



October 30, 2008

The Honorable Board of Supervisors
County Administration Building
1221 Oak Street
Oakland, CA 94612

Dear Board Members:

SUBJECT: Acceptance of the Grant Agreement between Anka Behavioral Health Inc. and Public Health Department, Community Health Services Division, Homeless Families Program

RECOMMENDATION:

1. Accept and authorize the President to sign in original signature eight (8) copies of the Grant Agreement between Anka Behavioral Health, Inc. (Principal: Chris Withrow, Executive Vice President, Location: Concord, CA) and the Public Health Department, Community Health Services Division, Homeless Family Program a.k.a. Oakland Homeless Families Program (OHFP), in the amount of \$342,177 for the period of March 1, 2008 through February 28, 2009, for supportive housing services to homeless individuals and families in Alameda County;
2. Authorize the Auditor-Controller to increase appropriation and revenue in the amount of \$723 in Organization #350900, Fund # 22405 as outlined in the attached Financial Recommendation; and
3. Authorize spending authority in the amount of \$2,000 for purchase of \$10 Safeway gift cards for client food vouchers; \$1,000 for AC Transit bus tickets and \$1,000 for BART tickets for client transportation.

SUMMARY/DISCUSSION/FINDINGS:

The Homeless Families Project within the Community Health Services Division of the Public Health Department has received a Grant Agreement from Anka Behavioral Health, Inc. (ABH) in the amount of \$342,177 for the period of March 1, 2008 through February 28, 2009.

Anka Behavioral Health, Inc. is the lead agency of a collaboration of community-based organizations and has been awarded a grant from the Supportive Housing Program (SHP) of the United States Department of Housing and Urban Development (HUD). The Public Health Department's Homeless Families Program is part of this agency collaborative effort, which also includes the Henry Robinson Multi-Service Center. This collaboration is called the "Homeless Families Support Network", funded by HUD through Anka Behavioral Health, Inc. and is an integral part of the Alameda County-Wide Homeless Continuum of Care. The City of Oakland is the liaison between the Network partners.

Services include: outreach, comprehensive psychosocial case management, individual and family psychotherapy, health education, transportation assistance, emergency food, and move-in funds (first month's rent, last month's rent, and deposit). Through formal linkages with other County-based and community-based agencies, the program also provides families with linkages to an array of other support services including, but not limited to, emergency and transitional housing, money management and payee services, drug and alcohol treatment, urgent and preventive health care, educational and vocational training programs, and employment services.

Your Board is requested to approve food gift cards for clients to purchase groceries through Safeway. The case manager will determine the need and amount of support available to each client and their family; and transportation assistance in the form of AC Transit bus and BART tickets will help provide support to clients to meet medical, employment, and other appointments.

FINANCING:

The funding for this award is included in the FY 2008-09 Adopted Budget. However, appropriation and revenue adjustments are required to align the County budget with the funding. There is no impact on net County costs.

Very truly yours,



David J. Kears, Director
Health Care Services Agency

DJK:kb

cc: Auditor-Controller
County Counsel

Ref: PHG01CH40600 HUD

FINANCIAL RECOMMENDATION

AGENDA DATE: 12/9/2008

Subject of Board Letter: Acceptance of Grant Award from ANKA Behavioral Health,
Incorporated Homeless Family Support Network for Public Health
Department, Community Health Services

BY: 2009 ORG #350900 **FUND:** 22405

The use of Designations, as follows:

The increase (decrease) in anticipated revenue, as follows:

Informational

350900	456120	00000	PHG01CH40600	\$ 723
ORG TOTAL				\$723

Informational

ORG TOTAL				\$0

GRAND TOTAL ANTICIPATED REVENUE \$723

The increase (decrease) in appropriations, as follows:

Informational

350900	60000	00000	PHG01CH40600	\$ -
	61000	00000	PHG01CH40600	\$ 4,446
	64000	00000	PHG01CH40600	\$ (3,723)
ORG TOTAL				\$723

Informational

ORG TOTAL				\$0

GRAND TOTAL APPROPRIATION \$723

**The Homeless Families Program
(HENRY ROBINSON - MSC) Administered by
ANKA BEHAVIORAL HEALTH, INCORPORATED
HOMELESS FAMILY SUPPORT NETWORK**

