come with no possessions and making their living space comfortable can be challenging. Project HOPE has successfully made this happen for its housed clients. Project HOPE has assisted client MH with the tools needed (clothing for interviews and bus passes) in finding employment. Client TC has been on medication consistently now for the first time since being diagnosed with mental health problems several years ago. This has allowed him to complete the simple task of making his own dinner successfully. These are just two huge life changing examples of the successes this quarter.

All of our currently housed clients have been working with Homeless Action Center toward continued financial and Social Service assistance.

Case Manager and the Housing Navigator work closely in developing housing case plans to provide participants every opportunity to get off the streets and into a housing unit quickly with minimal trauma associated with this transition.

### **Challenges this Quarter**

There have been some instances of conflict at the shared housing unit. Case manager has taken several approaches to defuse these conflicts. In the early part of September case manager tried to let them iron out their own conflict which has seemed to push them to step up and take more responsibility. Case Manager is keeping a close eye on the situation for its continued success.

Although TC has started his meds, his functioning and progressing has not increased sufficiently. CM is working toward finding him a higher level of assistance to meet his needs such as BMH (Berkeley Mental Health).

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. Although that may make housing affordable, it makes housemate matching challenging as some of our clients have physical and/or mental health issues that make co-habituating sometimes a long and thoughtful process. Locating other subsidy options that are “open” can be scarce.