CITYOF NAPA CITY COUNCIL
CITY OF NAPA PLANNING COMMISSION JOINT MEETING
AGENDA REPORT

03-01 P

SPECIAL SESSION CALENDAR
Agenda Item No. 3A
Date: December 6, 2007

To: Honorable Mayor and Members of City Council
Planning Commission Members

From: Dana Smith, Assistant City Manager
Jan Maurer-Watkins, Housing Manager
Marlene Demery, Planning Manager

Prepared by: Jenny Gomez, Housing Programs Coordinator
Kevin Eberle, Senior Planner

Subject: HOPE Resource Center for Adults

ISSUE STATEMENT:

This is a Joint City Council/Planning Commission Workshop to take public testimony about the impact of the homeless population on the neighborhoods surrounding the HOPE Resource Center and the HOPE Center's compliance with conditions of its Use Permit #02-106. Staff is asking for direction from the City Council and has provided three alternatives that are not mutually exclusive. The Planning Commission was included in this workshop to hear public testimony and ask questions in order to gain a greater understanding of the issues should they be required at a later date to consider actions related to the HOPE Center's Use Permit.

DISCUSSION:

Introduction:
In the mid to late 1990's, the homeless population in the downtown area became an increasing concern in the community. The downtown businesses were the most impacted from loitering, appearance of safety for customers, and other similar issues associate with homeless populations. It was also acknowledged by local leaders and social service agencies that the growing number of homeless in Napa lacked access to essential and needed social services. The homeless population, regardless of the city, is a difficult population to manage because of the complex number of problems that contribute to their homelessness; mental illness; drug abuse; alcoholism; and poverty among other issues. Through a series of community meetings over several years, the creation of an adult day resource center was one component of an over all three pronged approach that was identified to both reduce the number of homeless people on the streets and provide key services. A detailed history of the creation of the HOPE Resource Center is included as "Attachment 1" of this report.

In August 2000, the City Council approved a Use Permit #00-048 authorizing the establishment of the HOPE Center at 1301 Fourth Street as a provider of day services to the homeless. The Center is located at the First United Methodist Church Centennial Hall Building on the corner of Fourth and Randolph streets and was opened for operation in October 2001. Currently, the Center provides homeless adults with basic services including showers, toilets, laundry and telephone, along with providing counseling. The Center is open from 8:00 a.m. to 5:00 p.m. Monday through Friday and is staffed with two full-time employees and one half-time employee. Additionally, the Napa Valley Shelter Project (NVSP) has offices on site to provide additional counseling and guidance related to mental health issues. The Center also works with other local organizations to address homelessness issues, collaborates with the City of Napa's Police Department and the Napa County Sheriff's Department to assure that wanted felons are not allowed into the Center. "Attachment 2" provides more detailed information about the underlying General Plan Designation and Zoning. Generally, the Church and the HOPE Resource Center activities are consistent with the General Plan and Zoning for the area, as detailed in Attachment 2. Please see the attached location map.

The Salvation Army and the First Presbyterian Church Feeding Table Programs that also serve the homeless population are located in the same area. The Salvation Army Program has been in existence since the 1970's and is considered legal nonconforming use. Lunches are served at the Salvation Army, Monday through Friday between 11:45 and 1:00. The Salvation Army also maintains a food pantry in which one bag of groceries per month can be obtained by families. The Feeding Table Program has been in operation for over 30 years. The City has no records of the actual date the program began operation, therefore similar to the Salvation Army, the use is considered a legal nonconforming use. Meals are provided Monday through Friday between the hours of 3:00 and 4:45.

Under the August 2000 approval of the Use Permit, the City specifically reserved the right to conduct a review, one year after the commencement of the use to determine the adequacy of the HOPE Center's compliance with the requirements of the Use Permit. That review was conducted by the Planning Commission at its meeting of September 19, 2002, and by the City Council at its meeting of February 4, 2003. At the February 2003 meeting, the City Council approved the continuance of the HOPE Center Program under the terms of Use Permit #02-106. The terms and conditions of the 2003 approval were the same as the 2000 approval of the Use Permit, with two additional conditions: (1) the HOPE Center was required to file an annual report with the City on its activities under the Use Permit, and (2) the City specifically reserved the right to conduct a review of the adequacy of the HOPE Center's compliance with the requirements of the Use Permit three years after the hearing.

City staff has received some comments from the public indicating a belief that the Use Permit "automatically" terminated three years after the February 2003 hearing. Use Permit Special Condition No. 1 does indicate that "This Use Permit is approved for a period of three (3) years from the date of this hearing, at which time it shall expire." However, this requirement of the Use Permit must be read in light of the provisions of the Napa Municipal Code by which the Use Permit was issued. Under Napa Municipal Code chapters 17.60 and 17.68, a Use Permit may be revoked or modified only if the City determines, after a noticed public hearing, that either: (a) the applicant is in violation of the requirements of the Use Permit, or (b) the operation of the use under the Use Permit is detrimental to the public health, safety or general welfare. The procedure

for conducting the noticed public hearing is set forth in Napa Municipal Code chapter 17.72, and includes an initial determination by the Community Development Director or the Planning Commission, with appeal rights to the City Council. The process summarized above is identified in the minutes of the Planning Commission meetings (which were attachments to the reports for the 2000 and 2003 Council actions on the Use Permit).

With this background and procedural context in mind, staff has summarized in this report facts that are relevant to the City's determination as to whether a modification or revocation of the HOPE Center Use Permit is warranted.

Resident Complaints:
The City has received numerous complaints from area residents alleging a degradation of the safety and well-being of their neighborhood due to the activities of the homeless attracted to this area because of the social services provided by the HOPE Center, Salvation Army and the Table. Complaints include excessive loitering, drinking alcohol, drug activity, criminal activity, urinating on private property, excessive trash left in yards and the public park, trespassing, and a general feeling of risk to residents. See "Attachment 6" to read correspondence received by the City. In addition, the release of chronic homeless prisoners from the County jail into the downtown may also contribute to the above activities. The Napa Police Department has provided a brief inter-office memo that describes current trends relating to calls for service in this area, please see "Attachment 5".

Many residents have consistently attributed the above described complaints on the operations of the HOPE Center and the allure of homeless to the area because of the array of services provided by all three non-profits. Some residents have called for the closure or relocation of the HOPE Center.

As discussed above, the HOPE Resource Center must operate within the conditions of a City issued Use Permit. The staff has reviewed the conditions of the Permit and has outlined for you, with the assistance of CANV, the operator of the HOPE Center, the conditions and status of compliance. The conditions in the Use Permit are procedural in nature and do not provide strong emphasis on managing behavioral issues of homeless persons beyond the confines of the Center itself. None-the-less, staff has provided three alternatives to consider regarding the HOPE Resource Center issues and Use Permit. This is not an exclusive list and other alternatives may be generated as a result of this workshop. The alternatives are: 1) Work with CANV to voluntarily expand existing use permit conditions; 2) Work with CANV to voluntarily relocate the HOPE Resource Center; or 3) Conduct a Revocation Hearing. If the City Council were to direct staff to review possible revocation of the Hope Resource Center's Use Permit, a revocation hearing would be scheduled for the Planning Commission at a future date.

The following is a list of the seven special conditions of approval for the Hope Center use permit, along with staff's analysis of compliance. The HOPE Center has also provided a letter dated May 7, 2007 which they believe demonstrates compliance with each of the conditions of approval. Please see "Attachment 4."

1. The Hope Resource Center shall file an annual report on its activities and services with the Planning Department by December 31 of each year, and the Department shall then submit a

written report to the City Council for its information on or before the anniversary date of this public hearing.

Compliance: Annual reports have been submitted in a timely fashion, with the 2006/07 report expected during December of 2007. Copies of the annual reports are included as "Attachment 3." A written report to the City Council has not been made prior to this meeting.

2. The developer shall provide for an outdoor lounge area directly adjacent to the HOPE Resource Center that is screened from the view from the public street.

   Compliance: The intent of this condition was originally to provide clients with an appropriate area outside of the building where smoking would be allowed. CANV attempted to comply with this condition by creating the outdoor smoking area. Due to the limitations of the physical building site, the effort was unsuccessful. Subsequently, new State laws were passed in 2005 prohibiting smoking within 20 feet of a public building, which does not allow smoking in the outdoor area. HOPE Resource Center clients are now required to leave the building and the property in order to smoke. There is no loitering allowed, and clients are encouraged to take walks. CANV offers a Quit Smoking Program at the Center.

3. The applicant shall work with the City of Napa Police Department in establishing appropriate police protocol. To the extent feasible, this police protocol shall be modeled after the system used by the City of Petaluma Police Department.

   Compliance: During the development of the Center, the Napa Police Department participated actively in the design of the physical space and in the creation of the programmatic components, including sign-in protocol, warrant checks, crisis intervention procedures, etc. A representative from the Napa Police Department continues to participate in the monthly policy/oversight council meetings.

4. To the extent feasible, the applicant/operator shall work with other agencies and organizations to secure overnight accommodations for the clients of the HOPE Resource Center.

   Compliance: CANV is the operator of the South Napa Shelter and the seasonal Winter Emergency Shelter. The HOPE Center is the central point of contact for housing services and referrals. In addition to referring clients to either of the two single person shelters, CANV also refers families to the Samaritan Family Shelter, provides referrals to Napa Women's Emergency Services when appropriate, and works with the County of Napa to provide motel vouchers when available.

5. The City accepts the applicant's offer to provide adjacent property owners with a 24-hour telephone number in case of an emergency.

   Compliance: At the time of the original condition for this project, CANV provided the neighborhood representative on the advisory council with the 24-hour emergency number in service at the Sullivan Shelter. When the Sullivan Shelter moved in May 2006, a new

number was not immediately created. Per CANV's letter of May 7, 2007, this item was to be corrected and a new number was to be provided to the neighborhood advisory council representative. As described by CANV, the following three formal complaints have been lodged with the CANV staff via telephone communication since February 4, 2003. CANV was unable to provide specific dates as the complaint log was maintained as an electronic file stored on a computer that was stolen from the site in May of 2006.

1) Complaint by staff at the First Presbyterian Church preschool regarding a known person sleeping in a vehicle near the preschool.

Resolution: The issue was resolved by the HOPE Resource Center's staff along with help from the Napa Police Department.

2) Complaint from a local bakery owner who said people were stopping in front of the bakery and causing problems.

Resolution: HOPE Resource Center staff along with County staff conducted regular site visits to the bakery and identified the problem causers and these people were given warnings not to continue this activity in front of the bakery, which solved the problems.

3) Complaint from a local bookstore proprietor who said that a certain individual was coming into the store and scaring employees.

Resolution: HOPE Resource Center staff determined that the individual was not homeless, but lived in the area. The bookstore proprietor was given suggestions on how to deal with the individual.

6. A complete set of rules establishing standards of behavior for all clients of the Center shall be established prior to the opening of the Center.

   Compliance: The Standards of Behavior and Usage Rules were created in 2001 with assistance from the various neighborhood representatives, police and sheriff department representatives, client input, incorporating best practices as determined at the time. Since that time, the Standards of Behavior and Usage Rules have been modified to accommodate various changes in protocol and changes needed to address neighborhood concerns. Attachment 4 includes the intake form, 90-day update form, and client rules.

7. The main entrance of the Center shall be located on the Fourth Street side of the building. Any modifications to the fence or other accommodations to ensure use of Fourth Street as the main client entrance shall be established at the time the Center is opened.

   Compliance: In 2001, the main entrance of the Center was oriented toward Fourth Street as part of the rehabilitation of the building.

According to HOPE Resource Center staff, neighbors are encouraged to register complaints and issues with the Center, and staff endeavors to address them in a timely manner. They have identified a number of proactive steps to assure that the area around the Center is safe. These steps include staff walkabouts, a no loitering rule, Police warrant checks of individuals, monthly member

meetings and client giveback where the clients of the Center are required to work a minimum of two hours per month at the Center.

As noted in Attachment 5, Memorandum from the City of Napa Police Department, a decrease in the number of calls for service related to homelessness issues over the last year has been noted. This reduction in calls is attributed to the combined efforts of two part-time outreach workers under the supervision of a City of Napa Police Sergeant and CANV's increased supervision of clients. These police calls are a combination of neighborhood calls as well as HOPE Center calls when assistance is needed in handling a situation at the Center. However, the majority of the calls are placed by the HOPE Center itself.

Alternatives and Their Implications:
The following alternatives are available to the City related to the HOPE Resource Center Use Permit as well as the potential impact of each alternative.

1. **Direct Staff to work with CANV and neighborhood stakeholders to establish additional Use Permit conditions, strengthening neighborhood protection.**

   This alternative would allow for the continued use of the HOPE Resource Center, with the HOPE Center working with the City and neighborhood stakeholders to establish additional conditions to address neighborhood concerns. A public hearing would be required for the City to consider approval of the new/revised conditions of the Use Permit. Additional conditions might include private 24 hour security patrol of the neighborhood, additional staffing at the HOPE Resource Center, or revision of the current policies of operations. The imposition of additional conditions could cause a financial impact for CANV. However, expanded conditions of the use permit would have a positive impact on the surrounding neighborhood.

2. **Work with CANV to voluntarily relocate the Resource Center over time.**

   A voluntary relocation of the HOPE Resource Center would likely require an additional financial commitment from CANV. A new location has the potential to have a more costly lease payment and potential to require one-time funding to either construct a new building or rehabilitate an existing one.

3. **Direct Staff to conduct a Revocation Hearing of the current use permit.**

   Napa Municipal Code Section 17.72.070.D authorizes the City to conduct a public hearing to determine whether revocation of, or modification to, the Use Permit is warranted. Staff would conduct a revocation hearing with the Planning Commission. One of three results is possible (each of which may be appealed to the City Council):
   1. If the Planning Commission determined that the HOPE Center is operating in violation of its operating conditions, or its uses are detrimental to the public health, safety, or welfare, the Use Permit could be revoked and a timeline for ceasing operations could be established as part of the revocation process;
   2. If the Planning Commission determined that the HOPE Center is operating in violation of its use conditions, or its uses are detrimental to the public health, safety,

or welfare, revised and or new conditions could be added to strengthen the requirement for operations;

3. The Commission could determine that the Hope Center is in compliance with its Use Permit and no action would be required.

Should the HOPE Resource Center close without reopening in an alternative location, the City of Napa would be required to repay the initial HUD funding for the rehabilitation of the building. The total amount the City would be required to repay would be $67,067. Potential financial impacts to CANV (specific to City CDBG grant funds provided to the project in fiscal year 2005/2006) require a repayment of $3,836 for each year services are not provided over a five year grant agreement. The City could waive this repayment provision.

It is anticipated that current clients of the HOPE Resource Center would continue to access available services provided by the Salvation Army and the First Presbyterian Church Table Feeding Program

Current Local Efforts to Address the Broader Homeless Issue:
Regardless of the alternative selected by the Planning Commission and the City Council, current progress towards addressing the homeless issues include the investigation of the creation of a Countywide Homeless Strategic Planning agency or division that would provide designated staff to carry out appointed activities. This effort is being led by the City of Napa Police Department, along with support from the County Health and Human Services Department and various service provider agencies. It is envisioned that this agency would be responsible for the oversight of the provision of homeless services in a comprehensive, collaborative approach. The agency's responsibilities would include: 1) implementation of recommendations identified in the previously adopted 10 Year Plan to End Chronic Homelessness, 2) continued coordination of the Continuum of Care efforts, and 3) implementation of other coordinated efforts as they are identified. The structure, if created, would also provide support to a new "Homeless Policy Council" which was presented to the Napa County Transportation and Planning Agency in September of 2007. NCTPA members agreed to act as the Homeless Policy Council, initially convening once a quarter. A funding proposal to share in the cost of the current efforts to impact homelessness is currently being prepared by staff of Health and Human Services and will be presented to the group at their next Policy Council meeting.

The creation of the strategic planning entity would potentially involve a financial commitment from the City of Napa, Cities within the new Homeless Policy Council and the County. Napa Health and Human Services Agency is in discussion with a local foundation that has agreed to explore matching funds to implement this structure.

Conclusion:
As all public officials know who have struggled with this issue, the competing needs of locating homeless centers in areas where the homeless population can access the services is often in direct conflict with neighborhoods and commercial areas. These conflicts are in all cities with a homeless population and downtown areas are almost always affected to the greatest extent. The City of Napa, because of its location and weather, size, extensive park system, and worldwide reputation will continue to be a magnet for the homeless. Ending homelessness is not a realistic goal because the issue transcends any one jurisdiction, however, <u>managing homelessness</u> and all

of the competing needs, including services that assist individuals in restarting their lives and protecting existing residents and commercial activity, requires a consistent commitment of resources and tenacity from all sectors (police, social services, County, Federal and State governments, and local community leaders). A renewed and invigorated look at a comprehensive approach to managing homelessness and its impacts on the City of Napa is needed. However, this workshop is focused on the operations of the HOPE Center and how it might be contributing to the issues described above. It will be important from a legal and process perspective for the City to gain an understanding from the public testimony the relationship of the HOPE Center's compliance with its use permit to the Health, Safety and Welfare of the surrounding areas.

FINANCIAL IMPACTS:

This specific workshop and requested action will have no immediate financial impact to the City.

CEQA:

This review is exempt from the requirements of CEQA pursuant to Section15321 (Categorical Exemptions; Class 21) of the Guidelines, which exempts actions by regulatory agencies to enforce or revoke a lease, permit, license, certificate, or other entitlement for use issued, adopted, or prescribed by the regulatory agency or enforcement of a law, general rule, standard, or objective, administered or adopted by the regulatory agency including the adoption of an administrative decision or order enforcing or revoking the lease, permit, license, certificate, or entitlement for use or enforcing the general rule, standard, or objective.

DOCUMENTS ATTACHED:

Attachment 1 Early History of Establishment of the HOPE Center
Attachment 2 General Plan and Zoning Information
Attachment 3 Annual Reports (2002, 2003, 2004, 2005, 2006)
Attachment 4 Applicant's Letters Dated May 7, 2007 and February 3, 2006
Attachment 5 Memorandum from Napa City Police Department dated 11/20/2007
Attachment 6 Correspondence:
a. Letter of Support from First United Methodist Church dated 3/28/2006
b. Letter of Concern from Susan Randall dated 7/15/2006
c. Email from Gordon Huether dated November 13, 2007
d. Email from Lowell Downey dated November 13, 2007

RECOMMENDED ACTION:

City staff recommends that the City Council take testimony related to the HOPE Resource Center operations and compliance with the existing use permit conditions, and direct City staff regarding options identified in this report or other alternatives that are suggested as part of this workshop.

CITY MANAGER

ATTACHMENT 1

EARLY HISTORY
AND ESTABLISHMENT OF THE HOPE CENTER

The HOPE Resource Center was one of the early projects created under the Continuum of Care Committee. In the mid to late 1990's, the Homeless situation in the downtown area became an ever increasing burden on the community. The downtown businesses were primarily the most impacted by the homeless. The homeless themselves were often victims of a lack of services within the community. The death of an elderly veteran who died in his wheelchair on the streets of Downtown Napa resulted in the formation of "Project Darryl," a committee represented by over 40 local Napa agencies and individuals representing government, law enforcement, non-profits, churches, and the business community. Through a series of meetings over a two year period, the outcome of Project Darryl was a three pronged plan to reduce the number of homeless people on the streets of Napa. The three components included the hiring of an outreach worker, re-opening of a residential stabilization (detox) center, and the creation of an adult day resource center.

At the time, the Salvation Army was in the process of trying to relocate their religious and senior activities into a larger building. The Salvation Army offered their building to Napa County Council for Economic Opportunity (NCCEO) under a lease for a nominal amount per year to locate an adult day resource center.

Considering the Salvation Army was already providing many services similar to what would be offered at an adult day center, the location seemed ideal as low income individuals with mental health or addiction issues tend to live in the older areas of the City, especially the downtown area. Because many clients and homeless persons were already in the downtown, the majority of service agencies had offices or programs in the downtown. These included the Salvation Army, the First Presbyterian Church Table program, COPE Family Center, Family Service of the Napa Valley, Progress Foundation, Alternatives, a Drug and Alcohol program, the Homeless Shelter for single individuals, and the Community Projects Thrift Store.

In 1998, the Continuum of Care Committee rated the application to renovate the Salvation Army building and to operate an adult day center as the number one HUD Continuum of Care funding priority. The Housing Authority of the City of Napa was awarded $255,937 from HUD for the project. The anticipated total project costs were over $556,000. Additional sources of funding for the project came from the City of Napa's CDBG program, the County of Napa, Queen of the Valley Hospital, Wine Auction Napa Valley grant funds, and numerous other commitments from many of the service agencies within the County for in kind services at the Center.

Upon receiving a notice from the City of Napa Planning Department in April 1999 that the expanded use of the Salvation Army Building was within current zoning parameters, the Continuum of Care Committee members sought additional funding and support for the project.

In the late spring of 1999, the Salvation Army building was no longer available for the day center use. The Salvation Army administration changed its plans for a new building and decided to stay

in its existing building to continue their religious, senior services, and meal services. Conversations with the Salvation Army to try to incorporate the proposed services and day center with their existing activities were not successful. This resulted in a community wide effort to locate another appropriate building in which the adult day center could be housed.

City and County officials, local community business representatives, residential neighborhood representatives, and local realtors were engaged in looking for a new site. Many locations were considered, including buildings within the Napa State Hospital grounds and a building that was within four blocks of the current Napa County Health and Human Services Agency Campus. However, arrangements could not be made to secure these sites and the urgency of the search was heightened by a one year site control deadline imposed by the HUD grant regulations.

A contingency of members from the First United Methodist Church presented NCCEO with a tentative offer to house the adult day resource center in their Centennial Hall building. The Church congregation ultimately voted in late November 1999 to lease the building to NCCEO for use as an adult day resource center.

NCCEO processed a use permit application with the City. In August of 2000, the City Council approved a conditional one year use permit effective upon the date of commencement of the use. This permit was opposed by residents of the surrounding neighborhoods.

The HOPE Resource Center opened for operations in October of 2001.