1. **Background.** Anka Behavioral Health Incorporated. (ANKA BHI), the lead agency of a collaboration of community based organizations, has been awarded a Grant extension from the Supportive Housing Program (SHP) of the United States Department of Housing and Urban Development (HUD). The Supported Housing Program, referred to as The Henry Robinson Multi Service Center-Transitional Housing Program HUD Project No. CA01B602020 CA5065, Twelfth Program Year-2007/2008 ("Program") is designed to promote the development of supportive transitional housing with supportive services, to assist homeless families with the goal to acquire permanent housing to reach self-sufficiency.
2. **Parties to the Agreement.** ANKA BHI shall be the agent responsible for the administration and management of the Program as more fully set forth in Exhibit A. The department of Alameda County Public Health known as the **OAKLAND HOMELESS FAMILIES PROGRAM (OHFP)**, as described in Exhibit B, shall be designated as Service Provider for those services generally described in Exhibit C (Service Plan), with Budget described in Exhibit E (Budget), and a sub-recipient for reimbursement of Program services costs.
3. **Scope of Services.** The Service Provider agrees to perform and provide those specified services as directed by and under the guidance of ANKA BHI to accomplish the goals and objectives as more fully set forth in the ANKA BHI Supported Housing Program Grant Application and Exhibit A. Implementation details of the specified services are contained in the Service Provider's Service Plan, attached as Exhibit C.
4. **Terms.** The Program will commence March 1, 2008 and continue through February 28, 2009, unless the Service Provider's participation is terminated earlier as provided hereinafter.
5. **Funding.** The amount of the one-year award for the Service Provider is set forth in Exhibit B hereto. Details of expenses and required matches are contained in the Service Provider's Program budget, attached, as Exhibit E. Budget variance beyond ten percent of each category (fee for service, personnel and operating) shall require prior written approval by ANKA BHI. If written approval is not obtained, ANKA BHI reserves the right to disallow any Service Provider's request for additional funding. Without written approval, Service Provider is permitted to exceed any budget line item within each category by *not more than* ten (10) percent of the indicated figure, not to exceed the total budget *category* amount or total *program award* amount.

6. **Reimbursement Procedure.** The Service Provider shall submit quarterly request for reimbursement of supportive and operating costs no later than thirty (30) days following the quarter billing month OR as scheduled below:

Schedule as follows:

- a. March 2008-June 2008 – submission date October 31 2008
- b. July 2008 – September 2008 – submission date October 31, 2008
- c. October 2008 – December 2009 - submission date January 31, 2009
- d. January 2009 – February 2009 – submission date March 31, 2009

All supporting documents such as Time & Activity Logs, Calendars, along with appropriate invoices, receipts, and payroll journals shall be included in the request. Any costs incurred by the Service Provider after execution of this agreement, provided the costs are reasonable and directly related to the implementation of the specified services by the Service Provider will be reimbursed.

7. **Confidentiality Requirements.** All parties hereto, their respective agents, employees and volunteers understand and agree to keep confidential any and all information regarding Program participants, including, but not limited to their identities or participation in the Program, and further agree that any and all of said information shall be treated as information shared by the Program participants with a Health Care Provider, as defined and mandated by the Confidentiality of Medical Information Act (California Civil Code Sections 56, et seq.)

8. **Reporting and Record Keeping.** The service Provider shall submit to ANKA BHI not more than monthly, regular written progress reports, and data collection reports, invoices, as required by Anka BHI/HRMSC program terms and provisions, or HUD, or more often, as determined by ANKA BHI.

- a. **Request for monthly payments are to be submitted on a quarterly basis** by OHFP using the Anka BHI invoice reimbursement form.

- The following items are to be submitted with each requisition as applicable: the receipts, invoices and bills submitted for payment by secondary/third party vendors, relevant purchasing orders, and proof of payments, canceled checks, payroll sheets, timesheets, individual calendars, and social security numbers of those employees whose salaries are funded under this Agreement, and contracted obligations.