ATTACHMENT 2

GENERAL PLAN AND ZONING INFORMATION

The 1.2 acre Methodist Church property is developed with a Historic Church building, a garden chapel, classrooms, fellowship halls and a parking lot. The HOPE Center is located within Centennial Hall, which is located in the northeast corner of the church property adjacent to the Fourth and Randolph Streets intersection. Neighboring uses include: service/professional offices to the north across Fourth Street; a single family residence and multi-family residences to the east across Randolph Street; multi-family residences, a bed and breakfast, a single family residence and the Salvation Army complex to the south across Division Street; and a multi-family complex to the west across Franklin Street.

The property is located within POD RO-493 (Residential Office), which applies to mixed residential office areas. It provides for residential uses and also allows offices oriented to business and professional services, live/work, residential/office mixed uses, bed and breakfast inns and public and quasi public uses. The existing Methodist Church and adult day center facility are consistent with the non-residential uses allowed under the RO-493 classification.

The property is also located in the RO: FP, Residential/Office: Flood Plain Overlay Zoning District which is meant to retain and encourage residential uses. Uses include residential, offices oriented to provision of business and professional services and live/work developments. Public and quasi-public uses are a conditional use within the RO District. The establishment of an adult care facility is a conditional use in the RO Zoning District.

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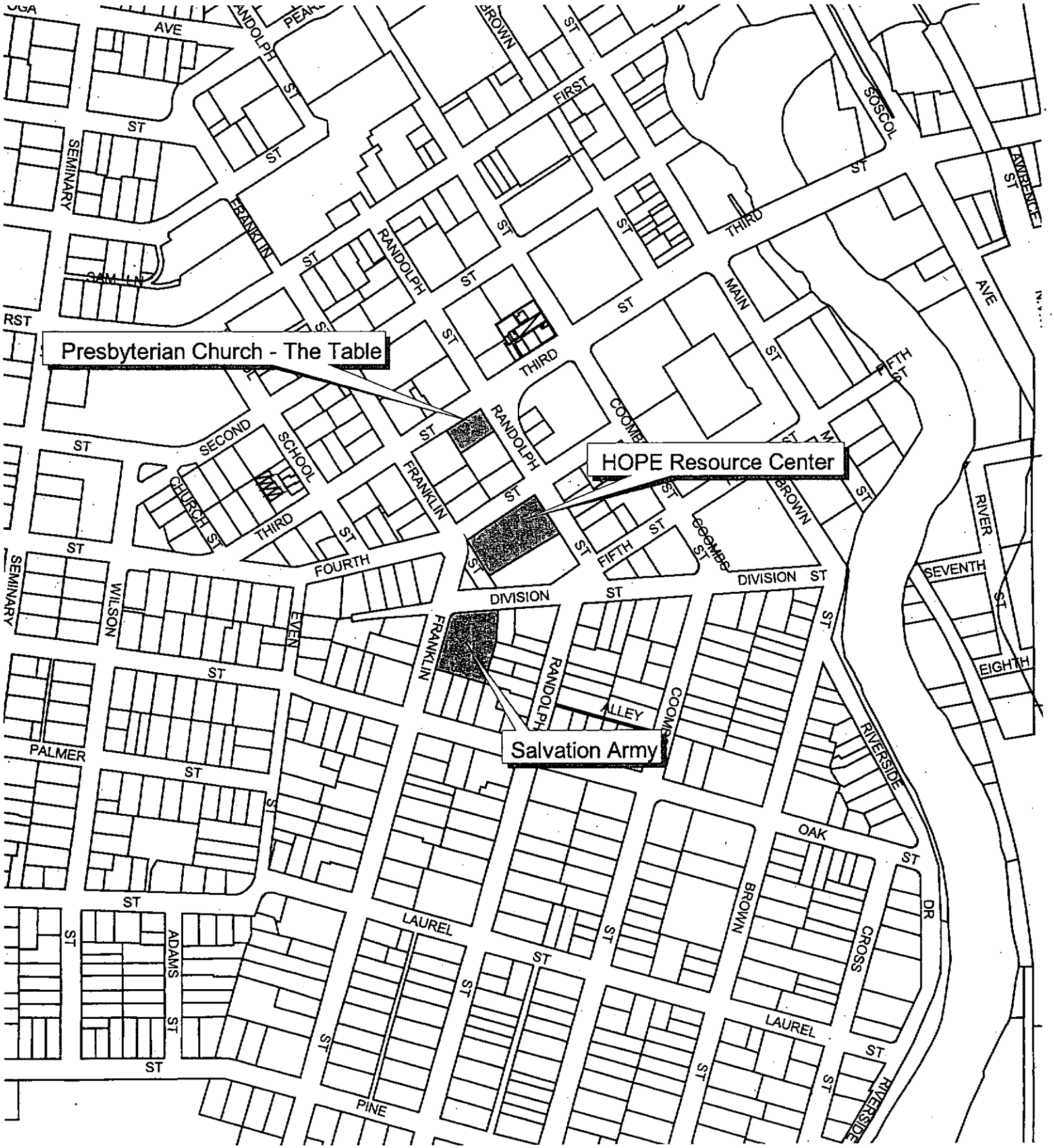

FILE #02-0106

(HOPE Resource Center)

EXHIBIT 1 LOCATION MAP

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ATTACHMENT 3

ANNUAL REPORTS SUBMITTED BY CANV

1.) HUD Annual Report Period 10/01/2005 through 09/30/2006

2.) HUD Annual Report Period 10/01/2004 through 09/30/2005

3.) HUD Annual Report Period 10/01/2003 through 09/30/2004

4.) HUD Annual Report Period 10/01/2002 through 09/30/2003

5.) HUD Annual Report Period 10/01/2001 through 09/30/2002

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OMB Approval No. 2506-0145 (exp. 11/30/2009)

U. S. Department of Housing and Urban Development
Office of Community Planning and Development

2005-06

Annual Progress Report (APR)

for

Supportive Housing Program

Shelter Plus Care

and

Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program

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Public reporting burden for this collection of information is estimated to average 33 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

General Instructions

Purpose. The Annual Progress Report (APR) tracks program progress and accomplishments in the Department's competitive homeless assistance programs.

Filing Requirements. Recipients of HUD's homeless assistance **grants must submit 2 APR'S to HUD within 90 days after the end of each operating year.** One copy of the report must be submitted to the CPD Division Director in the local HUD Field Office responsible for managing the grant. The other copy must be submitted to HUD Headquarters, Department of Housing and Urban Development, Attn: APR Data Editor, Room 7262, 451 7th Street, SW, Washington, DC. 20410. Failure to submit an APR will delay receiving grant funds and may result in a determination of lack of capacity for future funding. An APR must be submitted for each operating year in which HUD funding is provided.

Grantees that received SHP funding for new construction, acquisition, or rehabilitation are required to operate their facilities for 20 years. They must submit an APR 90 days after the end of the first operating year and any year in which they use SHP funding for leasing, supportive services, or operations. For years in which they do not receive SHP funding, they must submit an Annual Certification of Continued Project Operation throughout the 20 years. The certification can be found at the back of this APR.

A separate report must be submitted for each HUD grant received. For Shelter Plus Care, a separate APR must be submitted for each Shelter Plus Care component.

For those grantees receiving an extension, a separate report covering that period must be submitted (see Extension below).

Recordkeeping. Grantees must collect and maintain information on each participant in order to complete an APR. Optional worksheets are attached. The worksheets may be used to record information manually or to design a computerized system to store and tabulate the information. The worksheets should not be submitted to HUD with the APR.

Organization of the Report. The APR is organized in the following manner:

Part I: Project Progress. This portion of the report describes the progress in moving homeless persons to self-sufficiency, services received, project goals, and beds created.

Part II: Financial Information. This portion of the report is completed by all grantees receiving funding under SHP, S+C and SRO.

Final Assembly of Report. After the entire report is assembled, number every page sequentially. Mark any questions that do not apply to your program with "N/A" for not applicable. (See Special Instructions for SSO Projects below.)

Definitions. The following terms are used in the APR. As indicated, in some cases, terms are applied differently depending on whether the funding is from SHP, S+C, or SRO.

Chronically homeless person – HUD defines a chronically homeless person as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four (4) episodes of homelessness in the past three (3) years." To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e.not transitional housing) during these stays.

Disabling condition - HUD defines "disabling condition" as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living."

Entered the program for S+C and SRO projects means when the participant starts to receive rental assistance. For S+C, services provided prior to this point are recognized as necessary for outreach/enrollment and are eligible to count as match.

An **Extension APR** applies to SHP and S+C grantees that requested and received an extension of their grant term from the HUD field office. The only difference between an APR for the extension period and the regular APR (besides the amount of time covered) is the signature page. Grantees should circle "yes" to indicate the APR is for an extension period and circle the operating year for which the report is an extension. For example, if the grantee is extending year 3, the grantee should submit an APR as usual for year 3 and submit another APR for the extension period, indicating the second is an extension and also circling year 3 on the signature page.

Family means a household composed of two or more related persons, at least one of whom is an adult. Caregivers are not reported on in the APR.

Grantee means a direct recipient of the HUD award.

Left the program for S+C projects means when the participant stops receiving rental assistance and is not expected to return to S+C assisted housing. If the participant returns to S+C assisted housing within 90 days, the person should not be considered as exiting from the program. If the person returns to S+C assisted housing after 90 days, that person is considered a new participant. The worksheet is designed to capture this information.

Match for S+C means the value of supportive services received by participants in the S+C project which, in the aggregate, must at least equal the value of the S+C rental assistance provided over the life of the project. For SHP, match means cash used to provide the grantee's portion of acquisition, rehabilitation, new construction, operations and supportive services expenses.

Operating year for SHP means the date when participants begin to receive housing and/or services. The first operating year begins after development activities for acquisition, rehabilitation, and new construction are complete, after a copy of the Certificate of Occupancy is sent to the local HUD office, and when the first participant is accepted into the project. For projects without acquisition, rehabilitation, or new construction, the operating start date begins when the grantee accepts the first participant. For S+C (SRA, PRA and TRA components), the first operating year begins on the date HUD signs the grant agreement. For S+C/SRO and for Sec. 8 SRO, the first operating year begins with the effective date of the Housing Assistance Payments (HAP) Contract.

To determine which operating year to circle on the APR cover page, begin counting from the initial grant operating start date and include renewals grants. For example, a project receiving an initial grant for three years and a renewal grant for two years would circle years 1, 2, and 3 respectively on the APR cover sheet for the initial grant and would circle 4 and 5 respectively for the renewal grant. For any future renewal grants, the grantee would begin by circling 6 on the APR cover sheet.

Participant means single persons and adults in families who received assistance during the operating year. Participant does not include children or caregivers who live with the adults assisted.

Project Sponsor means the organization responsible for carrying out the daily operation of the project, if the organization is an entity other than the grantee.

Special Instructions For Supportive Service Only Projects. SSO grantees should complete all questions, unless a written agreement has been reached with the field office concerning which questions can be answered using estimates, or in rare instances, skipped.

Below is an example of how information could be derived in a large, single-service SSO project:

A grantee/sponsor staff member could be assigned to collect information from the organizations housing the participants. The staff person would contact these individual organizations to request information regarding the persons in that facility that use the service. For participants living on the street, the grantee/project sponsor may provide estimates.

Information could be collected for each participant or for participants receiving services at a point-in-time. If estimates or point-in-time counts are used, the method used must be described in the APR and the documentation kept on file.

As with all projects funded under HUD's homelessness assistance grants, grantees operating SSO projects are expected to complete all APR questions that are applicable to them. Note that all projects have been awarded funds as a result of

responding to the program goals of assisting homeless persons obtain/remain in permanent housing and increase their skills and income. The APR documents their progress in meeting these goals.

In some circumstances field offices and grantees may sign a written agreement concerning questions which can be answered using estimates, or in rare instances, skipped. Below are some considerations for reporting on particular types of projects:

Outreach Only Projects. - Projects which are solely devoted to street outreach and connection to housing and services are not required to track participants beyond their contact with persons on the street. It is sufficient for these projects to enter information on questions 1-10 (skipping questions 11-13 and 17). Estimates for questions 5-9 are allowed, given that participants may be reluctant to answer personal questions.

Answering the questions will demonstrate that the grantee is serving the appropriate number of people, providing basic demographic information for Congress, demonstrating that homeless persons are being served, demonstrating the types of housing participants are connected to, and the type of services they are receiving.

Hotline Projects. - Hotline services are similar to outreach projects, but contact between grantee and participant is often of very short duration - people enter and leave the program nearly simultaneously. It is sufficient for these projects to answer questions 1-5 (skipping 4), 10, and 14-19 (skipping 17).

Projects Providing Services To Children Only. - Projects that provide child care, after school care, counseling for children, etc. make an important contribution toward moving a family out of homelessness. While the main focus of the project is providing services to the children, it is the adults who are reported on in questions 6-16 of the APR. Like all other projects, this type is also targeted toward getting the families into housing and increasing the families' incomes.

Grantees may skip question 9; all other questions should be answered (except 17).

Transportation, Medical, Dental, and Other Single, Short-Duration Service Projects. - Some grantees provide a single service of fairly short duration focused ONLY indirectly on assisting homeless persons to obtain/remain in permanent housing and increase their skills and incomes. It is sufficient for these projects to enter information on questions 1-10 and 14-19 (question 17 may be skipped). However, with transportation services, it is unreasonable to think that someone would have to give their age, race, and ethnicity to a bus driver to get a ride a few blocks.

For these services, provide a narrative, which gives the number of rides given during the operating year, and provides estimates on the above statistics based on the population that utilizes the service.

Special Instructions For Safe Haven (SH) Projects. - Grantees are reminded that they are to report ONLY on the number of participants the application was approved for (cannot exceed 25 participants).

Homeless Management Information System (HMIS) Projects. - HMIS grantees should fill out the cover sheet of the APR (marking HMIS at the bottom) and Part II Financial Information. The APR also has a sheet that lists HMIS activities.

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THIS PAGE - TO BE COMPLETED BY ALL GRANTEES

Grantee:
Housing Authority of the City of Napa

HUD Grant or Project Number:
CA01B417003, PIN CA5313

Project Sponsor:
Community Action of Napa Valley

Project Name:
HOPE Resource Center

Operating Year: (Circle the operating year being reported on)
☒1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20

Indicate if extension: ☐ Yes ☐ No
Indicate if renewal: ☒ Yes ☐ No

Reporting Period: (month/day/year)
from: 10/1/05 to: 9/30/06

Previous Grant Numbers for this project:

Check the component for the program on which you are reporting.

Supportive Housing Program (SHP)

- ☐ Transitional Housing
- ☐ Permanent Housing for Homeless Persons with Disabilities
- ☐ Safe Haven
- ☐ Innovative Supportive Housing
- ☒ Supportive Services Only (Outreach)
- ☐ HMIS

Shelter Plus Care (S+C)

- ☐ Tenant-based Rental Assistance (TRA)
- ☐ Sponsor-based Rental Assistance (SRA)
- ☐ Project-based Rental Assistance (PRA)
- ☐ Single Room Occupancy (SRO)

Section 8 Moderate Rehabilitation

- ☐ Single Room Occupancy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments this operating year)
The HOPE Center, part of a three-part strategy providing outreach to Napa's Chronic Homeless Population, is a day center with two tiers of services. Tier one offers basic needs – showers, toilets, mail, phone, laundry, computers, clothing, shelter access, – a place to BE. Tier two includes medical care, legal services, job development, housing assistance, mental heath assessment and service, substance abuse intervention, domestic violence intervention and education and any other assistance to help this population become self-sufficient.

Name & Title of the Person who can answer questions about this report:
Andrea Clark, Administrative Assistant

Phone: (include area code)
707-257-9254

Address:
P.O. Box 660, Napa CA 94559
E-mail Address

Fax Number: (include area code)
707-257-9239

I hereby certify that all the information stated herein is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Grantee Official:
Peter Drier, Housing Director

Signature & Date:
X

Name and Title of Authorized Project Sponsor Official:
Susan Hertel, Executive Director

Signature & Date:
X

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PART I. TO BE COMPLETED BY ALL GRANTEES (EXCEPT HMIS)

SSO GRANTEES, PLEASE SEE SPECIAL INSTRUCTIONS ON PAGE 3 OF THE APR

Part I: Project Progress

1. **Projected Level of Persons to be served at a given point in time.** (from the application, SHP- Sec. F; SPC- Sec. D; SRO- Sec. D)

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time	120	0		0

2. **Persons Served during the operating year.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year	160	0	0	0
b.	Number entering program during the operating year	166	0	0	0
c.	Number who left the program during the operating year	123	0	0	0
d.	Number in the program on the last day of the operating year (a + b - c) = d	203	0	0	0

3. **Project Capacity.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)	203	0		0
b.	Number proposed in application (from 1a, columns 1 and 4)	200	0		0
c.	Capacity Rate (divide a by b) = %	101 %			0

4. **Non-homeless persons.** This question is to be completed for Section 8 SRO projects.

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	N/A

5. **Age and Gender.** Of those who **entered** the project during the operating year, how many people are in the following age and gender categories?

Single Persons (from 2b, column 1)		Age	Male	Female
	a.	62 and over	19	2
	b.	51-61	18	1
	c.	31-50	34	16
	d.	18-30	73	26
	e.	17 and under	0	0
Persons in Families (from 2b, columns 2 & 3)	f.	62 and over	19	2
	g.	51 - 61	18	1
	h.	31 - 50	34	16
	i.	18 - 30	73	26
	j.	13-17	0	0
	k.	6-12		
	l.	1-5		
	m.	Under 1		

Answer questions 6 - 10 only for **participants who entered the project during the operating year** (from 2b, columns 1 & 2). The term **participant** means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions, 7, 8 and 10 below should be the same; respond to each of those questions for all participants. Some of the questions listed throughout the APR will be asking information for individuals who are **chronically homeless**.

6a. **Veterans Status.** A veteran is anyone who has ever been on active military duty status.

How many participants were veterans? 24

6b. **Chronically homeless person.** An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

How many participants were **chronically homeless** individuals? 141

7. **Ethnicity.** How many participants are in the following ethnic categories?

a.	Hispanic or Latino	26
b.	Non-Hispanic or Non-Latino	140

8. **Race.** How many participants are in the following racial categories?

a.	American Indian/Alaskan Native	3
b.	Asian	2
c.	Black/African American	8
d.	Native Hawaiian/Other Pacific Islander	2
e.	White	100
f.	American Indian/Alaskan Native & White	0
g.	Asian & White	0
h.	Black/African American & White	0
i.	American Indian/Alaskan Native & Black/African American	0
j.	Other Multi-Racial	0

9a. **Special Needs.** How many participants have the following? Participants may have more than one. If so, count them in all applicable categories. For each condition, also indicate the number that were **chronically homeless.**

		All	Chronic
a.	Mental illness	18	15
b.	Alcohol abuse	112	93
c.	Drug abuse	112	93
d.	HIV/AIDS and related diseases	10	3
e.	Developmental disability	20	12
f.	Physical disability	53	43
g.	Domestic violence	8	3
h.	Other (please specify)		

9b. How many of the participants are disabled? 65

10. Prior Living Situation. How many participants slept in the following places in the week prior to entering the project? (For each participant, Choose one place). Also, indicate how many **chronically homeless** participants slept in the following places. (Choose one).

		All	Chronic
a.	Non-housing (street, park, car, bus station, etc.)	57	57
b.	Emergency shelter	22	22
c.	Transitional housing for homeless persons	0	0
d.	Psychiatric facility*	3	3
e.	Substance abuse treatment facility*	9	9
f.	Hospital*	7	7
g.	Jail/prison*	18	8
h.	Domestic violence situation	8	3
i.	Living with relatives/friends	12	7
j.	Rental housing	28	28
k.	Other (please specify) Motel – self pay	2	2

*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Complete questions 11 - 15 for all **participants who left during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers. The term **chronically homeless person** means an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

11. Amount and Source of Monthly Income at Entry and at Exit. Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income? Also, please place the monthly income level and each source of income for **chronically homeless persons** in the second column of each chart. The number of participants in Chart A and B should be the same.

	A. Monthly Income at **Entry**	All	Chronic
a.	No income	86	86
b.	$1-150	2	2
c.	$151 - $250	0	0
d.	$251- $500	0	0
e.	$501 - $1,000	25	18
f.	$1001- $1500	4	1
g.	$1501- $2000	0	0
h.	$2001 +	0	0

	C. Income Sources At **Entry**	All	Chronic
a.	Supplemental Security Income (SSI)	10	6
b.	Social Security Disability Income (SSDI)	0	
c.	Social Security	3	1
d.	General Public Assistance	0	
e.	Temporary Aid to Needy Families (TANF)	0	
f.	State Children's Health Insurance Program (SCHIP)	0	
g.	Veterans Benefits	7	5
h.	Employment Income	9	3
i.	Unemployment Benefits	0	
j.	Veterans Health Care	0	
k.	Medicaid	0	
l.	Food Stamps	8	6
m	Other (please specify)	0	
n.	No Financial Resources	86	86

	B. Monthly Income at Exit	All	Chronic
a.	No income	28	28
b.	$1-150	53	53
c.	$151 - $250	0	0
d.	$251- $500	0	0
e.	$501 - $1,000	12	9
f.	$1001- $1500	30	17
g.	$1501- $2000	0	0
h.	$2001 +	0	0

	D. Income Sources at Exit	All	Chronic
a.	Supplemental Security Income (SSI)	17	9
b.	Social Security Disability Income (SSDI)	0	0
c.	Social Security	6	1
d.	General Public Assistance	5	52
e.	Temporary Aid to Needy Families (TANF)	0	
f.	State Children's Health Insurance Program (SCHIP)	0	
g.	Veterans Benefits	0	
h.	Employment Income	22	3
i.	Unemployment Benefits	8	
j.	Veterans Health Care	0	
k.	Medicaid	0	
l.	Food Stamps	53	49
m	Other (please specify)	0	
n.	No Financial Resources	28	28

12a. Length of Stay in Program. Of those participants who left during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time? Also, please place the length of stay for **chronically homeless** persons in the second column.

		All	Chronic
a.	Less than 1 month		
b.	1 to 2 months	20	14
c.	3 - 6 months	53	49
d.	7 months - 12 months	34	29
e.	13 months - 24 months	14	13
f.	25 months - 3 years	2	2
g.	4 years - 5 years		
h.	6 years - 7 years		
i.	8 years - 10 years		
j.	Over 10 years		

12b. Length of Stay in Program. For those participants that did not leave during the operating year (from 2d, columns 1 and 2), how long have they been in the project? Also, please place the length of stay for **chronically homeless persons** in the second column.

		All	Chronic
a.	Less than 1 month	13	8
b.	1 to 2 months	28	12
c.	3 - 6 months	18	14
d.	7 months - 12 months	62	36
e.	13 months - 24 months	11	9
f.	25 months - 3 years	3	3
g.	4 years - 5 years	25	25
h.	6 years - 7 years		
i.	8 years - 10 years		
j.	Over 10 years		

13. **Reasons for Leaving.** Of those participants who **left** the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, ***include only the primary reason***. Also, please place the **primary** reason for **chronically homeless persons** in the second column.

		All	Chronic
a.	Left for a housing opportunity before completing program	69	61
b.	Completed program	n/a	
c.	Non-payment of rent/occupancy charge	n/a	
d.	Non-compliance with project	1	1
e.	Criminal activity / destruction of property / violence	1	1
f.	Reached maximum time allowed in project	0	
g.	Needs could not be met by project	0	
h.	Disagreement with rules/persons	1	
i.	Death	3	3
j.	Other (please specify) Institution	37	34
k.	Unknown/disappeared	7	7

14. **Destination.** Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many left for the following destination? Also, please place the destination of **chronically homeless persons** in the second column.

			All	Chronic
PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	20	17
	b.	Public Housing	n/a	
	c.	Section 8	6	6
	d.	Shelter Plus Care	3	3
	e.	HOME subsidized house or apartment		
	f.	Other subsidized house or apartment		
	g.	Homeownership		
	h.	Moved in with family or friends		
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons		
	j.	Moved in with family or friends	25	21
INSTITUTION (k-m)	k.	Psychiatric hospital	4	2
	l.	Inpatient alcohol or other drug treatment facility	12	10
	m.	Jail/prison	21	19
EMERGENCY SHELTER (n)	n.	Emergency shelter	5	4
OTHER (o-q)	o.	Other supportive housing	10	10
	p.	Places not meant for human habitation (e.g. street)	10	10
	q.	Other (please specify)		
UNKNOWN	r.	Unknown	7	5

15. **Supportive Services.** Of those participants who **left** during the operating year (from 2, columns 1 and 2), how many received the following supportive services during their time in the project? Also, please place the supportive services received for **chronically homeless** participants who left during the operating year in the second column.

		All	Chronic
a.	Outreach	123	107
b.	Case management (limited – included in outreach)	123	107
c.	Life skills (outside of case management)	8	8
d.	Alcohol or drug abuse services	36	34
e.	Mental health services	53	48
f.	HIV/AIDS-related services	2	2
g.	Other health care services	78	73
h.	Education	5	4
i.	Housing placement	78	50
j.	Employment assistance	35	31
k.	Child care	n/a	
l.	Transportation	40	40
m.	Legal	60	54
n.	Other (please specify) Basic Services: mail, shower, laundry, computer access, clothing, toilets, a place to sit down and read a book, holiday celebrations, funeral services, baby showers, etc.	123	107

16. **Overall Program Goals**. Under objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

---

a. Residential Stability

Objectives:
1. Continue to encourage all participants with drug or alcohol programs to enroll in day treatment. Increase contact and education by having 4 presentations by program staff to the general HOPE population.
2. Continue with small support group for those with addictions.
3. Continue to place all program graduates into safe housing - goal of 100% placement.
4. Continue to encourage chronic homeless to avail themselves of the year-round shelter. Goal 45%
5. Partner with County's outreach team to place dual-diagnosed clients in supported housing with a "housing first" model. Goal: 20 people within the year.

Progress:
1. Completed 4 presentations to general population by program staff. Resulted in 30 persons entering County's drug and alcohol program. In addition, new Stabilization/ Detox program is now coming into the center doing monthly small group presentations as well as one-on-one sessions. 35 clients have entered the detox program making them eligible for the year-round shelter.
2. The small group sessions have continued and are successfully reaching a group of individuals with addictions and helping them to move forward. There are 10 to 12 people participating in any week.
3. Together with the new South Napa Shelter, 95% of the persons who graduate from the Day Treatment program have successfully been housed. The remainder as still at the shelter and actively working on housing options.
4. With our adjusted figures*(see problem/changes on last page) we have successfully reached this goal.
5. We have worked with the HHS team and 26 people have been housed this year through our mutual efforts.
6. Added new mental health outreach worker to help individuals get county MH assessment.

Next Operating Year's Objectives:
1. Refer 150 people to the South Napa Shelter for shelter and case management.
2. Refer 100 people to the Emergency Winter Shelter.
3. Continue small group for those with addictions
4. Increase scope of Mental Health Outreach worker to include 8 hours per week of street outreach.

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b. Increased Skills or Income

Objectives:
1. Continue to partner with Legal Aide to provide better access to SSI and other funds.
2. Continue to refer clients to Community Resources for Independence to better increase success of SSI payments.
3. Provide on-going training to HOPE Center staff and volunteers so they can help clients fill out forms for General Assistance, Food Stamps , CMSP, and other county-based funding in order to simplify process for clients.
4. Become an "outpost" for Work Inclusion program, making all resources available on-line at the Center.
5. CANV E. D. will continue to advocate for homeless clients through participation in Workforce Investment Board.
6. Offer monthly "good neighbor" groups for those going into housing.
7. Offer monthly group for those housed.

Progress:
1. Achieved.
2. Achieved
3. Training was provided to staff. In addition, we have obtained a volunteer who is an expert in CMSP. He comes weekly and helps up to 5 persons each time he is there.
4. Still in progress. We have had computer issues that have complicated this process. Also the Napa Flood of 12/31/05 impacted the Work Inclusion program significantly. This goal will be continued for the next year.
5. Achieved and on-going
6. Achieved
7. Groups were offered by participation was not great. Housing Counselor continues to do monthly contact for up to a year with clients.

Next Operating Year's Objectives:
1. Continue to partner with Legal Aide to provide better access to SSI and other funds.
2. Continue to refer clients to Community Resources for Independence to better increase success of SSI payments.
3. Provide on-going training to HOPE Center staff and volunteers so they can help clients fill out forms for General Assistance, Food Stamps , CMSP, and other county-based funding in order to simplify process for clients.
4. Become an "outpost" for Work Inclusion program, making all resources available on-line at the Center.
5. CANV E. D. will continue to advocate for homeless clients through participation in Workforce Investment Board.
6. Offer monthly "good neighbor" groups for those going into housing.

c. Greater Self-determination

Objectives:

1. Hold weekly sessions in the general public area to education population on Domestic Violence.
2. Encourage all participants to use the showers and laundry facilities daily
3. Assure that all active clients "give back" two hours each month through chores and community service.

Progress:

1. Personnel changes at our local domestic violence partner limited the sessions to every-other week from July 1 until the end of the program year.
2. All participants were given encouragement. 65% showered daily. 95% took at least one shower each week.
3. 85% of regular center users complied with monthly volunteer requirement.

Next Operating Year's Objectives:

1. Continue Domestic Violence Education on an every-other week schedule. Offer one-on-one referral as needed.
2. Continue to encourage daily showers and regular washing of clothing
3. Increase participation of volunteer activity by limiting access to basic services for those not participating.
4. Issue I.D. cards to all clients that must be renewed every 90 days in order to access services. Napa P.D. will recognize I.D cards as proof that persons are working on self-sufficiency and accessing services.

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17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. ***(SHP-SSO projects do not complete this question)*** **N/A**

a. **SHP.** How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	___	___	___

b. **S+C.** How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

Number of Beds: ___
Number of Dwelling Units: ___

c. **SRO.** How many dwelling units were being assisted at the end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

Number of Dwelling Units: ___

Part II: Financial Information

18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent **during the operating year.** Enter the amount of SHP funding spent on these supportive services. Include HMIS costs under "Other".

For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received **during the operating year.** (S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)

For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons **during the operating year.**

	Supportive Services	Dollars
a.	Outreach	56,250.00
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol and drug abuse services	
e.	Mental health services	
f.	AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify)	
o.	**TOTAL** (Sum of a through n) ADMIN- CANV ADMIN: Housing Authority	1,406.00 1,406.00
		$59,062.00
	Cumulative amount of match provided to date for the **Shelter Plus Care Program** under this grant	

19. Supportive Housing Program: Leasing, Supportive Services, Operating Costs, HMIS Activities and Administration

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year. For **expansion projects**: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments. Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity. This table should add up both horizontally and vertically. The SHP supportive services total should be the same as the SHP supportive services in Question 18.

		SHP Funds	Cash Match	Total Expenditures
a.	Leasing		12.00	12.00
b.	Supportive Services	56,250	72,615	128,865
c.	Operating Costs			
d.	HMIS Activities			
e.	Administration	1,406 CANV 1,406 Housing Authority	3,721 CANV	5,127 CANV
f.	**Total**	$59,062	$76,348	$135,405

Note: Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

Sources of Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/**project sponsor** cash (Project Sponsor)	10,901
b.	Local government (please specify)	0
c.	State government (please specify)	0
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	0
e.	Foundations (please specify)	
	Queen of the Valley -- Health Care for the Poor	4,588
	Community Projects	10,000
f.	Private cash resources (please specify)	
	Fundraiser	23,698
	Donations	27,161
g.	Occupancy charge / fees	0
h.	**Total**	$76,348

20. Supportive Housing Program: Acquisition, Rehabilitation, and New Construction *Section N/A*

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only. This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction. Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Acquisition			
b.	Rehabilitation			
c.	New construction			
d.	**Total**			

Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge/ fees	
h.	**Total**	

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FOR HMIS ACTIVITIES ONLY

Section N/A

21. **For Supportive Housing (SHP) – HMIS Activities**

This exhibit provides information to HUD on how SHP-HMIS funding for supportive services was spent **during the operating year.** Enter the amount of SHP-HMIS funding spent on these activities.

HMIS Activities Only	*Dollars*
Equipment	
Central Server(s)	
Personal Computers and Printers	
Networking	
Security	
Subtotal	
Software	
Software / User Licensing	
Software Installation	
Support and Maintenance	
Supporting Software Tools	
Subtotal	
Services	
Training by Third Parties	
Hosting / Technical Services	
Programming: Customization	
Programming: System Interface	
Programming: Data Conversion	
Security Assessment and Setup	
On-line Connectivity (Internet Access)	
Facilitation	
Disaster and Recovery	
Subtotal	
Personnel	
Project Management / Coordination	
Data Analysis	
Programming	
Technical Assistance and Training	
Administrative Support Staff	
Subtotal	
HMIS Space and Operations	
Space Costs	
Operational Costs	
Total	

Describe any problems and/or changes implemented during the operating year.

1. On May 21, 2006, the computer that held all the data starting with 2001, for the HOPE Resource Center, along with the backup disk, was stolen in a burglary of the Center (Report filed with Napa P.D.). In the process of rebuilding the data from paper, it was discovered that there were many persons still listed as active that were no longer in the program. This was a cumulative issue that goes back to 2001. The numbers in the earlier section of this report are based on only clients that actually utilized the center during this contract year. We have redesigned our data base and, have implemented a new requirement for persons to renew their membership every 90 days. This will allow us to keep a better unduplicated count of people who tend to wander in and out.

As noted in previous reports, it is very difficult to maintain unduplicated data on a transient population participating in an Outreach/Day program. Any suggestions to improve this would be helpful.

2. The neighbors in our area have always been vocal (in a negative way) about our location in their neighborhood. In this past year, they have become more aggressive. They are actively lobbying our new police chief, complaining on a regular basis to the City Council and have threatened the church where we co-locate with a law suit. They are attempting to have our use permit revoked but saying we are an attractive nuisance. The City Manager and Housing Director are working with us to resolve this issue so that the services to this vulnerable population can continue.

Technical Assistance and Recommendations

Based on your experience during the last year, are there any areas in which you need technical advice or assistance? If so, please describe.

As noted above, assistance on keeping data on this population for a non-residential program would be helpful.

Annual Certification of Continued Project Operation

Supportive Housing Program

Project Number: CA01B417003, PIN CA5313

Project Name: HOPE Resource Center (Day Center)

Operating Start Date: October 1, 2001

Grantees that received Supportive Housing Program funding for new construction, acquisition, or rehabilitation are required to operate their facilities for 20 years.

I, , certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Supportive Housing Program has operated as a facility to assist homeless persons from October 1, 2005 to September 30, 2006. * I also certify that the grant is still serving 200 number of persons at 1301 4th Street, Napa, CA 94559 and all the requirements of the grant agreement are being satisfied.

_____

(Signature)

Executive Director, Community Action of Napa Valley

(Title)

December 21, 2006

(Date of Certification)

***Current Year**

Persons Served Worksheet - HUD Annual Progress Report

This worksheet is optional and is intended to help you collect information needed to complete the Annual Progress Report. Instructions and Codes follow. **Do not submit this worksheet to HUD.**

Name	Relationship	Entry Date	Exit Date	Number of Months in Project (calculate) 12a	Number of Months in Project –Participant did not leave (calculate) 12b	New Participant (Y / N)	Non-Homeless (SRO Only) (Y / N) 4	Date of Birth 5a	Age 5b	Gender (M/F) 5c

Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Veterans Status (Y/N) 6a	Chronically Homeless (Y/N) 6b	Ethnicity (code) 7	Race (code) 8	Special Needs (code) 9a	Special Needs (code) 9b	Prior Living Situation (code) 10	Monthly Income At Project Entry 11a	Monthly Income At Project Exit 11b	Income Sources At Entry (code) 11c	Income Sources At Exit (code) 11d

Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Reason for Leaving Program (code) 13	Destination (code) 14	Supportive Services (code) 15	Notes

Instructions and Codes for Persons Served Worksheet

The use of this worksheet is optional. It was designed to help you collect information on participants needed to complete the Annual Progress Report. If the worksheet is updated as participants move in and move out of your project, most of the information required for completion will be contained in the worksheet. Do not submit this worksheet with the APR.

For projects that serve families, HUD only requires reporting on the number of children served, and the age and gender of these children. Only name, relationship, date of birth, and age on the worksheet need to be completed for children. Assign the adults a number, but not each family member. Use this number to transfer to the other pages of the worksheet.

Beginning with number 4, the numbers in the columns refer to the questions on the APR form. If any questions are answered with "Other," please enter the specific "Other" answer for inclusion in the APR.

Participant Number. This column allows you to either number participants consecutively or to assign a case number. One number should be assigned to each adult.

Name. Names of persons will not be reported to HUD. The use of names is for your record keeping convenience.

Relationship. Enter the appropriate relationship. Examples include: Self, Head of household, Spouse, Child.

Entry Date. Enter date participant entered the project. Usually this will be the date of actual physical move-in for a housing project.

Exit Date. Enter date participant left the project. Usually this will be the date the participant physically moved out for a housing project. Do not include a participant who temporarily left the project and is expected to return in less than 90 days (e.g. hospitalization).

4. **Income-eligible Non-homeless in SRO**. The SRO program allows assistance to units occupied by Section 8 income-eligible persons residing at the SRO prior to rehabilitation. For SRO projects only, indicate whether the participant is an income-eligible, non-homeless person (Y) or not (N). SHP and S+C projects should skip this item.

5a. **Date of Birth**. Enter date of birth including month, day, and year.
5b. **Age**. Enter age at entry.
5c. **Gender**. Enter appropriate letter for gender. M-Male F- Female.

6a. **Veterans Status**. Indicate if the participant is a veteran. *Please note: A veteran is anyone who has ever been on active military duty status for the United States.*
6b. **Chroncally homeless person**. Indicate the number of participants that are chronically homeless.

7. **Ethnicity**. Enter appropriate letter for ethnic group.
   a. Hispanic or Latino
   b. Non-Hispanic or Non-Latino

8. **Race**. Enter appropriate letter for race.
   a. American Indian or Alaskan Native
   b. Asian
   c. Black or African-American
   d. Native Hawaiian or Other Pacific Islander
   e. White
   f. American Indian/Alaskan Native & White
   g. Asian & White
   h. Black/African American & White
   i. American Indian/Alaskan Native & Black/African American
   j. Other Multi-Racial

9a. **Special Needs**. Enter the letter(s) for the category(ies) that describe the participant's disability(ies). (You may double count).
   a. Mental illness
   b. Alcohol abuse
   c. Drug abuse
   d. HIV/AIDS and related diseases
   e. Developmental disability
   f. Physical disabilities
   g. Domestic violence
   h. Other (please specify)

9b. Enter the number of participants with a disability.

10. **Prior Living Situation**. Enter the letter that best describes where the participant slept in the week prior to entering the project. Do not double count.

a. Non-housing (street, park, car, bus station, etc.)
b. Emergency shelter
c. Transitional housing for homeless persons
d. Psychiatric facility*
e. Substance abuse treatment facility*
f. Hospital*
g. Jail/prison*
h. Domestic violence situation
i. Living with relatives/friends
j. Rental housing
k. Other (please specify)

*If a participant came from an institution but was there less than 30 days and was living on the street or in an emergency shelter before entering the facility, he/she should be counted in either the street or shelter category, as appropriate.

Instruction Codes for Persons Served Worksheet (continued)

11a. **Gross Monthly Income at Project Entry.** Enter the amount of gross monthly income the participant is receiving at entry into the project.

11b. **Gross Monthly Income at Project Exit.** Enter the gross monthly income the participant is receiving when exiting the project.

11c. **Income Sources Received at Project Entry.** Enter all types of assistance the participant is receiving at entry to the project.
a. Supplemental Security Income (SSI)
b. Social Security Disability Insurance (SSDI)
c. Social Security
d. General Public Assistance
e. Temporary Aid Needy Families (TANF)
f. State Children's Health Insurance Program (SCHIP)
g. Veterans benefits
h. Employment income
i. Unemployment benefits
j. Veterans Health Care
k. Medicaid
l. Food Stamps
m. Other (please specify)
n. No Financial Resources

11d. **Income Sources Received at Project Exit.** Enter all types of income the participant is receiving at project exit. (Use codes as in 11c.)

12a **Length in Stay in Program.** Calculated item. (See Entry Date and Exit Date above.)

12b. **Length of Stay in Program.** (Participant did not leave during the operating year. How long have they been in the project?)

13. **Reason for Leaving Project.** Enter the primary reason why the participant left the project. (Complete only for participants who left the project and are not expected to return within 90 days.
a. Left for a housing opportunity before completing the program
b. Completed program
c. Non-payment of rent/occupancy charge
d. Non-compliance with project
e. Criminal activity/destruction of property/violence
f. Reached maximum time allowed in project
g. Needs could not be met by project
h. Disagreement with rules/persons
i. Death
j. Other (please specify)
k. Unknown/disappeared

14. **Destination.** Enter the destination of those leaving the project.
Permanent:
a. Rental house or apartment (no subsidy)
b. Public Housing
c. Section 8
d. Shelter Plus Care
e. HOME subsidized house or apartment
f. Other subsidized house or apartment
g. Homeownership
h. Moved in with family or friends
Transitional:
i. Transitional housing for homeless persons
j. Moved in with family or friends
Institution:
k. Psychiatric hospital.
l. Inpatient alcohol or drug treatment facility
m. Jail/prison
Emergency:
n. Emergency shelter
Other:
o. Other supportive housing.
p. Places not meant for human habitation (e.g., street)
q. Other (please specify)
Unknown:
r. Unknown

15. **Supportive Services.** Enter <u>all</u> types of supportive services the participant received during the time in the project.
a. Outreach
b. Case management
c. Life skills (outside of case management)
d. Alcohol or drug abuse services
e. Mental health services
f. HIV/AIDS-related services
g. Other health care services
h. Education
i. Housing placement
j. Employment assistance
k. Child care
l. Transportation
m. Legal
n. Other (please specify)

OMB Approval No. 2506-0145 (exp. 07/31/2006)

U. S. Department of Housing and Urban Development
Office of Community Planning and Development

2004-05

Annual Progress Report (APR)

for

Supportive Housing Program

Shelter Plus Care

and

Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program

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Grantee:
Housing Authority of the City of Napa

HUD Grant or Project Number:
CA01B317003

Community Action of Napa Valley (CANV)

Operating Year: (Circle the operating year being reported on)
☒1 ☐2 3 X4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20

Indicate if extension: ☐ Yes ☐ No
Indicate if renewal: ☒ Yes ☐ No

Reporting Period: (month/day/year)
from: 10/1/04 to: 9/30/05

Previous Grant Numbers for this project:

Check the component for the program on which you are reporting.

Supportive Housing Program (SHP)

- ☐ Transitional Housing
- ☐ Permanent Housing for Homeless Persons with Disabilities
- ☐ Safe Haven
- ☐ Innovative Supportive Housing
- ☒ Supportive Services Only
- ☐ HMIS

Shelter Plus Care (S+C)

- ☐ Tenant-based Rental Assistance (TRA)
- ☐ Sponsor-based Rental Assistance (SRA)
- ☐ Project-based Rental Assistance (PRA)
- ☐ Single Room Occupancy (SRO)

Section 8 Moderate Rehabilitation

- ☐ Single Room Occupancy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments this operating year)

Name & Title of the Person who can answer questions about this report:
Jenny Gomez, Housing Programs Coordinator

Phone: (include area code)
707-258-7833

(7

Address:
P. O Box 660, Napa, CA 94559

Fax Number: (include area code)
707-257-9239

E-mail Address jgomez@cityofnapa.org

I hereby certify that all the information stated herein is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Grantee Official:
Peter Dreier, Housing Director

Signature & Date:
x 12/28/05

Name and Title of Authorized Project Sponsor Official:
Charlene Horton, Director

Signature & Date:
x Charlene W. Horton 12/27/05

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PART I. TO BE COMPLETED BY ALL GRANTEES (EXCEPT HMIS)

SSO GRANTEES, PLEASE SEE SPECIAL INSTRUCTIONS ON PAGE 3 OF THE APR

Part I: Project Progress

1. **Projected Level of Persons to be served at a given point in time.** (from the application, SHP- Sec. F; SPC- Sec. D; SRO- Sec. D)

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time	58	58	0	0

2. **Persons Served during the operating year.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year	593		0	
b.	Number entering program during the operating year	225		0	
c.	Number who left the program during the operating year	181		0	
d.	Number in the program on the last day of the operating year (a + b - c) = d	637		0	

3. **Project Capacity.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)	637			
b.	Number proposed in application (from 1a, columns 1 and 4)	58			
c.	Capacity Rate (divide a by b) = %	600 %			

4. **Non-homeless persons.** This question is to be completed for Section 8 SRO projects.