- b. **Monthly Progress Reports (formerly Clients Served Information Form)**

- Monthly Progress Reports will include a **brief narrative** describing the housing and supportive services provided to clients and **must** use the City Of Oakland's Monthly Progress Report form unless Service Provider has a system in place that will provide information that is inclusive of, but not limited to the number of clients served each month, ethnicity of the clients

served, types of services provided, bed-nights provided, number of female and/or male headed households served, the number of children served and their ages and the number of vacancies and/or turn-aways at the program site. If applicable, the narrative must also include an explanation of vacancies and turn-aways. This information must be submitted to Anka as the lead agency in this contract. Anka will then submit to COO after review no later than the 10th day of the month following service.

c. Annual Progress Report

OHFP shall complete and submit an **Annual Progress Report (APR)** to VP of Programs (Anka BHI) no later than **40 days** following the end of each program year. The APR shall serve as a yearly summary of work, services, expenses, etc. executed under this Agreement. A copy of the APR form shall be provided to the City of Oakland. All data will be relevant to HFSN clients accessing the HRMSC.

9. **Budget Modifications** – Any requested modification by Service Provider to any line item of the Budget, incorporated as part of the Agreement, must be reviewed and approved by Anka BHI Finance Department and the VP of Program Services, before it is forwarded to the City of Oakland Office of Fiscal Services. Any budget line item under each budget category shown in the budget attached to this Agreement may be exceeded by up to ten (10%) percent of the indicated line item figure, provided that the total approved amount of allowable costs and category caps are not exceeded. The final date to request a budget modification is 60 days prior to the end of the contract year (December 28, 2009). Notwithstanding the above, a budget modification shall not alter without written Anka BHI approval any of the following
- a. The basic scope of services required to be performed under this Agreement;
 - b. The time period for the services to be performed under this Agreement; or
 - c. The total authorized budget amount of this Agreement.

It is Anka BHI's intention to review proposed budget restructuring with OHFP and recommend to the grantee (City of Oakland), (where appropriate), a reconfiguration of the budget that provides efficiencies and effective use of SHP funding without changing the scope of services and commitments outlined in the original grant. Anka BHI will undertake this review once the approval of the 2009 NOFA Technical Submission has been issued by HUD and all associated matters resolved.

10. Disbursement

- a. Funds shall be reimbursed to Service Provider in accordance with the budget attached hereto within **30 working days** after Service Provider submits a complete request for payment. Anka BHI shall make provisions for budget modifications, based on demonstrated need by Service Provider in

conformance with the provisions of the grant and consistent with HUD and City requirements.

- b. **Monthly payroll requisitions and reports by Service Provider are to be submitted** to Anka's Finance Department on or before the tenth (10th) working day following the service month, and monthly non-payroll requisitions are to be submitted on or before the thirtieth (30th) day following the service month. However, Service Provider may submit requests for reimbursement of eligible costs incurred during the operation of the SHP on a bi-monthly basis.
- c. Anka BHI Finance team shall verify and approve requisitions and required supporting data for accuracy and programmatic compliance prior to submitting them to the City of Oakland Office of Fiscal Services for payments.
- d. In order to receive payment, Requests for Funds Reimbursements must be supported by documentation reasonably sufficient to support payment as submitted by Service Provider. Timesheets and Activity Reports and individual employee calendars for all staff supported by this agreement must be submitted monthly and accurately reflecting the increment of time expended on this program each day and associated activities.
- e. Requests for reimbursement for petty cash expenditures must be accompanied by supporting documentation and shall in no event exceed **THREE HUNDRED DOLLARS (\$300)** per request.
- f. The receipts, invoices and bills submitted for payments by secondary/third party vendors, relevant purchasing orders, time sheets, activity reports and coded social security numbers for employees whose salaries are paid under this Agreement and contracted obligations are to be appropriately noted and submitted as applicable.
- g. Proof of payment for invoices, receipts and/or bills submitted to Anka BHI for reimbursement ***must remain available upon request by ANKA or the City Of Oakland as needed in the*** form of canceled checks, credit card slips, electronic bank check facsimile or statements, money order duplicates, and/or any other such documentation deemed necessary by Anka BHI to comply with the City of Oakland.
- h. Relevant reports and documents shall be submitted as required within the context of this Agreement. Service Provider's failure to comply with these requirements may cause a delay in payment or result in termination of the Agreement.
- i. All authorized and eligible claims/obligation(s) incurred in the performance of this Agreement must be reported to Anka BHI' Finance Department, **within forty-five (45) days following the termination of the Agreement or the completion date for the particular program year as set forth elsewhere in this agreement, whichever is sooner.** Without prior approval by Anka BHI, no claims submitted after the forty-fifth (45th) day period shall be recognized as binding upon Anka BHI for reimbursement. Any obligation and/or debts incurred by Service Provider and not reported to Anka BHI within the forty-fifth (45th) day period becomes the sole liability of Service Provider and Anka BHI is relieved of any and all responsibilities.