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	N/A

5. **Age and Gender.** Of those who **entered** the project during the operating year, how many people are in the following age and gender categories?

Single Persons (from 2b, column 1)		Age	Male	Female
	a.	62 and over	20	4
	b.	51-61	41	16
	c.	31-50	82	36
	d.	18-30	20	6
	e.	17 and under	0	0
Persons in Families (from 2b, columns 2 & 3)	f.	62 and over		
	g.	51 - 61		
	h.	31 - 50		
	i.	18 - 30		
	j.	13-17		
	k.	6-12		
	l.	1-5		
	m.	Under 1		

Answer questions 6 - 10 only for **participants who entered the project during the operating year** (from 2b, columns 1 & 2). The term **participant** means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions, 7, 8 and 10 below should be the same; respond to each of those questions for all participants. Some of the questions listed throughout the APR will be asking information for individuals who are **chronically homeless**.

6a. Veterans Status. A veteran is anyone who has ever been on active military duty status.

How many participants were veterans? 22

6b. Chronically homeless person. An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

How many participants were **chronically homeless** individuals? 192

7. **Ethnicity.** How many participants are in the following ethnic categories?

a.	Hispanic or Latino	38
b.	Non-Hispanic or Non-Latino	187

8. **Race.** How many participants are in the following racial categories?

a.	American Indian/Alaskan Native	5
b.	Asian	3
c.	Black/African American	9
d.	Native Hawaiian/Other Pacific Islander	3
e.	White	168
f.	American Indian/Alaskan Native & White	0
g.	Asian & White	0
h.	Black/African American & White	0
i.	American Indian/Alaskan Native & Black/African American	0
j.	Other Multi-Racial	37

9a. Special Needs. How many participants have the following? Participants may have more than one. If so, count them in all applicable categories. For each condition, also indicate the number that were **chronically homeless.**

		All	Chronic
a.	Mental illness	141	140
b.	Alcohol abuse	102	100
c.	Drug abuse	102	100
d.	HIV/AIDS and related diseases	22	17
e.	Developmental disability	15	10
f.	Physical disability	77	53
g.	Domestic violence	30	26
h.	Other (please specify)	N/A	

9b. How many of the participants are disabled? 190

10. Prior Living Situation. How many participants slept in the following places in the week prior to entering the project? (For each participant, Choose one place). Also, indicate how many **chronically homeless** participants slept in the following places. (Choose one)

		All	Chronic
a.	Non-housing (street, park, car, bus station, etc.)	68	67
b.	Emergency shelter	60	58
c.	Transitional housing for homeless persons	3	2
d.	Psychiatric facility*	2	0
e.	Substance abuse treatment facility*	12	6
f.	Hospital*	8	5
g.	Jail/prison*	20	6
h.	Domestic violence situation	5	3
i.	Living with relatives/friends	15	8
j.	Rental housing	30	3
k.	Other (please specify)		

*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Complete questions 11 - 15 for all **participants who left during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers. The term **chronically homeless person** means an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

11. Amount and Source of Monthly Income at Entry and at Exit. Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income? Also, please place the monthly income level and each source of income for **chronically homeless persons** in the second column of each chart. The number of participants in Chart A and B should be the same.

	A. Monthly Income at Entry	All	Chronic
a.	No income	133	133
b.	$1-150	5	5
c.	$151 - $250	10	6
d.	$251- $500	6	4
e.	$501 - $1,000	15	11
f.	$1001- $1500	13	5
g.	$1501- $2000	3	1
h.	$2001 +	0	0

	C. Income Sources At Entry	All	Chronic
a.	Supplemental Security Income (SSI)	15	11
b.	Social Security Disability Income (SSDI)	2	1
c.	Social Security	3	2
d.	General Public Assistance	6	6
e.	Temporary Aid to Needy Families (TANF)		
f.	State Children's Health Insurance Program (SCHIP)		
g.	Veterans Benefits	2	1
h.	Employment Income	7	4
i.	Unemployment Benefits	5	3
j.	Veterans Health Care	2	1
k.	Medicaid	3	2
l.	Food Stamps	26	19
m	Other (please specify) Pension	1	0
n.	No Financial Resources	133	133

	B. Monthly Income at **Exit**	All	Chronic
a.	No income	94	94
b.	$1-150	25	25
c.	$151 - $250	6	6
d.	$251- $500	4	4
e.	$501 - $1,000	30	26
f.	$1001- $1500	22	15
g.	$1501- $2000		
h.	$2001 +		

	D. Income Sources at **Exit**	All	Chronic
a.	Supplemental Security Income (SSI)	30	26
b.	Social Security Disability Income (SSDI)	5	4
c.	Social Security	5	3
d.	General Public Assistance	35	34
e.	Temporary Aid to Needy Families (TANF)		
f.	State Children's Health Insurance Program (SCHIP)		
g.	Veterans Benefits	5	4
h.	Employment Income	73	65
i.	Unemployment Benefits	10	6
j.	Veterans Health Care	5	3
k.	Medicaid	6	4
l.	Food Stamps	67	56
m	Other (please specify) pension	1	0
n.	No Financial Resources	94	94

12a. Length of Stay in Program. Of those participants who left during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time? Also, please place the length of stay for **chronically homeless** persons in the second column.

		All	Chronic
a.	Less than 1 month	15	15
b.	1 to 2 months	4	3
c.	3 - 6 months	2	2
d.	7 months - 12 months	14	8
e.	13 months - 24 months	30	22
f.	25 months - 3 years	116	113
g.	4 years - 5 years	0	
h.	6 years - 7 years	O	
i.	8 years - 10 years	O	
j.	Over 10 years	O	

12b. Length of Stay in Program. For those participants that did not leave during the operating year (from 2d, columns 1 and 2), how long have they been in the project? Also, please place the length of stay for **chronically homeless persons** in the second column.

		All	Chronic
a.	Less than 1 month	27	21
b.	1 to 2 months	35	28
c.	3 - 6 months	100	87
d.	7 months - 12 months	113	85
e.	13 months - 24 months	203	196
f.	25 months - 3 years	77	77
g.	4 years - 5 years		
h.	6 years - 7 years		
i.	8 years - 10 years		
j.	Over 10 years		

13. Reasons for Leaving. Of those participants who **left** the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, ***include only the primary reason***. Also, please place the **primary** reason for **chronically homeless persons** in the second column.

		All	Chronic
a.	Left for a housing opportunity before completing program	75	68
b.	Completed program	N/A	
c.	Non-payment of rent/occupancy charge	N/A	
d.	Non-compliance with project	N/A	
e.	Criminal activity / destruction of property / violence	13	11
f.	Reached maximum time allowed in project	N/A	
g.	Needs could not be met by project	0	
h.	Disagreement with rules/persons	0	
i.	Death	5	5
j.	Other (please specify) Jail, treatment facility or Psych hosp.	41	38
k.	Unknown/disappeared - (passing through)	60	56

* A person may participate as long as necessary at whatever level they choose. **There are no fees or rent associated with the Center

14. Destination. Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many left for the following destination? Also, please place the destination of **chronically homeless persons** in the second column.

			All	Chronic
PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	38	36
	b.	Public Housing	N/A	
	c.	Section 8	25	19
	d.	Shelter Plus Care	0	
	e.	HOME subsidized house or apartment	N/A	
	f.	Other subsidized house or apartment	12	11
	g.	Homeownership	0	
	h.	Moved in with family or friends	7	6
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons	0	0
	j.	Moved in with family or friends	0	
INSTITUTION (k-m)	k.	Psychiatric hospital	7	
	l.	Inpatient alcohol or other drug treatment facility	13	
	m.	Jail/prison	23	
EMERGENCY SHELTER (n)	n.	Emergency shelter	4	
OTHER (o-q)	o.	Other supportive housing	5	5
	p.	Places not meant for human habitation (e.g. street)	19	19
	q.	Other (please specify) Bus to family in other community	22	18
UNKNOWN	r.	Unknown	60	56

15. **Supportive Services.** Of those participants who **left** during the operating year (from 2, columns 1 and 2), how many received the following supportive services during their time in the project? Also, please place the supportive services received for **chronically homeless** participants who left during the operating year in the second column.

		All	Chronic
a.	Outreach	181	178
b.	Case management	62	62
c.	Life skills (outside of case management)	130	130
d.	Alcohol or drug abuse services	60	58
e.	Mental health services	25	25
f.	HIV/AIDS-related services	22	21
g.	Other health care services	175	170
h.	Education	7	5
i.	Housing placement	40	37
j.	Employment assistance	35	33
k.	Child care	N/A	
l.	Transportation	85	85
m.	Legal	5**	4
n.	Other (please specify) Showers 181/143 Laundry 154/126 Computer access 97/62 Mail delivery 181/178 Clothing 181/176 Phone 181/169 *Only includes Case Management by HOPE staff. Does not include HHS on-site team's case management. **new service started 9/05		

16. **Overall Program Goals**. Under objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

a. Residential Stability

Objectives:

1. Continue to encourage all participants with drug or alcohol programs to enroll in day treatment. Increase contact and education by having four presentations by program staff to the general HOPE population.
2. Continue to place all program graduates into safe housing - goal of 100% placement.
3. Continue to encourage chronic homeless to avail themselves of the year-round shelter. Goal 45%
4. Partner with County's outreach team to place dual-diagnosed clients in supported housing with a "housing first" model. Goal: 20 people within the year.

Progress:

1. All clients that presented with a drug or alcohol problem were given information about the day treatment program available at the county. Of those, 46% actually took steps to participate in the program. 14 people entered an out-of-county residential program during the year. A new on-site support group for those with addiction was started with 10 people participating. Did not meet goal of 4 presentations to general staff. Will do in next program year.
2. Our Housing Counselor, working with the County's outreach team, was able to house 87% of those people who completed a program.

3. Due to the nature of this population, it has been very hard to track the progress into the year-round shelter. We did have 90% of active clients utilize the Emergency Winter Shelter
4. The County's Coit Team (co-located at the center) exceeded the goal of 20 people.

Next Operating Year's Objectives:

1. Continue to encourage all participants with drug or alcohol programs to enroll in day treatment. Increase contact and education by having 4 presentations by program staff to the general HOPE population.
2. Continue with small support group for those with addictions.
3. Continue to place all program graduates into safe housing - goal of 100% placement.
4. Continue to encourage chronic homeless to avail themselves of the year-round shelter. Goal 45%
5. Partner with County's outreach team to place dual-diagnosed clients in supported housing with a "housing first" model. Goal: 20 people within the year.

---

b. Increased Skills or Income

Objectives:

1. Partner with Legal Aide to provide better access to SSI and other funds.
2. Provide weekly sessions with a disability specialist through Community Resources for Independence to better increase success of SSI payments.
3. Train HOPE Center staff to fill out forms for General Assistance, Food Stamps , CMSP, and other county-based funding in order to simplify process for clients.
4. Become an "outpost" for Work Inclusion program, making all resources available on-line at the Center.
5. CANV Executive Director will sit on Workforce Investment Board to better represent the needs of homeless clients.

Progress:

1. Legal Aide comes to the center twice a month to offer services and do initial screening with clients.
2 Because of staff reorganization, CRI was unable to commit to weekly sessions on-site, however they have moved to a new location within two blocks of Center and are active with clients we refer to them. Very successful (95%) in getting SSI on first try.
3. On-going training is provided to clients and help in filling out forms is giving. On-going training is given to Center staff by the County.
4. Staff is active in inclusion program monthly meetings and brings information and job ops to clients. Still working to bring services on-site by County staff.
5. E.D. is an active member of the Workforce Investment Board.

Next Operating Year's Objectives:

1. Continue to partner with Legal Aide to provide better access to SSI and other funds.
2. Continue to refer clients to Community Resources for Independence to better increase success of SSI payments.
3. Provide on-going training to HOPE Center staff and volunteers so they can help clients fill out forms for General Assistance, Food Stamps , CMSP, and other county-based funding in order to simplify process for clients.
4. Become an "outpost" for Work Inclusion program, making all resources available on-line at the Center.
5. CANV E. D. will continue to advocate for homeless clients through participation in Workforce Investment Board.
6. Offer monthly "good neighbor" groups for those going into housing.
7. Offer monthly group for those housed.

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c. Greater Self-determination

Objectives:

1. Hold weekly sessions in the general public area to education population on Domestic Violence.
2. Encourage all participants to use the showers and laundry facilities daily
3. Assure that all active clients "give back" two hours each month through chores and community service.

Progress:

1. DV sessions are given in the general population area. Sessions are 4 week consecutive sessions and are presented every-other month. DV awareness has increased and 6 women have been referred to off-site group for support. Men have also been active in this group as education out-reach hand have become more aware of behavior that is considered DV.
2. This goal was achieved. We have 92% participation in showers during the winter months and 80% during the summer.
4. All new clients were shown the availability of the computers. Those with interest were trained.

Next Operating Year's Objectives:

1. Continue series of DV workshops in the general public area to education men and women on Domestic Violence issues and help available.
2. Encourage all participants to use the showers and laundry facilities daily
3. Write grant to purchase four new computers so there is less "down time".
4. Start Client Counsel for center over-sight and to increase volunteer involvement.

17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. *(SHP-SSO projects do not complete this question)*

a. **SHP.** How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

N/A - We are a day center and have no beds. Average daily attendance is 84.

	Current Level	New Effort	New Effort in Place

Number of Beds: ___ ___ ___

b. **S+C.** How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

Number of Beds: ___
Number of Dwelling Units: ___

c. **SRO.** How many dwelling units were being assisted at the end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

Number of Dwelling Units: ___

Part II: Financial Information

18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent **during the operating year.** Enter the amount of SHP funding spent on these supportive services. Include HMIS costs under "Other".

For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received **during the operating year.** (S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)

For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons **during the operating year.**

	Supportive Services	Dollars
a.	Outreach	56,250.00
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol and drug abuse services	
e.	Mental health services	
f.	AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify) Admin. CANV Housing Authority	1,406.00 1,406.00
o.	**TOTAL** (Sum of a through n)	59,062.00
	Cumulative amount of match provided to date for the **Shelter Plus Care Program** under this grant	97,784.00

19. Supportive Housing Program: Leasing, Supportive Services, Operating Costs, HMIS Activities and Administration

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year. For **expansion projects**: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments. Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity. This table should add up both horizontally and vertically. The SHP supportive services total should be the same as the SHP supportive services in Question 18.

		SHP Funds	Cash Match	Total Expenditures
a.	Leasing	$00.00	12	$ 12
b.	Supportive Services	$56,250	$97,772	$154,022
c.	Operating Costs	N/A		
d.	HMIS Activities			
e.	Administration	$2,812		$ 2,812
f.	**Total**	$59,062	97,784	$156,846

Note: Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

Sources of Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
	Napa County Health and Human Services	-0-
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
	Fund Raisers	13,860
	First United Methodist Church	6,000
	Direct Mail Campaign and other donations	77,924
g.	Occupancy charge / fees	
h.	**Total**	97,784

20. Supportive Housing Program: Acquisition, Rehabilitation, and New Construction

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only. This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction. Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Acquisition			
b.	Rehabilitation			
c.	New construction			
d.	**Total**			

Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge/ fees	
h.	**Total**	

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FOR HMIS ACTIVITIES ONLY

21. **For Supportive Housing (SHP) – HMIS Activities**

This exhibit provides information to HUD on how SHP-HMIS funding for supportive services was spent **during the operating year.** Enter the amount of SHP-HMIS funding spent on these activities.

HMIS Activities Only	*Dollars*
Equipment	
Central Server(s)	
Personal Computers and Printers	
Networking	
Security	
Subtotal	
Software	
Software / User Licensing	
Software Installation	
Support and Maintenance	
Supporting Software Tools	
Subtotal	
Services	
Training by Third Parties	
Hosting / Technical Services	
Programming: Customization	
Programming: System Interface	
Programming: Data Conversion	
Security Assessment and Setup	
On-line Connectivity (Internet Access)	
Facilitation	
Disaster and Recovery	
Subtotal	
Personnel	
Project Management / Coordination	
Data Analysis	
Programming	
Technical Assistance and Training	
Administrative Support Staff	
Subtotal	
HMIS Space and Operations	
Space Costs	
Operational Costs	
Total	

Describe any problems and/or changes implemented during the operating year.

No significant changes or problems. We have noticed that it is harder to engage some of the most chronic persons and will be looking at ways to address this during this program year.

With the California state economic crisis, we have had more difficulty in finding additional program dollars to enhance services.

Technical Assistance and Recommendations

Based on your experience during the last year, are there any areas in which you need technical advice or assistance? If so, please describe.

If you have any ideas on how to increase funding for this program we would eagerly listen.

Annual Certification of Continued Project Operation

Supportive Housing Program

Project Number: CA01B317003

Project Name: Day Center (HOPE Resource Center)
Operating Start Date: 10/1/2001

Grantees that received Supportive Housing Program funding for new construction, acquisition, or rehabilitation are required to operate their facilities for 20 years.

I, Charlene Whitney Horton, certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Supportive Housing Program has operated as a facility to assist homeless persons from 10/1/2001 to 9/30/2005. * I also certify that the grant is still serving an average of 84 persons per day and over 600 persons per year at

1301 4th Street, Napa CA 94558
(site address)

and all the requirements of the grant agreement are being satisfied.

Charlene W. Horton
(Signature)

Program Director
(Title)

12/9/05
(Date of Certification)

***Current Year**

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OMB Approval No. 2506-0145 (exp. 07/31/2006)

U. S. Department of Housing and Urban Development
Office of Community Planning and Development

Annual Progress Report (APR)

for

Supportive Housing Program

Shelter Plus Care

and

Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program

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THIS PAGE - TO BE COMPLETED BY ALL GRANTEES

Grantee:
Housing Authority of the City of Napa

HUD Grant or Project Number:
~~CA39B17001~~ CA39B817001

Community Action of Napa Valley (CANV)

Operating Year: (Circle the operating year being reported on)
☐1 ☐2 ☒3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20

Indicate if extension: ☐ Yes ☐ No
Indicate if renewal: ☐ Yes ☐ No

Reporting Period: (month/day/year)
from: 10/1/03 to: 9/30/04

Previous Grant Numbers for this project:

Check the component for the program on which you are reporting.

Supportive Housing Program (SHP)

- ☐ Transitional Housing
- ☐ Permanent Housing for Homeless Persons with Disabilities
- ☐ Safe Haven
- ☐ Innovative Supportive Housing
- ☒ Supportive Services Only
- ☐ HMIS

Shelter Plus Care (S+C)

- ☐ Tenant-based Rental Assistance (TRA)
- ☐ Sponsor-based Rental Assistance (SRA)
- ☐ Project-based Rental Assistance (PRA)
- ☐ Single Room Occupancy (SRO)

Section 8 Moderate Rehabilitation

- ☐ Single Room Occupancy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments this operating year)

Name & Title of the Person who can answer questions about this report:
Jenny Gomez, Housing Programs Coordinator

Phone: (include area code)
707-258-7833

(7

Address:
P. O Box 660, Napa, CA 94559

Fax Number: (include area code)
707-257-9239

E-mail Address jgomez@cityofnapa.org

I hereby certify that all the information stated herein is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Grantee Official:
Peter Dreier, Housing Director

Signature & Date:
x Peter Dreier 4/5/05

Name and Title of Authorized Project Sponsor Official:
Charlene Horton, Director

Signature & Date:
x Charlene Horton 4/6/05

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PART I. TO BE COMPLETED BY ALL GRANTEES (EXCEPT HMIS)

SSO GRANTEES, PLEASE SEE SPECIAL INSTRUCTIONS ON PAGE 3 OF THE APR

Part I: Project Progress

1. **Projected Level of Persons to be served at a given point in time.** (from the application, SHP- Sec. F; SPC- Sec. D; SRO- Sec. D)

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time	58	58	0	58

2. **Persons Served during the operating year.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year	511	75	0	50
b.	Number entering program during the operating year	215	17	0	5
c.	Number who left the program during the operating year	133	90	0	54
d.	Number in the program on the last day of the operating year (a + b - c) = d	593	2	0	1

3. **Project Capacity.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)	593			1
b.	Number proposed in application (from 1a, columns 1 and 4)	58			58
c.	Capacity Rate (divide a by b) = %	10.2 %			.02 %

4. **Non-homeless persons.** This question is to be completed for Section 8 SRO projects.

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	N/A

5. **Age and Gender.** Of those who **entered** the project during the operating year, how many people are in the following age and gender categories?

		Age	Male	Female
Single Persons (from 2b, column 1)	a.	62 and over	1	1
	b.	51-61	6	3
	c.	31-50	118	46
	d.	18-30	27	13
	e.	17 and under	0	0
Persons in Families (from 2b, columns 2 & 3)	f.	62 and over		
	g.	51 - 61		
	h.	31 - 50	4	5
	i.	18 - 30	3	5
	j.	13-17		
	k.	6-12		
	l.	1-5		
	m.	Under 1		

Answer questions 6 - 10 only for **participants who entered the project during the operating year** (from 2b, columns 1 & 2). The term **participant** means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions, 7, 8 and 10 below should be the same; respond to each of those questions for all participants. Some of the questions listed throughout the APR will be asking information for individuals who are **chronically homeless**.

6a. **Veterans Status**. A veteran is anyone who has ever been on active military duty status.