11. **Coordination of Conferences.** Coordinating conferences will be scheduled between ANKA BHI and the Service Provider to review program schedules, implementation, and reporting. Coordinating conferences will also be conducted with other service providers to improve the program service. Representatives from HUD may also participate in the coordinating conferences, as determined.

12. **Termination of Agreement.**

- a. **Termination for Cause:** Anka may suspend reimbursement payments immediately and may terminate this Agreement in the event that Service Provider breaches any of its material obligations provided for in this Agreement and that such breach is not corrected or cured within thirty (30) days after receipt of written notice of such breach.
- b. **Termination for Lack of Appropriation:** In the event HUD or the City of Oakland does not approve the Technical Submission for the renewal year provided by ANKA BHI and lift all other conditions, Service Provider shall repay all amounts drawn down and this Agreement shall terminate. Should the HUD funds be terminated or suspended, in part or in whole, this agreement for the specified services and any payment therefore shall also be terminated or suspended.
- c. **Termination for Reasons Other than Cause:** This agreement may be terminated by either ANKA BHI or the Service Provider upon thirty (30) days written notice given by one party to the other, mailed to the address in Section 22 of this Agreement.

13. **Insurance.** Service Provider, at its own cost, shall maintain public liability and property damage, workers compensation, automobile, and professional errors and omissions insurance coverage with a single combined liability limit as set forth in Exhibit B, insuring against all liability of the Service Provider and its authorized representatives arising out of and in connections with the Service Provider's performance or non-performance of specified services. All public liability insurance, property damage insurance, and professional errors and omissions insurance shall insure performance by the Service Provider of the indemnity provisions contained within this Agreement. Both ANKA BHI and the Service Provider shall be named as additional insured, and all policies shall contain cross-liability endorsements. Service Provider shall provide proof of such insurance coverage to ANKA BHI within thirty (30) days of execution of this agreement.

14. **Indemnity.** Each party hereto agrees to indemnify, defend, and hold harmless the other party, its officers, agents and employees, from any and all liability and/or damage to any person or property, arising out of, or occurring in, on, or about any property utilized, occupied, leased or rented by or on behalf of Anka BHS, the Service Provider, or Program participants, caused by the conduct, negligence, or omission of the indemnifying party, its officers, agents, employees and volunteers.

15. **Non-Discrimination/Equal Employment Practices.** Service Provider shall not discriminate or permit discrimination against any person or group of persons in any manner prohibited by federal, state or local laws. During the performance of this Agreement, Service Provider agrees as follows:

- a. Service Provider shall not discriminate against any employee or applicant for employment because of age, marital status, religion, gender, sexual preference, race, creed, color, national origin, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or disability. This nondiscrimination policy shall include, but not be limited to, the following: employment, upgrading, failure to promote, demotion or transfer, recruitment advertising, layoffs, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
 - b. Service Provider shall state in all solicitations or advertisements for employees placed by or on behalf of Service Provider that all qualified applicants will receive consideration for employment without regard to age, marital status, religion, gender, sexual preference, race, creed, color, national original, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or disability.
 - c. Service Provider shall make its goods, services, and facilities accessible to people with disabilities.
16. **Amendments.** Any changes or amendments to this agreement, or its exhibits, shall be made in writing, dated, executed by an authorized agent for each party and attached to this Agreement.
17. **Compliance.** All parties hereto agree to comply with all Federal, State, and local statutes, laws and regulations. The Service Provider further agrees to comply with all regulations affecting its operations and those required by the Supported housing Program Grant, including, but not limited to 24 CFR Part 583 (Supportive Housing Rule – Exhibit E), 24 CFR Part 84 (Exhibit F) and OMB Circular A-122 (Exhibit G) & A-133 as applicable, as well as OMB Circular 110 which requires, among other things, that all contracts awarded by recipients and their contractors or sub-grantees having a value of more than \$10,000 shall contain a provision requiring compliance with Executive Order 11246, entitled “Equal Employment Opportunity”, as amended by Executive Order 11375, and as supplemented in the Department of Labor Regulations (41 CFR part 60, et seq.).
18. **Governing Law:** This Agreement shall be governed by the laws of the State of California.
19. **Investigation and/or Discipline Disclosure.** Service Provider shall submit information concerning any investigations and/or discipline imposed by any state or federal authorities by completing the City of Oakland’s Schedule V – “Affidavit of Non-Disciplinary or Investigatory Action” and Schedule Z – “Certification of Debarment and Suspension.”
20. **Paragraph Headings.** The paragraph headings herein are for the convenience of the parties only and shall not be deemed to govern, limit, modify or in any manner affect the scope, meaning or intent of the provisions or language of this Agreement.

21. **Complete Agreement.** This Agreement is intended by the parties hereto as a final expression of their understanding with respect to the subject matter hereof and a complete and exclusive statement of the terms and conditions thereof and supersedes any and all prior contemporaneous contracts, agreements and understandings, whether oral or written, in connection therewith. This Agreement may be changed or modified only upon the written consent of the parties hereto.

22. **Notice:** If either party shall desire or be required to give notice to the other, such notice shall be given in writing and sent Any notice required or desired to be served by either party upon the other shall be addressed to the respective parties as set forth below:

TO ANKA:
Anka Behavioral Health, Inc.
1850 Gateway Boulevard, Suite 900
Concord, CA 94520

TO OHFP:
Alameda County Board of Supervisors
1221 Oak Street, Fifth Floor
Oakland, CA 94612

or to other addresses as from time to time shall be designated by the respective parties.

IN WITNESS WHEREOF, the parties have executed this agreement on this

29th Day of August, 2008.

Anka Behavioral Health, Inc.

By: 

8/29/08
Date

Chris Withrow
Executive Vice President, Deputy CEO
Anka Behavioral Health, Inc.
1875 Willow Pass Road, Suite 300
Concord CA 94520
(925) 825-4700

Service Provider:

By: _____

Date

Scott Haggerty
President
Alameda County Board of Supervisors
1221 Oak Street, Fifth Floor
Oakland, CA 94612

Approved as to Form
RICHARD E. WINNIE, County Counsel

By 

EXHIBIT A
ANKA BHI'S RESPONSIBILITIES

1. General project management, which includes but is not limited to the following:
 - a. Coordinate the services of all the Service Providers to ensure stated outcomes are attained.
 - b. Develop program design, policies and procedures.
 - c. Provide quality control and assurance by organizing the Interdisciplinary Team (IDT) meetings, monitoring the Service Provider's compliance of plans, and responding appropriately to the recommendations of the Consumer Oversight Committee.
 - d. Administer appropriated HUD funds by developing a budgeting and reimbursement process of authorized expenditures following applicable federal fiscal regulations.
 - e. Prepare annual or regular reports to comply with all HUD requirements.
 - f. Secure new Service Providers if/when the sub-contract with existing providers is terminated.
 - g. Provide the sole interface between the Service Providers and HUD for program design and fiscal issues.
 - h. Participate as needed in county-wide committee's of the Alameda County's EveryOne Home Plan to End Homelessness and the City of Oakland's PATH efforts to end homeless.
2. Supportive service which includes the following:
 - a. Provide supportive services and transitional housing for 54 homeless families for 18 months with the possibility of a 6 month extension (totaling 24 months) to be approved by the IDT team of service providers involved with the family.
 - b. Uphold Megan's Law regulations

EXHIBIT B
SERVICE PROVIDER INFORMATION

Scott Haggerty, President
Alameda County Board of Supervisors
1221 Oak Street, Fifth Floor
Oakland, CA 94612

Direct Contact: Debra Richardson, L.C.S.W.-Director

12-Month SHP Grant Amount: **\$342,177**

Description of Specified Services:

Homeless Families Program is a program within the Community Health Services Division, a division of the Alameda County Public Health Department. Homeless Families Program provides a variety of service that enable the homeless to live full and productive lives. Homeless Families Program will provide, case management services, outreach services, move-in assistance for permanent housing, counseling, aftercare services, and vocational service referrals.

Insurance requirements for this program include:

- a) General Liability (Commercial and Property) - \$1 million each occurrence and \$2 million aggregate.
- b) Professional Liability - \$1 million each occurrence and \$2 million aggregate.
- c) Automobile (owned, hired, non-owned) - \$1 million single and \$1 million aggregate
- d) Workers Compensation – Statutory limit

**EXHIBIT C
SUBCONTRACTOR SERVICE PLAN
SUPPORTED HOUSING PROJECT (HENRY ROBINSON - MSC)
OAKLAND HOMELESS FAMILIES PROGRAM
HOMELESS FAMILIES SUPPORT NETWORK**

PROGRAM DESIGN

SCOPE OF PROGRAM:

Supportive Services-Case Management

1. Provide children's developmental services and linkages to homeless families with children less than twelve (12) years of age and/or those with complex medical and developmental needs.
2. Provide intake and assessment services,
3. HFP we will adhere to the Megan's Law findings.
4. Provide case management and support services to 25 families within the HFSN annually. Including, but not limited to comprehensive psycho-social assessments, family service plans, counseling, and referrals for alcohol and drug treatment, permanent housing services.
5. Provide one-time move assistance to a minimum of 15 families moving from the HRMSC Transitional Housing Program or from another program within the HFSN into permanent housing who have met all benchmarks.
6. Provide housing assistance by OHFP Housing Specialist to all HFSN families residing at the HRMSC (Provide housing assistance in the form of activities that are designed to support the goal of obtaining permanent housing, including but not limited to, housing workshops, housing search, housing linkages, and tenancy rights advocacy).
7. Works with other members of the HRMSC Team to develop an individual service plan for each person placed in the program and to participate in clinical case meetings,
8. Coordinate the services of OHFP residents in order to insure that all program goals are obtained,
9. Provide accurate, and requested reports in a timely fashion (HUD Time & Activity Reports, HUD Calendars, Monthly Status reports) upon request to ANKA BHI, Said services shall be provided and supported by: Program Director, Case Manager, Housing Specialist, Program Assistant, and Receptionist/ Clerical/Data Entry.

PROGRAM COMPONENTS:

ENTRANCE/ADMISSION CRITERIA:

Referrals from any of the HFSN contracting agencies will be accepted; however a pre-screening will occur by the ABHI Program Director, Clinical Director and / or Family Advocate. Reference Exhibit F for referring partners. Confirmation and/or verification of homelessness shall be conducted by OHFP.

ADMISSION POLICY AND PROCEDURE:

OHFP Case Manager will submit an application for families that desire to be in the HRMSC Transitional Supportive Housing program. This package will be completed within 28 days or less and will include the following:

1. Social Security cards for all family members,
2. Current verification of income within the last 30-days,
3. Immunization Records,
4. Birth Certificates,
5. Identification Cards or CA Drivers License,
6. Copy of intake/referral form,
7. Family Service Plan for adults and children over 12 years old,
8. Current verification of Food Stamps if applicable,
9. If emancipated legal emancipation documents,
10. Proof of legal custody of child,
11. Adhere to Anka's policies addressing Megan's Law

An interview will be scheduled between the OHFP Case Manager, Clinical Director, HRMSC Family Advocate and the HRMSC Program Director and the family to assess the applicants' eligibility and understanding of the program requirements. The family will receive a Notice of Final Determination within 48 hours of interview to inform the applicant of the selection status and explain the reason(s) for the determination.

OHFP staff is required to enter all OHFP family data into HMIS within 24 hours upon enrollment and/or 24 hours after exiting the program as designated by HUD requirements.