How many participants were veterans? 19

6b. **Chronically homeless person**. An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

How many participants were **chronically homeless** individuals? 209

7. **Ethnicity**. How many participants are in the following ethnic categories?

a.	Hispanic or Latino	40
b.	Non-Hispanic or Non-Latino	175

8. **Race**. How many participants are in the following racial categories?

a.	American Indian/Alaskan Native	7
b.	Asian	1
c.	Black/African American	9
d.	Native Hawaiian/Other Pacific Islander	0
e.	White	175
f.	American Indian/Alaskan Native & White	0
g.	Asian & White	0
h.	Black/African American & White	0
i.	American Indian/Alaskan Native & Black/African American	0
j.	Other Multi-Racial	40

9a. **Special Needs.** How many participants have the following? Participants may have more than one. If so, count them in all applicable categories. For each condition, also indicate the number that were **chronically homeless.**

		All	Chronic
a.	Mental illness	33	28
b.	Alcohol abuse	92	87
c.	Drug abuse	100	79
d.	HIV/AIDS and related diseases	N/A	n/a
e.	Developmental disability	35	24
f.	Physical disability	64	47
g.	Domestic violence	15	9
h.	Other (please specify)	N/A	

10. Prior Living Situation. How many participants slept in the following places in the week prior to entering the project? (For each participant, Choose one place). Also, indicate how many **chronically homeless** participants slept in the following places. (Choose one)

		All	Chronic
a.	Non-housing (street, park, car, bus station, etc.)	60	57
b.	Emergency shelter	72	52
c.	Transitional housing for homeless persons	0	
d.	Psychiatric facility*	13	
e.	Substance abuse treatment facility*	10	
f.	Hospital*	7	
g.	Jail/prison*	35	
h.	Domestic violence situation	15	
i.	Living with relatives/friends	7	
j.	Rental housing	13	
k.	Other (please specify)	0	

*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Complete questions 11 - 15 for all **participants who left during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers. The term **chronically homeless person** means an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

11. Amount and Source of Monthly Income at Entry and at Exit. Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income? Also, please place the monthly income level and each source of income for **chronically homeless persons** in the second column of each chart. The number of participants in Chart A and B should be the same.

	A. Monthly Income at **Entry**	All	Chronic
a.	No income	161	137
b.	$1-150	19	17
c.	$151 - $250	8	6
d.	$251- $500	0	
e.	$501 - $1,000	44	32
f.	$1001- $1500	0	
g.	$1501- $2000	0	
h.	$2001 +	0	

	C. Income Sources At **Entry**	All	Chronic
a.	Supplemental Security Income (SSI)	17	12
b.	Social Security Disability Income (SSDI)	7	5
c.	Social Security	2	2
d.	General Public Assistance	6	6
e.	Temporary Aid to Needy Families (TANF)	8	0
f.	State Children's Health Insurance Program (SCHIP)	0	0
g.	Veterans Benefits	2	2
h.	Employment Income	8	3
i.	Unemployment Benefits	2	1
j.	Veterans Health Care	0	0
k.	Medicaid	21	3
l.	Food Stamps	19	13
m	Other (please specify)	O	0
n.	No Financial Resources	161	137

	B. Monthly Income at **Exit**	All	Chronic
a.	No income	116	107
b.	$1-150	10	8
c.	$151 - $250	37	26
d.	$251- $500	9	9
e.	$501 - $1,000	41	37
f.	$1001- $1500	20	11
g.	$1501- $2000	0	0
h.	$2001 +	0	0

	D. Income Sources at **Exit**	All	Chronic
a.	Supplemental Security Income (SSI)	28	17
b.	Social Security Disability Income (SSDI)	13	11
c.	Social Security	2	2
d.	General Public Assistance	5	5
e.	Temporary Aid to Needy Families (TANF)	9	0
f.	State Children's Health Insurance Program (SCHIP)	0	0
g.	Veterans Benefits	2	2
h.	Employment Income	20	16
i.	Unemployment Benefits	5	4
j.	Veterans Health Care	1	1
k.	Medicaid	2	2
l.	Food Stamps	31	25
m	Other (please specify)	0	0
n.	No Financial Resources	116	107

12a. Length of Stay in Program. Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time? Also, please place the length of stay for **chronically homeless** persons in the second column.

		All	Chronic
a.	Less than 1 month	12	7
b.	1 to 2 months	42	37
c.	3 - 6 months	73	54
d.	7 months - 12 months	66	52
e.	13 months - 24 months	12	11
f.	25 months - 3 years	28	26
g.	4 years - 5 years	0	
h.	6 years - 7 years	O	
i.	8 years - 10 years	O	
j.	Over 10 years	O	

12b. Length of Stay in Program. For those participants that did **not leave** during the operating year (from 2d, columns 1 and 2), how long have they been in the project? Also, please place the length of stay for **chronically homeless persons** in the second column.

		All	Chronic
a.	Less than 1 month	32	14
b.	1 to 2 months	41	27
c.	3 - 6 months	132	121
d.	7 months - 12 months	73	73
e.	13 months - 24 months	211	211
f.	25 months - 3 years	46	46
g.	4 years - 5 years		
h.	6 years - 7 years		
i.	8 years - 10 years		
j.	Over 10 years		

13. **Reasons for Leaving.** Of those participants who **left** the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, ***include only the primary reason***. Also, please place the **primary** reason for **chronically homeless persons** in the second column.

		All	Chronic
a.	Left for a housing opportunity before completing program	102	94
b.	Completed program	N/A*	–
c.	Non-payment of rent/occupancy charge	N/A*	–
d.	Non-compliance with project	0	0
e.	Criminal activity / destruction of property / violence	18	14
f.	Reached maximum time allowed in project	N/A*	–
g.	Needs could not be met by project	13	7
h.	Disagreement with rules/persons	5	5
i.	Death	10	9
j.	Other (please specify) Jail, treatment facility or Psych hosp.	28	24
k.	Unknown/disappeared - (passing through)	57	51

* A person may participate as long as necessary at whatever level they choose. **There are no fees or rent associated with the Center

14. **Destination.** Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many left for the following destination? Also, please place the destination **of chronically homeless persons** in the second column.

			All	Chronic
PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	39	36
	b.	Public Housing	N/A	
	c.	Section 8	19	16
	d.	Shelter Plus Care	0	
	e.	HOME subsidized house or apartment	N/A	
	f.	Other subsidized house or apartment	12	11
	g.	Homeownership	0	
	h.	Moved in with family or friends	7	6
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons	20	20
	j.	Moved in with family or friends	0	
INSTITUTION (k-m)	k.	Psychiatric hospital	3	
	l.	Inpatient alcohol or other drug treatment facility	12	
	m.	Jail/prison	13	
EMERGENCY SHELTER (n)	n.	Emergency shelter	4	
OTHER (o-q)	o.	Other supportive housing	5	5
	p.	Places not meant for human habitation (e.g. street)	33	
	q.	Other (please specify)		
UNKNOWN	r.	Unknown	57	51

15. **Supportive Services.** Of those participants who **left** during the operating year (from 2, columns 1 and 2), how many received the following supportive services during their time in the project? Also, please place the supportive services received for **chronically homeless** participants who left during the operating year in the second column.

		All	Chronic
a.	Outreach	172	157
b.	Case management	63	47*
c.	Life skills (outside of case management)	12	12
d.	Alcohol or drug abuse services	71	64
e.	Mental health services	58	52
f.	HIV/AIDS-related services	33	29
g.	Other health care services	154	128
h.	Education	5	5
i.	Housing placement	83	77
j.	Employment assistance	27	25
k.	Child care	0	0
l.	Transportation	86	83
m.	Legal	2	1
n.	Other (please specify) Showers 196/143 Laundry 154/126 Computer access 97/62 Mail delivery 204/178 Clothing 211/176 Phone 221/169 *Only includes Case Management by HOPE staff. Does not include HHS on-site team's case management.		

16. **Overall Program Goals**. Under objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

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a. **Residential Stability**

Objectives:

1. Refer 100% of all clients with drug and alcohol problems to day treatment with 50% of those actually enrolling in the program and 10% of those going into a residential program.
2. Secure clean and sober housing for 100% of persons completing day treatment or residential program.
3. Continue to work with the chronically homeless population, moving 40% of them into the year-round shelter within the year with 80% participation in Winter Shelter.

Progress:

1. All clients that presented with a drug or alcohol problem were given information about the day treatment program available at the county. Of those, 37% actually took steps to participate in the program. 10 people entered an out-of-county residential program during the year.
2. Our Housing Counselor, working with the County's outreach team, was able to house 94% of those people who completed a program.
3. Due to the nature of this population, it has been very hard to track the progress into the year-round shelter. We did have 83% of active clients utilize the Emergency Winter Shelter

Next Operating Year's Objectives:

1. Continue to encourage all participants with drug or alcohol programs to enroll in day treatment. Increase contact and education by having 4 presentations by program staff to the general HOPE population.
2. Continue to place all program graduates into safe housing - goal of 100% placement.
3. Continue to encourage chronic homeless to avail themselves of the year-round shelter. Goal 45%
4. Partner with County's outreach team to place dual-diagnosed clients in supported housing with a "housing first" model. Goal: 20 people within the year.

---

b. **Increased Skills or Income**

Objectives:

1. Continue to train 100% of clients on the use of computers for job and housing search.
2. Continue to link all eligible to SSI, unemployment, General Assistance, Food Stamps and State Disability.
3. Hold job workshops every-other month.
4. Refer all disabled clients to Dreamcatchers Training and Employment Center for job training and placement.
5. Refer clients to community-based smoking cession classes with a goal of 15 people to stop smoking this year.

Progress:

1. 100% of those wanting to use the computers were trained by high school volunteers.
2. Legal aid was not available due to restructuring of that organization. We did work with an alternative agency to ease the SSI process. All others were connected with people to help them apply for available mainstream benefits.
3. Four job workshops were held.
4. All potentially eligible clients were referred to DreamCatchers and vocational rehabilitation.
5. This goal was not achieved. Clients were made aware of the program but we have no knowledge of client participation.

Next Operating Year's Objectives:

1. Partner with Legal Aide to provide better access to SSI and other funds.
2. Provide weekly sessions with a disability specialist through Community Resources for Independence to better increase success of SSI payments.
3. Train HOPE Center staff to fill out forms for General Assistance, Food Stamps , CMSP, and other county-based funding in order to simplify process for clients.
4. Become an "outpost" for Work Inclusion program, making all resources available on-line at the Center.
5. CANV Executive Director will sit on Workforce Investment Board to better represent the needs of homeless clients.

---

c. **Greater Self-determination**

Objectives:

1. Increase participation in Women's group to 50% of all female participants
2. Increase by 25% the number of people who bathe daily and to continue to promote good hygiene for all.
3. To assure that all clients have access to necessary health care on-site through Clinic Ole.
4. Train all new clients on internet skills.

Progress:

1. Women's group increased to 10 participants but later disbanded due to lack of interest.
2. This goal was achieved. We have 87% participation in showers during the winter months and 75% during the summer.
3. HOPE Center staff now schedule appointments for the clinic to assure that all clients have better access and that repeat clients are not abusing the system.
4. All new clients were shown the availability of the computers. Those with interest were trained.

Next Operating Year's Objectives:

1. Hold weekly sessions in the general public area to education population on Domestic Violence.
2. Encourage all participants to use the showers and laundry facilities daily
3. Assure that all active clients "give back" two hours each month through chores and community service.

17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. ***(SHP-SSO projects do not complete this question)***

a. **SHP**. How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

N/A - We are a day center and have no beds. Average daily attendance is 84.

	Current Level	New Effort	New Effort in Place
Number of Beds:	___	___	___

b. **S+C**. How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

Number of Beds: ___
Number of Dwelling Units: ___

c. **SRO.** How many dwelling units were being assisted at the end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

Number of Dwelling Units: ___

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Part II:. Financial Information

18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent **during the operating year.** Enter the amount of SHP funding spent on these supportive services. Include HMIS costs under "Other".

For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received **during the operating year.** (S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)

For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons **during the operating year.**

	Supportive Services	Dollars
a.	Outreach	61,238.00
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol and drug abuse services	
e.	Mental health services	
f.	AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify) Admin. CANV Housing Authority	2,032.00 5,077.00
o.	**TOTAL** (Sum of a through n)	68,347.00
	Cumulative amount of match provided to date for the **Shelter Plus Care Program** under this grant	~~97,784.00~~ 325,102

19. Supportive Housing Program: Leasing, Supportive Services, Operating Costs, HMIS Activities and Administration

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year. For **expansion projects**: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments. Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity. This table should add up both horizontally and vertically. The SHP supportive services total should be the same as the SHP supportive services in Question 18.

		SHP Funds	Cash Match	Total Expenditures
a.	Leasing	$00.00	12.00	$12.00
b.	Supportive Services	$61,238	$43,446	$104,684
c.	Operating Costs	N/A	52,141	$ 52,141
d.	HMIS Activities			
e.	Administration	$7,109	2,185	$ 9,294
f.	**Total**	$68,347	97,784	$166,131

Note: Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

Sources of Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
	Napa County Health and Human Services	16,848
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
	Fund Raisers	13,860
	First United Methodist Church	6,000
	Direct Mail Campaign and other donations	61,076
g.	Occupancy charge / fees	
h.	**Total**	97,784

20. Supportive Housing Program: Acquisition, Rehabilitation, and New Construction

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only. This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction. Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Acquisition			
b.	Rehabilitation			
c.	New construction			
d.	**Total**			

Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge/ fees	
h.	**Total**	

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FOR HMIS ACTIVITIES ONLY

21. **For Supportive Housing (SHP) – HMIS Activities**

This exhibit provides information to HUD on how SHP-HMIS funding for supportive services was spent **during the operating year.** Enter the amount of SHP-HMIS funding spent on these activities.

HMIS Activities Only	*Dollars*
Equipment	
Central Server(s)	
Personal Computers and Printers	
Networking	
Security	
Subtotal	
Software	
Software / User Licensing	
Software Installation	
Support and Maintenance	
Supporting Software Tools	
Subtotal	
Services	
Training by Third Parties	
Hosting / Technical Services	
Programming: Customization	
Programming: System Interface	
Programming: Data Conversion	
Security Assessment and Setup	
On-line Connectivity (Internet Access)	
Facilitation	
Disaster and Recovery	
Subtotal	
Personnel	
Project Management / Coordination	
Data Analysis	
Programming	
Technical Assistance and Training	
Administrative Support Staff	
Subtotal	
HMIS Space and Operations	
Space Costs	
Operational Costs	
Total	

Describe any problems and/or changes implemented during the operating year.

No significant changes or problems. We have noticed that it is harder to engage some of the most chronic persons and will be looking at ways to address this during this program year.

With the California state economic crisis, we have had more difficulty in finding additional program dollars to enhance services.

Technical Assistance and Recommendations

Based on your experience during the last year, are there any areas in which you need technical advice or assistance? If so, please describe.

If you have any ideas on how to increase funding for this program we would eagerly listen.

THIS PAGE - TO BE COMPLETED BY ALL GRANTEES

Grantee: Housing Authority of the City of Napa

HUD Grant or Project Number: CA39B17001

Project Sponsor: Community Action of Napa Valley (CANV)

Project Name: HOPE Resource Center

Operating Year: (Circle the operating year being reported on)

☐1 ☒2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20

Indicate if extension: ☐ Yes ☐ No
Indicate if renewal: ☐ Yes ☐ No

Reporting Period: (month/day/year)

from: 10/01/02 to: 9/30/03

Previous Grant Numbers for this project:

Check the component for the program on which you are reporting.

Supportive Housing Program (SHP)

- ☐ Transitional Housing
- ☐ Permanent Housing for Homeless Persons with Disabilities
- ☐ Safe Haven
- ☐ Innovative Supportive Housing
- ☒ Supportive Services Only
- ☐ HMIS

Shelter Plus Care (S+C)

- ☐ Tenant-based Rental Assistance (TRA)
- ☐ Sponsor-based Rental Assistance (SRA)
- ☐ Project-based Rental Assistance (PRA)
- ☐ Single Room Occupancy (SRO)

Section 8 Moderate Rehabilitation

- ☐ Single Room Occupancy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments this operating year)

Name & Title of the Person who can answer questions about this report: Jenny Gomez, Housing Programs Coordinator

Phone: (include area code) (707) 258-7833

Address: P.O. Box 660, Napa, CA 94559

Fax Number: (include area code) (707) 257-9239

E-mail Address: jgomez@cityofnapa.org

I hereby certify that all the information stated herein is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized ~~Grantee Official~~ Sponsor Official: Charlene Horton, Director

Signature & Date: x Charlene Horton

Name and Title of Authorized ~~Project Sponsor Official~~ Grantee Official: Peter Dreier, Housing Director

Signature & Date: x Peter Dreier

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PART I. TO BE COMPLETED BY ALL GRANTEES (EXCEPT HMIS)

SSO GRANTEES, PLEASE SEE SPECIAL INSTRUCTIONS ON PAGE 3 OF THE APR

Part I: Project Progress

1. **Projected Level of Persons to be served at a given point in time.** (from the application, SHP- Sec. F; SPC- Sec. D; SRO- Sec. D)

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time	90	12	40	30

2. **Persons Served during the operating year.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year	424	87	0	21
b.	Number entering program during the operating year	252	26	0	13
c.	Number who left the program during the operating year	153	38	0	19
d.	Number in the program on the last day of the operating year (a + b - c) = d	511	24	0	16

3. **Project Capacity.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)	511	24	0	16
b.	Number proposed in application (from 1a, columns 1 and 4).	90	12	40	30
c.	Capacity Rate (divide a by b) = %	5,68 %	200%	0%	.53 %

4. **Non-homeless persons.** This question is to be completed for Section 8 SRO projects.

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	N/A

5. **Age and Gender.** Of those who **entered** the project during the operating year, how many people are in the following age and gender categories?

		Age	Male	Female
Single Persons (from 2b, column 1)	a.	62 and over	11	3
	b.	51-61	36	11
	c.	31-50	92	48
	d.	18-30	38	13
	e.	17 and under	0	0
Persons in Families (from 2b, columns 2 & 3)	f.	62 and over	0	0
	g.	51 - 61	0	0
	h.	31 - 50	9	7
	i.	18 - 30	4	6
	j.	13-17	0	0
	k.	6-12	0	0

	l.	1-5	0	0
	m.	Under 1	0	0

Answer questions 6 - 10 only for **participants who entered the project during the operating year** (from 2b, columns 1 & 2). The term **participant** means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions, 7, 8 and 10 below should be the same; respond to each of those questions for all participants. Some of the questions listed throughout the APR will be asking information for individuals who are **chronically homeless**.

6a. **Veterans Status.** A veteran is anyone who has ever been on active military duty status.

How many participants were veterans? 32

6b. **Chronically homeless person.** An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

How many participants were **chronically homeless** individuals? 256

7. **Ethnicity.** How many participants are in the following ethnic categories?

a.	Hispanic or Latino	48
b.	Non-Hispanic or Non-Latino	230

8. **Race.** How many participants are in the following racial categories?

a.	American Indian/Alaskan Native	6
b.	Asian	2
c.	Black/African American	19
d.	Native Hawaiian/Other Pacific Islander	3
e.	White	181
f.	American Indian/Alaskan Native & White	9
g.	Asian & White	6
h.	Black/African American & White	3
i.	American Indian/Alaskan Native & Black/African American	0
j.	Other Multi-Racial	1

9a. **Special Needs.** How many participants have the following? Participants may have more than one. If so, count them in all applicable categories. For each condition, also indicate the number that were **chronically homeless.**

		All	Chronic
a.	Mental illness	93	93
b.	Alcohol abuse	151	147
c.	Drug abuse	127	119
d.	HIV/AIDS and related diseases	22	22
e.	Developmental disability	3	3
f.	Physical disability	18	17
g.	Domestic violence	2	2
h.	Other (please specify)	15	15

9b. How many of the participants are disabled? 233

	B. Monthly Income at Exit	All	Chronic
a.	No income	125	125
b.	$1-150	18	18
c.	$151 - $250		
d.	$251- $500	14	13
e.	$501 - $1,000	20	18
f.	$1001- $1500	11	4
g.	$1501- $2000	2	0
h.	$2001 +	1	0

	D. Income Sources at Exit	All	Chronic
a.	Supplemental Security Income (SSI)	27	27
b.	Social Security Disability Income (SSDI)	4	4
c.	Social Security	2	1
d.	General Public Assistance	11	11
e.	Temporary Aid to Needy Families (TANF)	0	0
f.	State Children's Health Insurance Program (SCHIP)	0	0
g.	Veterans Benefits	4	2
h.	Employment Income	28	26
i.	Unemployment Benefits	3	2
j.	Veterans Health Care	8	6
k.	Medicaid	31	24
l.	Food Stamps	11	9
m	Other (please specify) 1 priv. Insur & 1 retirement	2	1
n.	No Financial Resources	125	125

12a. Length of Stay in Program. Of those participants who left during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time? Also, please place the length of stay for **chronically homeless** persons in the second column.

		All	Chronic
a.	Less than 1 month		
b.	1 to 2 months		
c.	3 - 6 months	11	9
d.	7 months - 12 months	62	51
e.	13 months - 24 months	118	118
f.	25 months - 3 years		
g.	4 years - 5 years		
h.	6 years - 7 years		
i.	8 years - 10 years		
j.	Over 10 years		

12b. Length of Stay in Program. For those participants that did not leave during the operating year (from 2d, columns 1 and 2), how long have they been in the project? Also, please place the length of stay for **chronically homeless persons** in the second column.

		All	Chronic
a.	Less than 1 month	26	12
b.	1 to 2 months	32	21
c.	3 - 6 months	97	49
d.	7 months - 12 months	104	101
e.	13 months - 24 months	252	252
f.	25 months - 3 years		
g.	4 years - 5 years		
h.	6 years - 7 years		
i.	8 years - 10 years		
j.	Over 10 years		

10. Prior Living Situation. How many participants slept in the following places in the week prior to entering the project? (For each participant, Choose one place). Also, indicate how many **chronically homeless** participants slept in the following places. (Choose one)

		All	Chronic
a.	Non-housing (street, park, car, bus station, etc.)	186	184
b.	Emergency shelter	36	34
c.	Transitional housing for homeless persons	0	
d.	Psychiatric facility*	7	5
e.	Substance abuse treatment facility*	3	2
f.	Hospital*	7	5
g.	Jail/prison*	24	20
h.	Domestic violence situation	2	2
i.	Living with relatives/friends	13	4
j.	Rental housing	0	
k.	Other (please specify)	0	

*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Complete questions 11 - 15 for all **participants who left during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers. The term **chronically homeless person** means an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

11. Amount and Source of Monthly Income at Entry and at Exit. Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income? Also, please place the monthly income level and each source of income for **chronically homeless persons** in the second column of each chart. The number of participants in Chart A and B should be the same.