APPLICANT/TENANT POLICY – SEX OFFENDER LIFETIME REGISTRATION REQUIREMENT

OHFP will support the Policy of Anka BHI to prohibit persons from occupying any housing that Anka Behavioral Health, Inc. owns rents or leases that persons are Subject to State Sex Offender Lifetime Registration Requirements with the exception of participants of the Anka Behavioral Health Conditional Release programs.

Procedure:

Any individual that subject to the State Sex Offender Lifetime Registration requirement is prohibited from occupying any housing that Anka Behavioral Health, Inc., owns, rents or leases.

Anka BHI staff shall conduct inspections of the Megan's Law database, conduct private investigatory searches, and utilize the Department of Justice and other Governmental source information. If it is determined that an applicant or current resident is subject to registration requirements, tenancy will not be approved or will be terminated in accordance with California Civil Code which requires 30-day, 60-day, or 90-day notice, based on length of residency and/or type of subsidy. OHFP staff will adhere to all findings on Megan's Law as it relates to HFP families entering the HRMSC. HRMSC staff will alert OHFP immediately on the status of each OHFP client if found on the Megan's Law database upon entrance, during residency or upon discharge.

However, in a case wherein the applicant or current resident reports that the information provided by the State Attorney General's Office (Megan's Law) or other Governmental source information is incorrect and their name should not appear in the Megan's Law database or other DOJ and/or Governmental Source documentation, they may exercise the appeal process. The applicant or current resident will be allowed ten (10) days from the date of his/her "Termination of Tenancy" letter or "Applicant Denial Letter" and attached documentation (Adverse Action Notice) from Megan's Law or the Department of Justice, or other private investigatory or governmental source to request an appeal. The request for an appeal must be in writing and must state specific reasons why the information is incorrect, and may include but is not limited to, birth records, birth dates, former residences, social security numbers, letters from State Law Enforcement, etc. Even if an appeal is filed applicants will be refused entry on the waiting list via an "Applicant Denial Letter". Current tenants will be expected to adhere to the "Termination of Tenancy" notice.

Applicants will not be allowed tenancy until they have provided written documentation (via a correction notice or clearance letter) stating the person is not required to register issued by the State Attorney General's office (Megan's Law) or the Department of Justice or any other governmental source that lists the applicant as a Sex Offender. The information provided by the applicant or tenant will be verified by OHFP staff.

APPLICANT/TENANT POLICY – SEX OFFENDER LIFETIME REGISTRATION REQUIREMENT

Anka BHI will conduct a further investigation within a ten (10) day period. If the evidence continues to show that the applicant or tenant has a sex offender history and is required to register with the State of California, the "Termination of Tenancy Notice" or the "Applicant Denial Letter" will stand.

The 10 day appeal and the 10 day further investigation period does not alter nor extend the 30 day "Termination of Tenancy" notice period.

Discovery of falsification of information provided is grounds for denying application for housing, and shall be considered a material breach of the rental agreement and grounds for immediate termination of current tenancy.

Anka BHI does not discriminate against any protected class, group, or individual on the bases of race, color, creed, religion, sex, marital status, national origin, gender identity, age, sexual orientation, familial status or handicap.

OUTREACH:

Outreach will be performed in conjunction with regular activities. Families identified by the OHFP and the ABHI staff as needing services will be referred to the HRMSC team for assessment and intake.

INTAKE AND ORIENTATION:

Participants will receive an ABHI/HRMSC intake and orientation prior to admission to support services. The family will receive a program/facility tour within the first 48 hours after move-in. This tour will include the families and their OHFP Case Manager or HRMSC Family Advocate.

STAFFING AND INTERDISCIPLINARY TEAM:

The OHFP Case Management Team will be required to participate in the Team Meetings facilitated by the ABHI Program Director and Clinical Director to review resident's progress and/or issues of relevance that are of concern. This meeting will enable all of the HRMSC supportive services staff to have open communication in order to assist the resident with obtaining the over all goals while integrating back into the community of independence and permanent housing stability. If OHFP is unable to attend, Anka BHI will require OHFP – Program Director to call or email HRMSC Program Director at least 2 hours prior to the meeting. OHFP will also participate in the HFSN monthly team meetings, offer program updates, and provide other relevant information/documentation as needed. In addition, OHFP Program Director will also attend quarterly Oversight meetings requested by Alameda County Supervisor Steele's office.

DISCHARGE AND FOLLOW-UP:

Residents that are able to move into permanent housing will be required to complete a three (3) month and six (6) month Client Satisfaction Survey (CSS) addressing their experience with aftercare services. The OHFP Case Manager will provide completed CSS form to Anka on the client's move-in anniversary date of the third month and the on the sixth month of aftercare.

INTER-AGENCY REFERRAL POLICY:

Inter-agency referrals fall into the following categories:

- a. Referrals by participating agencies to HFSN /HRMSC for intake.

- b. Referrals by SHP (HFSN/HRMSC) Case Managers to participating agencies for services.
- c. Referrals made by (HFSN/HRMSC) Interdisciplinary Clinical Team to participating agencies.

All Intake Packets for Emergency Housing and Transitional Housing will be submitted to include the name of agency referred to, staff person making referral, participant name, date, code number, the service desired by or recommended for the participant and a timeline for achievement of desired service. These procedures also apply to those referrals made by the HFSN/HRMSC Interdisciplinary Team (IDT).

EXHIBIT D PROGRAM GOALS

Objective 1: Placement into Transitional Housing

By 2009, OHFP will place 80% (**20 families**) of all HFSN participants from the street or in emergency housing into transitional housing within the first 30 days from intake (if appropriate) based on confirmed data from Encounter Forms, HMIS, and weekly team meetings.

Objective 2: Access to Critical Service Programs

By 2009, OHFP will have 70% (**18 families**) of all HFSN participants who are active in critical service programs (such as mental health, education and / or job training, recovery services, and other healthcare services) within the first five (5) months from intake based on confirmed data from Encounter Forms, HMIS, and weekly team meetings.

Objective 3: Permanent Housing

By 2009, OHFP will provide 60% (**15 families**) of all families move-in assistance that are being case managed within the HFSN based on meeting all benchmarks, supported by confirmed data from Encounter Forms, HMIS, and weekly team meetings.

**EXHIBIT E
SHP BUDGET
OHFP SUB-CONTRACT**

HFP SHP BUDGET 2008-2009	FY 08/09 BUDGET	Budget Modification #1 June 26, 2008
HFP Leasing	\$13,482	\$13,482
TOTAL LEASING COSTS	\$13,482	\$13,482
SUPPORTIVE SERVICES (PERSONNEL)		
Program Director	\$67,252	\$70,653
Case Managers	\$50,627	\$50,627
Housing Specialist	\$41,680	\$39,680
Program Assistant	\$9,742	\$9,742
Temp Data Entry	\$3,705	\$2,304
FRINGE BENEFITS	\$76,123	\$76,123
ADMINISTRATIVE COSTS	\$18,775	\$18,775
TOTAL SUPPORTIVE SERVICES (PERSONNEL) COSTS	\$267,904	\$267,904
SUPPORTIVE SERVICES (NON-PERSONNEL)		
CLIENT ASSISTANCE	\$45,219	\$47,192
Children's Hlth Svcs	\$11,000	\$5,767
Client Transportation	\$3,100	\$6,000
Housing Assistance	\$18,425	\$18,425
Child Care	\$10,766	\$15,000
Client Food Vouchers	\$2,000	\$2,000
OTHER COSTS	\$15,500	\$13,599
Computer/IT Services/Supplies	\$2,000	\$2,149
Printing/Office Supplies	\$7,000	\$6,000
Equipment Rental: Copier	\$2,500	\$750
Telephone/Communications	\$4,000	\$4,700
TOTAL SUPPORTIVE SERVICES (NON- PERSONNEL)	\$60,791	\$60,791
SUBTOTAL SUPPORTIVE SERVICES BUDGET (non including leasing)	\$328,695	328,695
TOTAL PROGRAM BUDGET (LEASING AND ALL SUPPORTIVE SERVICES)	\$342,177	\$342,177