	A. Monthly Income at Entry	All	Chronic
a.	No income	155	152
b.	$1-150	9	7
c.	$151 - $250	0	
d.	$251- $500	8	6
e.	$501 - $1,000	16	12
f.	$1001- $1500	2	1
g.	$1501- $2000		
h.	$2001 +	1	0

	C. Income Sources At Entry	All	Chronic
a.	Supplemental Security Income (SSI)	18	16
b.	Social Security Disability Income (SSDI)	3	2
c.	Social Security	2	1
d.	General Public Assistance		
e.	Temporary Aid to Needy Families (TANF)		
f.	State Children's Health Insurance Program (SCHIP)		
g.	Veterans Benefits	2	1
h.	Employment Income	6	3
i.	Unemployment Benefits		
j.	Veterans Health Care	2	2
k.	Medicaid	18	15
l.	Food Stamps	2	2
m	Other (please specify) 1 priv. Insur & 1 retirement	2	1
n.	No Financial Resources	155	152

13. **Reasons for Leaving.** Of those participants who left the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, ***include only the primary reason***. Also, please place the **primary** reason for **chronically homeless persons** in the second column.

		All	Chronic
a.	Left for a housing opportunity before completing program	13	11
b.	Completed program	44	36
c.	Non-payment of rent/occupancy charge	n/a	n/a N/a
d.	Non-compliance with project	n/a	n/a
e.	Criminal activity / destruction of property / violence	11	10
f.	Reached maximum time allowed in project	n/a	n/a
g.	Needs could not be met by project	0	0
h.	Disagreement with rules/persons	n/a	n/a
i.	Death	6	6
j.	Other (please specify) bus tickets for relocation/rtrn to srvcs/return to street	39	36
k.	Unknown/disappeared	78	79

14. **Destination.** Of those participants who left during the operating year (from 2c, columns 1 and 2), how many left for the following destination? Also, please place the destination of **chronically homeless persons** in the second column.

			All	Chronic
PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	11	8
	b.	Public Housing		
	c.	Section 8	16	9
	d.	Shelter Plus Care		
	e.	HOME subsidized house or apartment		
	f.	Other subsidized house or apartment	9	8
	g.	Homeownership	1	1
	h.	Moved in with family or friends	11	7
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons	3	2
	j.	Moved in with family or friends		
INSTITUTION (k-m)	k.	Psychiatric hospital	2	2
	l.	Inpatient alcohol or other drug treatment facility	3	2
	m.	Jail/prison	11	10
EMERGENCY SHELTER (n)	n.	Emergency shelter	1	1
OTHER (o-q)	o.	Other supportive housing	9	8
	p.	Places not meant for human habitation (e.g. street)	30	30
	q.	Other (please specify) death	6	6
UNKNOWN	r.	Unknown	78	78

15. **Supportive Services.** Of those participants who left during the operating year (from 2, columns 1 and 2), how many received the following supportive services during their time in the project? Also, please place the supportive services received for **chronically homeless** participants who left during the operating year in the second column.

		All	Chronic
a.	Outreach	191	178
b.	Case management	53	53
c.	Life skills (outside of case management)	17	17
d.	Alcohol or drug abuse services	57	54
e.	Mental health services	29	29
f.	HIV/AIDS-related services	1	1
	Other health care services	116	114
h.	Education	4	3
i.	Housing placement	44	44
j.	Employment assistance	12	11
k.	Child care		
l.	Transportation	14	13
m.	Legal	3	3
n.	Other (please specify) assist w/relocation or rtrn to srvcs	8	7

16. **Overall Program Goals**. Under objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

---

a. **Residential Stability**

Objectives:

1. Increase the number of beds at the Adult Shelter by 10 to accommodate more people from the HOPE Center
2. To better integrate drug and alcohol treatment for this population with the new Stabilization Center.
3. To increase after-care to up to six months for those placed in housing
4. To initiate a housing support group to maintain socialization and skill building for those housed.

Progress:

1. We have increased the number of beds at the Adult Shelter by 7 (maximum capacity allowed).
2. There has been a delay in the opening of the Stabilization Center due to budget issues and change of service providers. . It will not open until the fall/winter of 2004.
3. We have increased aftercare to 6 months thereby keeping more people in housing.
4. Housing support group has been successfully started with 75% of housed people attending.

Next Operating Year's Objectives:

1. Refer 100% of all clients with drug and alcohol problems to day treatment with 50% of those actually enrolling in program and 10% of those going to a residential program.
2. Secure clean and sober housing for 100% of persons completing day treatment or residential program
3. Continue to work with the chronically homeless population , moving 40% of them into the year-round shelter within the year with 80% participation in Winter Shelter.

---

b. **Increased Skills or Income**

Objectives:

1. Increase the level of job search services within the center by training 75% of participates on computer job search.
2. Continue to link all eligible to SSI, unemployment General Assistance, Food Stamps and State Disability
3. Hold monthly job skill search workshops for up to 20 people per month.
4. Sponsor smoking cession classes at the center so that 25 people stop smoking this year.

Progress:

1. 75% of the people have been trained to use the computers for job and housing searches as well as socialization.
2. 100% of eligible clients have been linked to appropriate sources of income.
3. We were able to hold 6 workshops within the 12 –month period because of a reduction in staffing due to state funding loss.
4. No smoking cession classes were held due to priority change and staff change in cession program .

Next Operating Year's Objectives:

1. Continue to train 100% of clients on use of computers for job and housing search.
2. Continue to link all eligible to SSI, unemployment General Assistance, Food Stamps and State Disability
3. Hold job workshops every-other month
4. Refer all disabled clients to Dreamcatchers Training and Employment Center for job training and placement.
5. Refer clients to community-based smoking cession classes with a goal of 15 people to stop smoking this year.

---

c. **Greater Self-determination**

Objectives:

1. To initiate a weekly women's group to build self-esteem, self-reliance, safety and health for homeless women.
2. Continue to promote good hygiene through bathing and health care
3. Assure that all clients have access to health care and health testing.
4. Assure that 80% of active participants have basic computer web-search skills.

Progress:

1. The women's group meets weekly with 4-7 women participate regularly.
2. An average of 25 per day take showers at the center with 14 bathing daily. During winter months, 45 people bathe daily as the only requirement for a winter shelter voucher. 85 people have been issued hygiene kits. Twelve wash/dry loads are done daily.
3. 24 people per week see the doctor on her scheduled visits to the center. Other are referred to the clinics walk-in hours on their site with transportation provided if needed.
4. 75% of clients have been trained to use the web for socialization .

Next Operating Year's Objectives:

1. To increase participation in Women's group to 50% of all female participants
2. To increase by 25% the number of people who bathe daily and to continue to promote good hygiene for all.
3. To assure that all clients have access to necessary health care on-site at at Clinic Ole's facility.
4. Train all new clients on internet skills.

---

17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. ***(SHP-SSO projects do not complete this question)***

a. **SHP.** How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?
N/A – Day Center
We average 90 people per day year-round with a high of 124 in the wet and cold months and 55 in mild weather.

	Current Level	New Effort	New Effort in Place
Number of Beds:	___	___	___

b. **S+C.** How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

Number of Beds: ___ Number of Dwelling Units: ___

c. **SRO.** How many dwelling units were being assisted at the end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

Number of Dwelling Units: ___

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Part II: Financial Information

18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent **during the operating year.** Enter the amount of SHP funding spent on these supportive services. Include HMIS costs under "Other".

For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received **during the operating year.** (S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)

For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons **during the operating year.**

	Supportive Services	Dollars
a.	Outreach	$58,859
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol and drug abuse services	
e.	Mental health services	
f.	AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify) ADMIN/CANV	1,015
	ADMIN/ Housing Authority	3,046
o.	**TOTAL** (Sum of a through n).	62,920
	Cumulative amount of match provided to date for the **Shelter Plus Care Program** under this grant	$92,901

19. Supportive Housing Program: Leasing, Supportive Services, Operating Costs, HMIS Activities and Administration

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year. For **expansion projects**: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments. Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity. This table should add up both horizontally and vertically. The SHP supportive services total should be the same as the SHP supportive services in Question 18.

		SHP Funds	Cash Match	Total Expenditures
a.	Leasing			
b.	Supportive Services	$58,859	$5,567	$64,26
c.	Operating Costs		$75,140	$75,140
d.	HMIS Activities			
e.	Administration	4,061	12,194	16,255
f.	**Total**			

Note: Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

Sources of Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash City of Napa Housing Authority	12,500
b.	Local government (please specify)	
c.	State government (please specify)	
	State of California Housing & Community Development	55,762
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
	Community Foundation of the Napa Valley	5,000
	The Evans Foundation	10,000
f.	Private cash resources (please specify)	
	Various individual donors and special events	9,639
g.	Occupancy charge / fees	
h.	**Total**	$92,901

20. Supportive Housing Program: Acquisition, Rehabilitation, and New Construction N/A

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only. This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction. Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Acquisition			
b.	Rehabilitation			
c.	New construction			
d.	**Total**			

Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge/ fees	
h.	**Total**	

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HOPE RESOURCE CENTER/CANV-NCCEO AGREEMENT
HUD Grant # CA39B817001

REHABILITATION: $67,087

	Amount	
	$ 67,087.00	
7/1/01	$ (60,300.00)	(processed thru LOCS)
9/19/01	$ (6,787.00)	(never processed thru LOCS)
Balance	$ -	

SUPPORTIVE SERVICES:$176,664

Date	**2001-02**	**2002-03**	**2003-04**	**2004-05**		
July		5,643.70	1,822.71		(no monthly draws	
Aug		5,532.97	1,580.80		from LOCS have	
Sept		5,036.05	1,860.54		been processed)	
Oct	3,453.92	4,465.56	6,198.63			
Nov	3,565.26	4,128.31	6,243.98			
Dec	5,296.40	4,541.00	6,706.50			
Jan	6,531.36	4,607.23	6,764.38			
Feb	4,624.13	4,649.04				
Mar	4,330.85	4,911.73				
April	4,194.26	4,192.28				
May	4,448.14	1,840.63				
Jun	3,909.96	1,717.56				
Sub-total	$ 40,354.28	$ 51,266.06	$ 31,177.54		$	122,797.88
Budget	**$ 56,567.00**	**$ 58,859.00**	**$ 61,238.00**		**$**	**176,664.00**
Balance	$ 16,212.72	$ 7,592.94	$ 30,060.46		$	53,866.12

ADMINISTRATIVE: $12,186.00

	CANV	HACN	
BUDGETED	$ 3,046.00	$ 9,140.00	
2001-02	-1,015	-3,046	(No draw downs from LOCS)
2002-03	-1,015	-3,046	(No draw downs from LOCS)
2003-04			(amount to draw down =$8,122)
SUB-TOTAL	$ 1,016.00	$ 3,048.00	

TOTAL AMOUNT TO DRAW DOWN FROM LOCS

$ 6,787.00
$ 122,797.88
$ 8,122.00
$ 137,706.88

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Grantee Housing Authority of the City of Napa	HUD Grant or Project Number CA 39B817001
Project Sponsor: Community Action of Napa Valley/Napa Valley Shelter Project	Project Name HOPE Resource Center
Operating Year: 1 Indicate if Extension: Indicate if Renewal	Reporting Period Report for 10/01/2001 to 9/30/2002

Previous Grant Numbers for this project:

Check the component for the program on which you are reporting

Supportive Housing Program (SHP)

- _ Transitional Housing
- _ Permanent Housing for Homeless Persons with Disabilities
- _ Safe Haven
- _ Innovative Supportive Housing
- X Supportive Services Only

Shelter Plus Care (S+C)

- _ Tenant Based Rental Assistance (TRA)
- _ Sponsor Based Rental Assistance (SRA)
- _ Project based Rental Assistance (PRA)
- _ Single Room Occupancy (SRO)

Section 8 Moderate Rehabilitation

- _ Single Room Pccupnacy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments

The HOPE Resource Center is a day center for homeless adults with two-tiers of services: basic needs inculding showers, medical care, laundry, phones, mail delivery and a second tier to discover and address the root cause of homelessness including: mental health assistance and referral, job development, housing counseling, drug and alcohol counseling referral to shelter, residental treatment programs and other main-stream programs to assist homeless people reintegrate with the general population.

Name & Title of the Person who can answer questions about this report:		Phone: (include area code)
Charlene Horton	Program Director	(707)253-6103 x
Address 1001A Franklin Street Napa CA 94559-		Fax Number: (include area code) (707)253-6213

I hereby certify that all the information stated herein is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Grantee Official:		Signature & Date:
Peter Dreier	Housing Director	X:
Name and Title of Authorized Project Sponsor Official:		**Signature & Date:**
Charlene Horton	Program Director	X:

Part I: Project Progress

1. **Projected Level of Persons to be served at a given period of time.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time.	90	12	40	30

2. **Persons Served during the operating year.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year.	18	0	0	0
b	Number entering program during the operating year	625	110	0	24
c	Number who left the program during the operating year	219	23	0	3
d	Number in the program on the last day of the operating year (a + b - c) = d	424	87	0	21

3. **Project Capacity**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)	424			21
b	Number proposed in application (from 1a, columns 1 and 4)	90			30
c	Capacity Rate (divide a by b) = %	471.11 %			70 %

4. **Non-Homeless persons. To be completed for Section 8 SRo Projects**

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	0

5. **Age and Gender**

Single Persons (from 2b, column 1)		Age	Male	Female
	a.	62 and over	18	3
	b.	51-61	75	40
	c.	31-50	262	85
	d.	18-30	92	43
	e.	17 and under	4	3
Persons in Families (from 2b, columns 2&3)				
	f.	62 and over	2	0
	g.	51-61	9	7
	h.	31-50	31	45
	i.	18-30	6	8
	j.	13-17	1	1
	k.	6-12	0	0
	l.	1-5	0	0
	m.	under 1	0	0

Answer questions 6-10 only if participants who entered the project during the operation year (from 2b, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions 7,8 and 10 below should be the same; respond to each of those questions for all participants

6. Veterans Status. How many participants were veterans? A veteran is anyone who has ever been on active military duty status?

84

7. Ethnicity How many participants are in the following ethnic categories?

a.	Hispanic or Latino	199
b.	Non-Hispanic or Non-Latino	536

8. Race How many participants are in the following racial categories?

a.	American Indian or Alaskan Indian	8
b.	Asian	6
c.	Black or African American	28
d.	Native Hawaiian or Other Pacific Islander	50
e.	White	643

9.. Special Needs

How many participants have the following? Participants may have more than one. If so count them in all applicable categories

a.	Mental Illness	203
b.	Alcohol Abuse	342
c.	Drug Abuse	242
d.	HIV/AIDS and related diseases	3
e.	Developmental disability	2
f.	Physical disability	156
g.	Domestic violence	25
h.	Other Needs- see below	223

Other Needs:

basic hygiene needs, hep-c, diabetes/cancer, sores on mouth, minor lacerations, spanish spkng. only/ needs ESL, dental work, domestic viol., emotional, broken tibia; right knee; pinched nerve in back, hep c, bus ticket back to where his family lives, bus ticket back to L.A., none english speaking, bus ticket to L.A./stranded here, needs rx, non english speaking/lack of education, when he works his shoulder, arm and back hurt, recent mild stroke/amnesia, broken ribs, dental, broken wrist, medical, back problem - having surgery, dental, language barrier, housing, Hep C, bad back, blind in left eye, needs RX, high bp, tumor on pancreas,depression, Hep C, needs rx, sciatic nerve pain, gunshot wounds in legs, needs dental, diabetes, insu,lin dependent, hep c, housing, dental, numbness rt hand & wrist, dentist, non-english speaking, TB, Zoloft, hep c, needs med attn. for auto acc. injuries, asthma, lung and depression, arthritis in spine, Hep C, diabetes, non english speakinig, Hep C, single parent, knee, needs to see doctor, spanish speaking only/transient, diabetes, hep-c, needs rx, High BP, dyslexia, dental, sores in mouth, sciatic nerve pain, needs dental, dyslexic, spanish speaking only/migrant, hep c, dental, broken knee, needs follow up, dental, dental, single parent w/custody of child, needs rx, black lung, ulcer, spurs under knees and hips, depression, head injury, Hep C, stomach problems. migrant worker., hep c, trans to Boston to rtrn to srvcs/family, gout, will need tx re: hep c, needs rx filled, bronchitis, bipolar, post-traumatic stress, edema, learning disabled/ADD, assisted living, migrant worker, hep c, spanish speaking only, migrant worker, dental work, rapid hb, liver problem, bladder infection, migrant worker, migrant, hep c, hep c, diabetic, hep c, high blood pressure/has rx needs refill, spot on nose, gambling addiction, female abuser, hep c, female abuser/violater, very bad cold, broken arm, ETOH?, hep c, non-english speaking, needs dentist, hep c, infectious TB, broken back, sciatica, diabetes, neuropathy, pregnant, lower GI under dr care, stranded in Napa, needs dentist, Hep C, needs dental work, bad left knee, wants to see doctor for cold, transportation to return to srvcs, hep c, needs rx, veteran, hep c, diabetes, hx of domestic viol., depression, abdominal pain, Hep C, dyslexia, spanish spkng only, migrant, migrant, spanish spkng only, migrant worker, spanish spkng only, needs rx refill, diabetic, lump in tongue, needs rx, asthma, Dentist, dental and medical check, health care. broken ribs, hep c, meth addict not current use, legs broken, need rx, Hep C, dental, injured ankle, diabetic needs health care, bad hip, dental, spanish spkng only. migrant worker., needs stitches removed, asthma, dental, migrant, spanish spkng only, spanish speaking only, ag. worker, hip, ADHD & Dyslexia (learning disability), hep c, assist with trans back to where has estab. services, dislocated knee, poss. hep c, spanish spkng only, ag. worker, poss. pink eye. migrant worker. non english spkng., pneumonia, MH services requested, depression, needs rx, dental, diabetes, was a missing person, needs glasses and MH appt., non-english speaking, spanish spkng only, ag. worker, hep c, dental, needs dentist, spanish spkng only, ag worker, Hep C, herpes, needs BP meds, hep c, ADHD, veteran, TB test for housing, migrant worker. non english spkng., hep-c, learning disability, temp foot problem, learning disabled, very limited english, gastritis, acid reflux, spanish spkng only,, veteran, painful rib, diabetic and hep c, back and kidney problems, broken arm - needs check. non english spkng., seizures, brain and heart (respiratory), spanish spkng only, unpapered, spanish spkng only, vision problems, hep c, migrant, methadone program, financial for meds, hep c and diabetic, asthma, needs rx refill, bronchitis, needs Rx, diabetic, problem with feet needs

attn./diabetic, needs rx for sore on heel, hep c, bus ticket to rtrn to home and services, methadone tx program, hep c, Albino & legally blind, Learning disabled, ADHD, hep c, spanish spkng only, migrant ag. worker, non-english speaking, migrant worker, hep c, hep c, hep c, hep c, needs rx, dental, needs Rx, hep c, needs blood work, bladder infection, needs Prozac, spanish spkng only. migrant worker., spanish speaking only/migrant worker

10. Prior Living Situation

How many participants slept in the following places in the week prior to entering the project? (Choose one)

a.	Non-housing (street, park, car, bus station, etc...)	552
b.	Emergency shelter	44
c.	Transitional housing for homeless persons	5
d.	Psychiatric facility*	19
e.	Sustance abuse treatment facility*	2
f.	Hospital*	2
g.	Jail/prison*	42
h.	Domestic violence situation	2
i.	Living with relatives/friends	24
j.	Rental housing	6
k.	Other Need- see below	37

* if a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Board & care, , from Los Angelos, hotel, from solano county, mexico/street, from Wash. state, from vallejo calif. streets, unknown, streets/

Helena Church, , , board & care, , veterans home

Complete questions 11 - 15 for all participants who left during the operating year (from 2c, columns 1 and 2) The term participants means single persons and adults in families. It does not include children and caregivers.

11. Amount and Source of Monthly Income at Entry and at Exit.

Of those participants who left during the operating year, how many were at each monthly incom level and with each source of income?

	A. Monthly Income at Entry	
a.	No Income	190
b.	$1 - 150	5
c.	$151 - $250	3
d.	$251 - $500	3
e.	$501 - $1,000	34
f.	$1,001 - $1,500	4
g.	$1,501 - $2,000	1
h.	$2,001 +	2

	C. Income Sources at Entry	
a.	Supplemental Security Income (SSI)	38
b.	Social Security Disability Income (SSDI)	4
c.	Social Security	3
d.	General Public Assistance	1
e.	Temporay Aid to Needy Families (TANF)	1
f.	Child Support	0
g.	Veterans Benefits	3
h.	Employment Income	34
i.	Unemployment Benefits	3
j.	Medicare	0
k.	Medicaid	0
l.	Food Stamps	6
m.	Other- see below	21
n.	No Financial Resources	0

Other sources of income at entry:

AFDC, disability, AFDC, SSI pending, husband's retirement, SSDI pending, EDD in process, AFDC, unknown, domestic viol., just starting work, SSA, SSA, PERS, start job Dec 1, work on the side, disability, SSA, EDD, EDD, insurance, workman's comp, army

B. Monthly Income at Exit

a.	No Income	229
b.	$1 - 150	1
c.	$151 - $250	0
d.	$251 - $500	0
e.	$501 - $1,000	8
f.	$1,001 - $1,500	2
g.	$1,501 - $2,000	1
h.	$2,001 +	1

	D. Income Sources at Exit	
a.	Supplemental Security Income (SSI)	8
b.	Social Security Disability Income (SSDI)	2
c.	Social Security	0
d.	General Public Assistance	0
e.	Temporay Aid to Needy Families (TANF)	0
f.	Child Support	0
g.	Veterans Benefits	1
h.	Employment Income	5
i.	Unemployment Benefits	0
j.	Medicare	0
k.	Medicaid	0
l.	Food Stamps	0
m.	Other- see below	3
n.	No Financial Resources	0

Other sources of income at exit

unknown, insurance, workman's comp

12. Length of Stay in Program

Of those participants who left during the operating year, how many were in the project for the following lengths of time?

a.	Less than 1 month	8
b.	1 to 2 months	33
c.	3 - 6 months	148
d.	7 - 12 months	46
e.	13 - 24 months	0
f.	25 months - 3 years	0
g.	4 years - 5 years	0
h.	6 years - 7 years	0
i.	8 years - 10 years	0
j.	Over 10 years	7

13. Reasons for Leaving

Of those participants who left during the operating year, how many left for the following reasons? If a particular left for multiple reasons, include only the primary reason.

a.	Left for a housing opportunity before completing program	10
b.	Completed Program	57
c.	Non-payment of rent/occupancy charge	0
d.	Non-compliance with project	3
e.	Criminal activity / destructuion of property / violence	19
f.	Reached maximum time allowed in project	0
g.	Needs could not be met by project	4
h.	Disagreement with rules / persons	0
i.	Death	6
j.	Other - See below	0
k.	Unknown / disappeared	98

Other Reasons for leaving:

moved back to tesas, , , entered nursing home, returned to his home in Crescent City ,c, moved to San Diego, transient, residential tx program, rtrnd to employment & camp, , transient, rtrnd to his home, board & care, rtrnd to psych facility, transient, rtrned to migrant camps, working, rtrnd to B & C he had run from, moved back to Boston, was transient/traveling, moved back to wa., moved, no longer homeless, relocated, moved, reunited with family, progress foundation ct. med needs only, relocated to Newark, Ca., entered long term dual dx tx program, felony warrants he wouldn't take care of, relocated to Oregon, rtrnd to services in Iowa, transient/traveling, relocated, relocated to another city, moved, completed program. relocated, working,, relocated out of state, relocated to San Jose, was a missing person, call police and th, relocated back to where he came from, moved, rtrnd to live with family, relocation, returned to his home in Ft. bragg, returned to his home in St. Louis

14. Destination

Of those participants who left during the operating year, how many left for the following destination?

PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	37
	b.	Public Housing	0
	c.	Section 8	0
	d.	Shelter Plus Care	1
	e.	HOME subsidized house or apartment	0
	f.	Other subsidized house or apartment	1
	g.	Homeownership	1
	h.	Moved in with family or friends	0
TRANSITONAL (i-j)	i.	Transitional housing for homeless persons	0
	j.	Moved in with family or friends	2
INSTITUTION (k-m)	k.	Psychiatric hospital	2
	l.	Inpatient alcohol or other drug treatment facility	2
	m.	Jail/prison	20
EMERGENCY SHELTER (n)	n.	Emergency shelter	3
OTHER (o-q)	o.	Other supportive housing	10
	p.	Places not meant for human habitation (e.g. street)	0
	q.	Other see below-	49
UNKNOWN	r.	Unknown	114

Other destinations:

relocated, Permanent- with Family/Friends, Permanent- with Family/Friends, Permanent- with Family/Friends, Permanent- with Family/Friends, migrant camp, , Permanent- with Family/Friends, Permanent- with Family/Friends, migrant camp, Permanent- with Family/Friends, migrant camp, board & care, Permanent- with Family/Friends, Permanent- with Family/Friends, traveling, Permanent- with Family/Friends, Permanent- with Family/Friends, Permanent- with Family/Friends, rtrnd to maigrant camp to work/live, Permanent- with Family/Friends, migrant camp to live/work, Permanent- with Family/Friends, Permanent- with Family/Friends, Other (please specify), Permanent- with Family/Friends, rtrnd to migrant camp to work/live, board & care, Permanent- with Family/Friends, deceased, Permanent- with Family/Friends, Permanent- with Family/Friends, rtrnd to where he lived, Permanent- with Family/Friends, Permanent- with Family/Friends, deceased, board and care, rtrnd to work and migrant camp, Permanent- with Family/Friends, Permanent- with Family/Friends, rtrnd to work and migrant camp, Permanent- with Family/Friends, Other (please specify), Permanent- with Family/Friends, Permanent- with Family/Friends, rtrnd to work and living at migrant camp, Permanent- with Family/Friends, deceased, rtrnd to work and living at migrant camp

15. Supportive Services

Of those participants who left during the operating year, how many received the following supportive services during their time in the project.

a.	Outreach	199
b.	Case Management	21
c.	Life skills (outside of case management)	21
d.	Alcohol and drug abuse services	59
e.	Mental health services	43
f.	HIV/AIDS related services	0
g.	Other health care services	128
h.	Education	3
i.	Housing placement	19
j.	Employment assistance	17
k.	Child care	0
l.	Transportation	21
m.	Legal	0
n.	Other see below-	227

Other destinations:

crises services, showers, phones, laundry facilities, showers, phones, laundry facilities, shelter and basic needs, basic services, showers, phones, laundry facilities, bus ticket to L.A., showers, phones,, bus ticket to L.A., shelter and basic needs, basic services, basic needs and services, showers, phones, shelter,, basic needs and shelter, shelter and basic needs, showers, restrooms, basic hygiene needs, bus ticket back to Crescent City , Ca, basic needs and services, showers, phones, laundry facilities, medi-cal, public assistance, shelter and basic services, shelter and basic services, basic services and needs, emergency shelter, basic needs & services, sheltera and basic needs, basic needs & services, basic needs & services, shelter, basic needs & services, shelter and bus ticket back to his home, basic services, shelter and basic needs, shelter and basic services, basic needs & services, basic needs & services, basic needs & services, basic needs & services, basic needs & services, shelter, basic needs & services & shelter, basic needs & services, shelter & basic needs & services, basic needs & services, basic needs & services & shelter, basic services, showers, etc..., basic servicwes, shelter and basic needs, shelter and basic needs, rtmd to B & C he had run away from, shelter and basic needs, basic services, shelter & basic needs & services, bus ticket, basic needs & services, shelter & basic services, basic services and shelter, basic services, basic services, basic services & shelter, shelter & basic needs, BASIC SERVICES, is a minor. turned over to p.d., shelter and basic services, basic needs & services, shelter and basic services, shelter & basic services & needs, basic skills and services, shelter and basic services, shelter & basic needs & services, shelter and basoc needs, shelter & basic serv. & bus ticket for relocation, basic needs & services, basic services, shelter & basic needs, basic services and shelter, shelter and basic services, basic services, shelter & basic needs, shelter & basic needs, shelter & basic needs, basic services, basic needs, shelter and basic services, shelter and bus ticket ot Newark, Ca. to return to services, shelter and basic services, basic needs & services, basic services, shelter & basic needs, shelter and basic services, basic services, shelter and basic needs, shelter and basic needs, shelter and basic needs, shelter and basic services, shelter and basic needs, basic services, basic needs, shelter and basic services, shelter and basic needs, shelter and basic needs, shelter and basic needs, basic services, basic services, basic needs and services, basic services, basic needs and services, basic skills and buss trans to Iowa, shelter and basic needs, shelter and basic needs, basic services, basic services, shelter and basic needs, shelter and basic services, basic needs, shelter and basic needs, shelter and basic needs, shelter and basic services, shelter and basic needs, assist with bus ticket back to where he lived, basic services, shelter and basic services, basic services, shelter and basic needs, shelter and basic needs, shelter and basic needs, basic services, basic services, basic services, basic services, shelter and basic needs, basic services only, basic needs and services, basic services and shelter, basic needs and services, basic services, basic services and assist with getting into detox, shelter and basic needs, basic needs and services, bus ticket to S. Carolina, shelter and basic needs, basic needs, basic services, shelter and basic needs, basic services, basic needs, basic services, basic services, shelter and basic needs, shelter and basic services, shelter and basic needs, basic services, basic needs and bus ticket to San Jose to relocate there, shelter and basic needs, basic needs, shelter and basic needs, shelter and basic services, shelter and basic needs, basic services, shelter and basic needs, shelter and basic needs, basic services, shelter and basic needs, shelter and basic needs, shelter and basic services, shelter and basic services, assist with relocation. basic services, basic needs and services, basic needs and shelter, basic needs, basic needs and shelter, basic services, basic services, basic needs, shelter and basic needs, shelter, basic needs, bus ticket to virginia, shelter, bus ticket to virginia, basic needs, basic needs, shelter and basoc needs, basic services, shelter and basic needs, basic services, basic services and shelter, basic services and shelter, basic services, basic needs, basic needs, basic needs and shelter, basic needs, basic services, shelter and basic needs, shelter and basic needs, shelter & basic needs, basic services, shelter and basic needs, shelter and basic skills, basic services, shelter and basic needs, shelter and basic needs, basic needs, basic needs, basic needs, basic services, basic services, basic services, basic services, shelter and basic services, basic services, shelter and bus ticket to relocate, basic needs and shelter, shelter and basic needs, basic services, basic needs and shelter, basic needs, shelter and basic services, battered womens shelter, basic services, basic services, bus ticket back to where he lived, shelter and basic needs, shelter and basic needs, shelter and basic needs, shelter and basic needs, shelter and basic needs, bus ticket back to St. Louis where his home and relatives at, basic needs and services, basic services, shelter and basic needs

16. **Overall Program Goals**

Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission or APR) for each of the goals listed below. Under Progress, describe your progress in meeting the objectives.

Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

a. **Residential Stability**

Objectives:

To move 30% of the street homeless persons using the HOPE Center into the Adult Shelter and drug and alcohol programs within one year. And, of this 50% of this 30% will find permanent housing within one yer

Progress:

Over 30% of HOPE's active users have accessed the Adult Shelter in the first year. Over 90 individuals moved into permanent or transitional housing during the year. This does not match the stats on the report however, since those in transitional housing are still active in the program and have not been closed out for report purposes.

Next Operating Year's Objectives:

1. To increase the number of beds at the Adult Shelter by 10 to accomodate more people from the HOPE Center.
2. To better integrate drug and alcohol treatment for this population with the new Stabilization Center offering detox and residental care.
3. To increase after-care to up to six months for those placed in housing.
4. To initiate a "housing support group" to maintain socialization and skill building for those housed.

b. **Increased Skills or Income**

Objectives:

Of those using the center:

1. 60% will be linked to SSI or welfare as they ae eligible within on year.
2. 20% will complete job training within one year.
3. 10% will find jobs within one year.

Progress:

1. 100% of those eligible for SSI, unemployment, General Assistance, Food Stamps and State Disability were linked with appropriate services.
2. Over 20% were enrolled in Next Step, a job training service of Napa County Health and Human Services.
3. Over 10% were employeed during the year.

Next Operating Year's Objectives:

1. Increase the level of job search services within the center by training 75% of participates on computer job search.
2. Continue to link all eligible to SSI, unemployement, Generl Assistance, Food Stamps and State Disability.
3. Hold monthly job skill search workshops for up to 20 people per month
4. To sponser smoking cessison classes at the center so that 25 people stop smoking this year.

c. **Greater Self-determination**

Objectives:

Of those using the HOPE Center:

1. 95% will choose to use showers, laundry, voice mail and mail boxes within one year.
2. 30% will choose to live in the Adult Shelter and to enter drug and alcohol rehab within one year.

Progress:

1. 75% of active users choose to bath daily while the remaining 25% shower at least once a week.
2. Over 95% of active users utilize the laundry, voice mail/message system and postal services.
3. Over 30% have selected to stay at the Adult Shelter and 100% of those needing drug and alcohol treatment have entered Day Treatment as a condition of stay at the shelter.

Next Operating Year's Objectives:

1. To initiate a weekly women's group to build self-esteem, self-reliance, safety and health for homeless women.
2. Continue to promote good hygene through bathing and health care.
3. To assure that all clients have access to health care and health testing.
4. To assure that 80% of active participants have basic computer web-search skills .

17. Beds

SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. (SHP-SSO projects do not complete this question.)

a. SHP. How many beds were included in the application approved for this project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds	0	0	0

b. S+C. How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

Number of Beds 0

Number of Dwelling Units: 0

c. SRO. How many dwelling units were being assisted at end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

Number of Beds 0

Part II: Financial Information

18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent during the operating year. Enter the amount of SHP funding spent on these supportive services.
For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received during the operating year. (S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)
For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons during the operating year.

Supportive Service	Dollars
a. Outreach	$137,699.00
Total	$137,699.00

Cumulative amount of match provided to date for the Shelter Plus Care Program under this grant

19. Supportive Housing Program: Leasing,

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year.

For expansion projects: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments.

Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

Summary of Expenditures

	SHP Funds	Cash Match	Total Expenditures
a. Leasing	$	$	$
b. Supportive Services	$56,567	$81,132	$137,699
c. Operating Costs	$	$42,678	$42,678
d. Administration	$1,016	$10,607	$11,623
e. Total	$57,583	$134,417	$192,000

Note: Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

Sources of Cash Match.
Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

Match Source	***Dollars***
Local Government	
Housing Authority of the City of Napa	$35,000.00
Local Governement	
City of Napa	$12,500.00
State of California Housing and Community Developm	
Emergency Housing and Assistance Program	$26,328.00
Foundation	
Ruth Epstein Foundation	$34,283.00
Local Partner Non-Profit	
Community Health Clinic Ole	$1,393.00
Foundation	
Napa Valley Wine Auction	$8,844.00
Foundation/Other	
United Way of the Bay Area	$13,334.00
Donations	
Various Individual Donors	$2,735.00
Cumulative amount of match provided to date for the Shelter Plus Care Program under this grant	$134,417

20. Supportive Housing Program: Acquisition, Rehabilitation, and New

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only.

This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction.

Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

Summary of Expenditures

	SHP Funds	Cash Match	Total Expenditures
a. Acquisition	$	$	$
b. Rehabilitation	$67,085	$240,622	$307,707
c. New construction	$	$	$
d. Total	$67,085	$240,622	$307,707

Sources of Cash Match.

Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

Match Source	*Dollars*
Foundation	
Napa Valley Wine Auction	83702
Local Government	
Napa County Health and Social Services	75000
Local Government	
Housing Authority of the City of Napa	25000
Local Government	
City of Napa	14838
Foundation	
Community Foundation of the Napa Valley	10000
Local Partner Non-Profit	
Community Health Clinic Ole	6000
Foundation/Other	
United Way of the Bay Area	10166
Foundation	
Ruth Epstein Foundation	15716
Donations	
Various Individual Donors	200
	0
	0
Total	$240,622

Describe any problems and/or changes implemented during the operating year.

It became clear that because of the nature of Napa's street homeless population, the HOPE Center was not an appropriate place for minor children. The Center is now an adult-only facility. Homeless parents may access the center without their children and, alternative comparable

Technical Assistance and Recommendations

Based on your experience during the last year, are there any areas in which you need technical advice or assistance? If so, please describe.

We are challenged to manage statics on the large number of individuals we see. There are a number of people who drop in once or twice and then move on to other geographical areas. Is there are system to better account for this transiant portion of the population? This softwear does

ATTACHMENT 4

LETTER FROM CANV
DATED MAY 7, 2007

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COMMUNITY ACTION OF NAPA VALLEY

encouraging self-sufficiency

May 7, 2007

Scott Klingbeil
Planning Manager
City of Napa Community Development Department
1600 First Street
Napa, CA 94559

RE: HOPE Resource Center

Dear Mr. Klingbeil:

In response to your request, this letter will describe current services being provided at the HOPE Resource Center, explain how the center is in compliance with Use Permit conditions of approval and list the complaints voiced at the recent public meeting. We will also suggest a process to move forward on the large downtown homelessness issue.

A brief history of the HOPE Resource Center (HRC) is warranted to help frame the response. The center is a part of the Napa Valley Shelter Project (NVSP), a program of the non-profit organization Community Action of Napa Valley (CANV), and is operated in partnership with other public and private community service providers. The HRC is a day center for homeless adults to access basic services (showers, toilets, laundry, phone and mail, health care) and to take steps necessary to find permanent housing and employment and move towards self-sufficiency. The HOPE Center is a vital component of a 3-part action plan developed in 1998 by a community-wide committee created to reduce chronic homelessness (Project Darryl), the other two parts being outreach workers and a detox center. A day center is clearly a key component of any comprehensive overall plan to solve the complex issue of homelessness and to provide the continuum of care necessary to maintain momentum and progress towards self-sufficiency.

HRC was originally approved on July 6, 2000 by the City of Napa Planning Commission, which was upheld upon appeal by City Council on August 1, 2000 (Resolution R2000 160). Upon completion of facility improvements, the HRC opened its doors on October 1, 2001. In accordance with the conditions of approval of said resolution, the HRC's Use Permit was brought back to Planning Commission for re-approval and was unanimously approved on September 19, 2002. Once again the approval was appealed, and once again the City Council denied the appeal on February 4, 2003 by unanimous decision (Resolution R2003 44). Special condition #1 of Resolution 2003 44 states that the Use Permit expires within three years of the date of hearing, in which case it would have expired last year on February 4, 2006. While CANV did file a Use Permit Renewal request prior to the expiration date, it was determined at that time, by City Staff, that the condition limiting the permit life was not legal. Use Permits run with the land in perpetuity, therefore said special condition #1 is invalid and the HRC's Use

Permit is currently valid. Michael Barrett, City Attorney, recently confirmed this. Now, we intend to demonstrate that the HRC is in compliance with the Use Permit and that a public hearing is unnecessary on the basis of Use Permit validity.

Current services provided on a regular basis include:

1. Basic needs: showers, toilets, laundry, mail, telephone-making and receiving calls, clothing, food vouchers, coffee and breakfast items, computer access for job search and resume building, homework.
2. Case Management – includes meeting with shelter staff to set goals for increasing income and finding sustainable housing and job search with job referrals to potential employers.
3. Rental Assistance – including help with housing readiness, housing search, assistance with move-in costs and up to two years of subsidy and housing counseling for clients in housing.
4. I.D. program – all HRC clients receive a picture I.D. in order to identify that they are receiving services. The I.D. must be renewed every 90 days, including a check with the Sheriff's department for any outstanding warrants.
5. Weekly medical care provided by Clinic Ole at the on-site clinic.
6. Mental Health Outreach – provides mental health counseling and referral to additional mental health services.
7. Volunteer jobs for HRC clients to teach job skills and to allow them to give back to the community.
8. Planned Parenthood provides workshops on sexually transmitted disease, safe sex practices, and other sexual health issues.
9. Project 90 – detox and 90-day residential treatment, comes to the center to counsel people about their program and to educate them on substance abuse. Project 90 is also available to HRC clients who wish to detox from drugs and alcohol and working with the County's drug and alcohol program may offer a 90-day residential program to HRC clients.
10. Student Nurses from Napa College provide workshops on hygiene, grooming, nutrition, and other health-related issues.
11. Legal Aid – provides consultation on a regular basis as an entry into their services for those who have legal barriers in their effort to move forward.
12. NEWS – provides education regarding domestic violence for both men and women. They are also readily available for 1:1 consultation as needed.
13. California Conservation Corp – participates at the center, doing monthly service projects as they recruit from within the population for their employment programs. In addition, the Army and National Guard come to the center regularly to recruit.
14. Police Department Outreach Workers (2) partner with HRC Mental Health Outreach worker to provide assessment and referral to homeless hanging out in the area of the HRC. In addition, these Outreach workers go to camps, parks and other sites to encourage homeless to come in for services and begin to rebuild their lives.
15. Crisis intervention is done by staff as needed and includes calls to the County Crisis Unit, calls to Napa P. D. for intervention and transportation to County Crisis and calls for emergency medical assistance.
16. Shelter screening and referral is done at the Center for both the South Napa Shelter and the seasonal Emergency Shelter. Bus vouchers are issued at the center if transportation to these sites is required.

Compliance with Conditions of our Use Permit
The following is a listing of the applicable conditions of approval and how we comply with them. CEQA mitigation measures, standard conditions and conditions for site improvements already completed are not listed, as they are not applicable to the discussion.

SPECIAL CONDITIONS R2000 160
Planning Commission

1. The developer shall provide for an outdoor lounge area directly adjacent to the HRC that is screened from the view of the public street.
   It was noted in the 2003 Use Permit (RU200344) application by CANV that this condition was not feasible as the only space available for this outdoor area was adjacent to a children's nursery area for the church and adjacent to the medical clinic at the center. After attempting several methods to provide barriers for the smoke, the nursery area and medical areas continued to be negatively impacted by this accommodation. New State laws were also passed in 2005 to prohibit smoking within 20 feet of a public building. HRC consumers are now required to leave the building and the property in order to smoke. They are not allowed to loiter however and are encouraged to take a walk. CANV's Quit Smoking Program has been offered at the Center and we will continue to work in this direction.

2. The Applicant shall work with the City of Napa Police Department in establishing appropriate police protocol.
   Napa P.D. was very active in the development of both the physical space (where doors were located, structure of bathing and toilet facilities, staff offices), as well as the programmatic components, (sign-in protocol, warrant checks, crisis intervention procedures, etc.). For the first few years, they were also very active in the monthly policy/oversight council. Due to personnel changes at the P.D. their attendance at this monthly meeting has declined, however we continue to work very closely with the Napa P.D. to resolve any issues. The addition of two outreach workers in January, 2007 has revived and expanded this partnership.

3. To the extent feasible, the operator shall work with other agencies and organizations to secure overnight accommodations for the clients of the HOPE Center.
   The HRC is the central staging point for both the South Napa Shelter and the seasonal Emergency Shelter.

4. The City accepts the applicant's offer to provide adjacent property owners with a 24-hour telephone number in case of emergency.
   The number to the Sullivan Shelter was provided to Lowell Downey, our neighborhood representative on the advisory council. When that facility moved in May 2006 we did fail to provide this number to Mr. Downey. This will be corrected immediately.

City Council

1. The Use Permit establishing the HRC shall be valid for one year from the date of commencement of use
   Overruled by new resolution R2003 44

2. A complete set of rules establishing standards of behavior for all clients of the Center shall be established prior to the opening of the Center.
   This was done and submitted to the planning staff. See attachment A for the current intake form, 90 day update form and client rules.

SPECIAL CONDITIONS R2003 44

1. This Use Permit is approved for a period of three years from the date of this hearing, at which time it shall expire.
   This condition is invalid (see narrative above for more detail)

2. The HRC shall file an annual report on its activities and services with the Planning Department by December 31 of each year, and the Department shall then submit a written report to the City Council for its information on or before the anniversary date of the public hearing.
   This has been accomplished. The Annual Progress report submitted to HUD through the Napa Valley Housing Authority serves as this annual report.

Lastly, a Community Outreach meeting on the Impact of Homelessness held in collaboration with the Napa Police Department, County of Napa and CANV was held on March 21, 2007 at the Napa City Council chambers. After an overview of the current status, an open forum was offered where local citizens could voice concerns. See attachment B-1 for a synopsis of those concerns. At that meeting, the audience was also given an opportunity to provide written suggestions on how to mitigate the impact of homelessness on the community. Those comments are included in attachment B-2.

Now that we have provided you with the information you have asked for and shown that the Use Permit is valid and we are in compliance with its conditions, we want take this opportunity to offer our thoughts on an appropriate process to move forward from here.

We are a small part of the big and complex homeless issue in the downtown area, one with many contributing factors (dinner at the Table, lunch at Salvation Army, Fuller Park, cover of bridges and river banks, liquor store, the jail, etc.) that have a large cumulative impact. The solution to the downtown issues requires a larger focus. CANV believes it is irresponsible to isolate the HOPE Center from the larger issue and cause a potentially long-lasting gap in the continuum, without more global review of ALL downtown places and programs. It is also significant that the 10-Year Plan to End Homelessness, a document that was endorsed by the County Board of Supervisors and every City Council in the County including the City of Napa, has the HOPE Center as a critical component of the 10-year strategy. In addition, Project Darryl, Napa County's first attempt to reduce the impact of chronic homelessness, has, in January of 2007, finally reached its goal of a three-part strategy – detox, outreach and day center. For the first four years of the HRC, the detox component was missing. The outreach component came on line in late 2005, but was put on hold and did not become active again until January 2007. In order for this plan to work, all three components need to be given a chance to work together.

We feel there is a more responsible approach to move forward and that is to work on the larger problem of homelessness downtown including review of all contributing places and programs. To do so, we suggest that the Policy Council on Homelessness reconvene and reengage into the issues and, as its first priority, focus on the downtown problem. CANV and its homeless

programs acknowledge our contribution to the issue and will take full accountability for our staff and clients, participate with open minds and contribute fully to a solution in cooperation with other stakeholders. This should include a comprehensive review of the rules, regulations and operations of each program and how they relate to each other. This Policy Council should be comprised of neighbors, service providers, homeless clients, business owners, law enforcement and City officials.

We also commit to continue our regular monthly HOPE Advisory Meetings with neighbors and other stakeholders until the larger Policy Council is formed.

CANV has ideas for improvement and we look forward to working on these in the audience of stakeholders for maximum effectiveness. We would be pleased to talk with you in more detail about these in the meantime. We look forward to our next opportunity to meet with you.

Sincerely,

Susan Hertel
Executive Director
Community Action of Napa Valley

Tom Kensok
Board Chair,
Community Action of Napa Valley

Charlene W. Horton

Charlene Horton
Program Director
Napa Valley Shelter Project

Attachments:
A – Current Intake form, 90-day update form, client rules
B1 – Public Comments, Homeless Forum, 3/21/07
B2 – List of Suggestions, Homeless Forum, 3/21/07

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Attachment

A

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HOPE Center Intake Form

Name _____ Date of Birth _____
Last First M.I. mm/dd/yyyy

SS# __ __ __-__ __-__ __ __ __ Emergency Contact _____
Name and relationship Phone #

Drivers License # _____ Car: _____
State, number and expiration year, color, make and model

New Intake:___ or Reentry:___ Staff doing Intake & Date: _____ _____
Check one Staff name Date

Complete all data below

Gender		✓ one	Income Is Paid	✓ one or more	Source of Income	Total Monthly Amount by source
Male			Weekly		No income	
Female			Biweekly		TANF	
			Twice a Month		Food Stamps	
Age		✓ one	Monthly		SSI	
0-5			Annual		Social Security	
6-11					Pension	
12-17			Health & Other Information		General Assistance	
18-23			Health Insurance	Y N	Unemployment	
24-44			Disabled	Y N	Employment + any of above	
45-54			Veteran	Y N	Employment Only	
55-69			Family Type	✓ one	Other	
70 and over			Single		Total Household Income (-Food Stamps)	
Race: NOTE: Choose only one race category and check if Hispanic	Check only one race	Check if also Hispanic	Two adults (married or partners)		Level of Income ✓ One Use Chart Below	
American Indian or Alaska Native			Custody of minor children (note below where the children are staying)	Y N	30% of median	
Asian					Very Low Income	
Black or African Amer.					Low Income	
Native Hawaiian or other Pacific Islander			Other:		Above 80% of Median	
White			Farm Worker Status	✓ one if applicable	Where did they sleep last night? Use space to describe city and/or other information	
American Indian or Alaska Native and White			Migrant		☐Shelter	
Asian and White			Seasonal		☐Car/van	
Black or African Am. and White					☐Motel	
A. Indian or Alaska Native and Black or AA					☐Camping	
Other:					☐Friends or Family	
Education/grade completed		✓ one			☐ Other:	
0-8						
9-12/nongraduate						
High school grad/GED						
12+ some post-secondary						
2 or 4 year college graduate						
Post Graduate						

Effective July 1, 2006

Family Size	30% of Median	Very Low Income 50% of Median	Low Income 80% of Median
1	15,500	25,850	40,600
2	17,750	29,550	46,400
3	19,950	33,250	52,200
4	22.150	36,950	58,000
5	23,950	39,900	62,650
6	25,700	42,850	67,300
7	27,500	45,800	71,900
8	29,250	48,750	76,550

Notes:

Employment Information

Client is: ☐ employed ☐ unemployed. Place and hours of employment:_____

Note employment skills and training:_____

_____

Referred to: ☐ Job Connection ☐Next Step ☐ Dreamcatchers ☐Other_____

If client can not work – reason why:_____

Case Management

Note if client is working with any other agency, name of agency, level of involvement and name a phone number of case manager.

Substance Abuse History

Client has: ☐ no substance abuse history ☐ in recovery with ____ days/months/years clean ☐ needs a referral

Referred to: ☐ Day treatment ☐ Women in Recovery ☐ Hope Center/COIT Team ☐ Other:_____

Mental Health History

Client has: ☐ no mental health issues ☐ is case-managed for mental health ☐ needs a referral for assistance

If case managed, doctor or social worker: _____
Note name, agency and phone number

Referred to:☐ HOPE Center /COIT Team ☐ Crisis ☐ Other_____ Client has medication ☐ yes ☐ no

Housing History

How long has the client been homeless? _____
Give details on why the client is homeless and **why they are in Napa County**: _____

_____

_____

What have they done to secure housing?_____

_____

Referrals given: ☐ Shelter housing counselor ☐ HOPE COIT Team ☐ Catholic Charities ☐Other:_____

Probation/Parole

Is the client on ☐ Probation ☐Parole ☐N/A Name of Officer and phone #_____

Note: Napa Valley Shelter Project and the HOPE Resource Center respect the confidentiality of all clients. We follow all Federal, State and local laws regarding your right to privacy.

I understand that the HOPE Center will do a warrant check with law enforcement to see if I have any outstanding warrants. I agree to follow the HOPE Center rules and understand that should I not follow the rules I may be asked to leave the Center at any time.

Signed:_____

_____
Print Client Name

Date:_____

Staff Signature:_____

Other forms to be filled out. Check as completed

☐ Center Rules
☐ HIPPA Notice of Practices
☐ Release of Information

For Administration Use Only
Data entry completed by 7/30/05cwh

HRC #_____ **Name:**_____ **Date:**_____

90 Day ID Renewal

Your photo I.D. for the HOPE Center expires every 90 days.
In order to continue using the center, please answer the following questions:

Where do you sleep at night? ☐ River ☐ Street Camp ☐ Friend's couch/floor

☐ Car/Truck ☐ RV ☐ Winter Shelter ☐ Sullivan Shelter

When did you last drink alcohol? ☐ Today ☐ This week ☐ This month

☐ 3 months ☐ Clean _____ months/years ☐ Don't drink alcohol

When did you last use illegal drugs? ☐ Today ☐ This week ☐ This month

☐ 3 months ☐ Clean _____ months/years ☐ Don't use illegal drugs

Are you in Day Treatment? ☐ **Yes** ☐ **No**

Are you working? ☐ **Yes** ☐ **No**

What HOPE Services do you use? (check all that apply) ☐ Showers ☐ Toilets ☐ Phone ☐ Computer ☐ Mail ☐ Laundry ☐ Doctor ☐ COIT` Team ☐ Clothing ☐ Housing Counselor ☐ Shelter Voucher
☐ Other:_____
_____

How can we make the HOPE Center better?

I understand that as part of this process, HRC will run a Warrant Check with law enforcement to assure that I do not have any outstanding warrants.

HRC Participant:_____ **Date:**_____

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House Rules
The HOPE Resource Center
1301 4th Street, Napa, CA

As a member of the HOPE Center I agree to the following:

1. I will behave and speak in a civil manner while at the center and in the Center neighborhood.

2. I will not destroy or vandalize property belonging to the HOPE Center, First United Methodist Church or any HOPE Center guest.

3. I will behave in a non-threatening manner, at all times, agreeing not to harass, intimidate, threaten or sexually harass others.

4. I will maintain a safe, weapon and violence free environment in the HOPE Center by cooperating with staff, visiting agencies, and each other. I will not bring weapons and/or weapon look-a-likes to the Center or to First United Methodist Church property.

5. I will maintain a safe environment for each other's belongings, and HOPE Center property, by agreeing not to borrow without permission or use anything that does not belong to me.

6. I will remove all personal belongings from the HOPE Center by closing time. I understand that personal property left after the Center is closed will be placed in the Lost and Found container and that Center staff or the Center itself will not be held responsible for the safe keeping of any articles left behind.

7. I will not tolerate the selling, exchange or use of alcohol or drugs in the HOPE Center or in the neighborhood area surrounding the HOPE Center.

8. I will follow staff supervision, without resistance, while here.

9. I will not loiter in front of the HOPE Center or anywhere on the grounds of the First United Methodist Church or in the HOPE Center neighborhood. **(This includes the triangle)**

10. I will not smoke in the building or within 20 feet of any doors or windows of the Center or the Church.

I will follow the above guidelines in order to protect the existence of the HOPE Center. I will also assist in the upkeep of the facility and following any and all applicable laws.

I understand that staff will do a warrant check with the Napa Sheriff's Department within 48 hours of my intake and again 90 days thereafter and that if I have any outstanding warrants, I will work with Center staff and the sheriff's department and local police to clear them.

Signed	**Date**	**Staff**	**Date**

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HOPE Resource Center
Purpose and Guidelines

Purpose

The purpose of the HOPE Resource Center is to provide a safe place where homeless adults (18 and over) can come during the day to care for their basic needs and take the steps to move toward self-sufficiency.

Length of Stay/Membership

Your membership card, issued on the day of entrance, is good for 90 days. When your membership card expires, you may renew it for another 90* days by updating your intake information. Please note that a new warrant check will also be done. HOPE Center membership may not exceed 180 days in a calendar year. *Registered sex offenders or persons who have had their membership suspended for cause will be issued cards good for 30 days at a time only for a maximum of 180 per calendar year.

Termination of Access to the Center

You may be asked to leave the Center if you violate one of the 10 House Rules.

For a first violation, one week is the usual time out. During that week, you may drop by to pick up your mail or to see the doctor **only**.

For continued violations or violence or threats of violence against staff or other members, further action, up to and including removal of all access to the facility for 30 days or more, and police involvement may be implemented.

You have the right to appeal your termination of service immediately with the Adult Services Supervisor or Program Director. They will review the situation and may grant you a provisional stay at the Center until the Adult Case Conference Committee meets on Wednesday. They may also help you write an appeal to the Adult Case Conference Committee. Your appeal will be reviewed by the committee at their next Wednesday meeting and the decision of the group will be issued to you that same day. Should you wish to appeal further, you may follow the CANV grievance procedure that was given to you at intake and is posted at the Center.

Member Rights

1. To receive services without discrimination because of disability, race, color, sex, sexual orientation, creed, religion, age, or national origin.
2. To receive services in an environment that is safe and accessible.
3. To be treated with dignity and respect.
4. To be protected by confidentiality
5. To have access to written information about oneself.
6. To receive information about substance abuse services, mental health services, shelter, housing and other social services.
7. To speak up about any physical or verbal abuse, any threats or acts of cruelty, or treatment in the Center, without being punished in any way for voicing such complaints.
8. To appeal the denial of or access to service through the CANV grievance process which is given to you at intake and posted at the Center.

Accommodation for Disability

In order for everyone to have equal access, reasonable accommodation will be provided for any guest who otherwise qualifies for the program but is limited due to physical or mental limitations. A "Request for Accommodation" form may be acquired from any on-site staff person. Once completed it should be submitted to the Site Supervision who will review the request and make every attempt to provide reasonable accommodation. Should the request be denied or the accommodation not be acceptable to the guest, they are encouraged to follow the CANV client grievance that is posted at the Center.

Attachment

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NOTES FROM THE HOMELESS FORUM
March 21, 2007

Darryl Crutch? from the Tabernacle Church, wanted to offer food, clothing and support to homeless people. He was referred to the Homeless Services Planning Council as well as the Food Safety Net Group.

An Oxbow neighbor demonstrated sympathy for homeless issues but had multiple problems with parties and obnoxious behavior at the Oxbow. He said his family feels unsafe.

Hugh representing two business owners at 1541 third refers to the area as "South of Second". He has walked the area by Val's many times as well as worked the Table. He feels indiscriminate feeding programs encourages the "street lifestyle"

Don works in a business across from ABC. He feels unsafe in the downstairs garage and has seen unsightly behavior during the day.

Rich from Head Feathers has had multiple hygiene problems at his business. He believes the lack of public restrooms are an issue for homeless and tourist alike. Trash, including food wrappers are from the feeding programs. He thinks showers and laundry at the HOPE Center encourages a street life style. He wants the Table and HOPE Center moved to another area.

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HOMELESS FORUM SUGGESTOINS FROM THE PUBLIC
MARCH 21, 2007

1. Police foot patrols regular in areas troubled by chronic homeless.
2. Put bathrooms in where homeless are fed.
3. Open a "chronic homeless" tent camp in a very remote "Berreyessa" area.
4. Regulate sell of liquor to chronic homeless. Hold sellers accountable.
5. Grant from Wine Auction for public toilets and funding to keep facilities clean.
6. Staff the block of The Table during feeding hours.
7. Government sponsored homeless camps maintained by the inhabitants, ie, cooking, cleaning, gardening in rural areas
8. Let's have the facilitators for The Table of each day to actually have a person appointed outside in front of the Presbyterian Church to watch people's bad behaviors and encourage them for help.
9. I'd like to see Napa Police consider tougher consequences for chronic drunken disorderly, etc. This could be modeled after Giuliani's policies or the new policies Newson is considering.
10. Grow VOICES to be the size of the Boys & Girls club to serve 18-24 year olds.
11. The services offered to most of the homeless appear to be impacting the community. The HOPE Center, however, does not make the same impact. The Grand Jury Report in 2006 bears this out. Will we have another hearing to remove the HOPE Center or make them more accountable for their operation? The move I would suggest is moving it out to the South Marketplace facility.

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Napa Valley Shelter Project

SULLIVAN SHELTER
SAMARITAN FAMILY CENTER
RENTAL ASSISTANCE PROGRAM
HOPE RESOURCE CENTER
2521 Old Sonoma Road
Napa, CA 94558
707.253.6103
Fax 253.6213

City Use Permit Application
HOPE Resource Center
Narrative of Activity and Statistical Report

The HOPE Resource Center is a part of Napa Valley Shelter Project (NVSP), a program of Community Action of Napa Valley (CANV). We opened our doors at 1301 4th Street on October 1, 2001 and have consistently provided a day center with basic needs and expanded services to Napa's homeless adults since that time. The main funding for the HOPE Center comes from a HUD grant through the City of Napa's Housing Authority. All renovations done to the building were also financed through that source. Should the center close at this site and not reopen in a timely manner at an alternate site, a pro-rated portion of the grant would become repayable by the City of Napa to HUD. This condition is effective for twenty years from the start of operation on October 1, 2001.

Background of the Use Permit

The Center was approved for a use permit at the Planning Commission level in July 2001. This action was appealed to the City Council by Mr. Michael Hamilton, a neighbor of the project. A City Council hearing was held at which time, the council unanimously approved a one-year permit to be reviewed for renewal the following year. On September 19, 2002 at a regular meeting of the City of Napa Planning Commission, the renewal of this permit was brought forward. It was approved in a 4-0 vote with no time limit (sunset) on this new permit. This permit was again appealed to the City Council by Mr. Michael Hamilton. A public hearing was held on February 4, 2003 at a regular City Council meeting where the use permit was approved in a 5-0 vote with a condition that the applicant, Community Action of Napa Valley would return in three years to review and renew the permit.

What is the HOPE Resource Center?

The HOPE Resource Center is a day center where homeless adults (18 and over) may avail themselves of basic services (showers, toilets, laundry, phone), request case management to identify the basis of their homelessness, and utilize the tools needed to address their problems and gain sustainable housing. It is open from 8 a.m. to 5 p.m. Monday through Friday. The Center is staffed with 2.5 FTE's (1 Site Supervisor, 1 Assistant Supervisors, and .5 Center Manager) with two people on site at all times. In addition, NVSP's Housing Counselor (.8 FTE) and four County staff persons working with mental health clients, have their offices on site for a total of 7.3 FTE's working at the site on a regular basis. Our active volunteer program also provides for up to two community volunteers at the center at any time and clients are also trained as volunteers and partake in the day-to-day running of the Center.

RECEIVED
FEB 3 2006
COMMUNITY DEVELOPMENT DEPT
PLANNING DIVISION

While the Center is a part of NVSP, a program of CANV, it is our partnership with many other local organizations that makes the Center an effective tool to reduce homelessness. These organizations provide enhanced services to clients at the Center, helping them to come to terms with the causes of their current situation and coaching them as they develop plans to take the steps necessary to improve their quality of life.

This partnership includes Clinic Ole who comes to the Center once a week with a doctor, nurse and trained intake worker. They see 13-15 people each time they come and treat a myriad of health issues for people who might otherwise not receive health care. HIV testing and counseling is offered at the HOPE Center through Planned Parenthood. County Health and Human Services professionals including eligibility workers, mental health services, adult protective services, drug and alcohol services, veteran's services and Next Step come to the center on a regular rotating basis. County HHS also provides four out-reach workers for mental health clients at the HOPE Center through a special state grant. These four county staff have their offices at the center and are available should a crisis arise.

The Napa Police Department and County Sheriff's Department have assisted us in establishing protocols to assure that wanted felons are not admitted to the Center and that client and neighborhood rights are preserved. First United Methodist Church has not only allowed us to remodel and use their facility, but also supply ongoing support through donations and other assistance. The Job Connection has lent us six computers for client use along with software support and staff training. Other partners include: Family Service of the North Bay; NEWS (Napa Emergency Women's Service); Community Resources for Independence; Project 90; Napa Valley College Nursing Program; Serenity House; The Salvation Army; Church Women United; The Napa Food Bank; the TRAIN program; Progress Foundation; St. Vincent DePaul; Legal Aid; and the Job Connection. We also receive assistance from The Table, local schools, merchants, and churches. The Napa Valley Realtors Association has been active in providing work clothing year-round along with backpacks, underwear and socks for the holidays. In-kind donations arrive daily throughout the year from our supportive community.

Client outcomes could not have been achieved without the work of all of those mentioned above along with all of the support from the faith community, Nonprofit Coalition, Community Action of Napa Valley board of directors and the HOPE Center Advisory Board. **The HOPE Center is truly a collaborative community project working to address a critical community need.**

Council Concerns

Neighborhood Issues

CANV staff was asked to keep a log of complaints regarding the center during. Since February 4, 2003, three formal complaints have been lodged with staff.

1. Staff at the First Presbyterian Church preschool called the program director to discuss people who were sleeping in cars in the vicinity of the preschool. A specific person was identified as the primary problem. This individual was counseled at the center and told that should she continue to break the law, she would not be allowed to access the center. Police were also advised of the problem and were asked to help in moving her along. The next month, staff checked in with the preschool to monitor the progress. They were told that the issue was no longer a problem for them.
2. Alexis at ABC Bakery contacted a member of the Continuum of Care asking for help with people who were stopping in front of her restaurant in the late afternoon, causing

problems. HOPE Center staff and the program director were notified of this issue and a meeting was scheduled at ABC to review the problem. It was decided that staff from the HOPE Center along with County staff that had offices on-site would come to ABC during the time period when the problems were happening to better identify the individuals causing the problems. Over the next four weeks HOPE Center and County staff went to ABC in half-hour intervals and were able to recognize the people causing problems. Those people were given warnings and they ceased to be a problem. Staff also talked to Alexis about other environments that were helping to create the problems including the vacant building next door, drug issues at a near-by business and a practice at the local corner store of letting homeless people work for liquor credit. Napa P.D. was alerted to these issues and the store owner was asked to stop his practice.

3. The program director was contacted by a local bookstore owner about an individual that was coming into his store and scaring his clerks. The owner was able to give a detailed description of the individual. After consultation with staff, it was determined that the individual in question was not homeless but rather lived in the downtown area. The merchant was given suggestions to help his staff with the individual and encouraged to call us back if he had any other concerns.

In addition, Lowell Downey, a member of the original neighborhood opposition, is on our Advisory Council, which meets every other month. At those meetings, he has had the opportunity to bring forward any issues or concerns from that group. Mr. Downey has voiced concerns about loitering in the neighborhood and people sitting on the church steps cursing and talking loudly. We have addressed these issues with clients at our regular meetings and staff has increased our walkabouts when he says activity is escalating. Mr. Downey also has complained about specific individual's behavior after the Center is closed for the day and on the weekends including people offering alcohol and cigarettes to children. We have attempted to identify the individuals and have encouraged Mr. Downey to call the police when the Center is closed especially if he observes criminal activity. Staff also drives and walks through the area when we are closed in the late afternoon, evenings and weekends attempting to identify people in violation of our no loitering policy.

We do take preemptive action to assure that the immediate area around the Center is safe and kept clean to the best of our ability. This action includes:

Staff Walkabouts: During hours of operation, center staff walks the block hourly (at a minimum) to assure that there is no trash in the bushes and that there is no loitering on church property or on block surrounding the center.

No Loitering Rule: HOPE Center members are advised that they are not to loiter outside the building or in the immediate neighborhood of the Center. Those that loiter before the center opens in the morning may get one warning. After that they loose the privilege of entering for five days. Consistent loiterers may loose privileges for up to a month.

Warrant Checks: In cooperation with the Napa Sheriff's Department, warrant checks are done on every new person entering the center. These checks serve two purposes: 1) to assure that wanted criminals are not allowed in the center and 2) to assist those with outstanding, non-violent/drug related warrants to address the problem and work with the

courts to pay fees or other wise satisfy the court requirements, so that they can move forward with their lives.

Peer Pressure: Monthly member meetings are held for all guests. At those meetings we discuss any problems that have arisen as well as feedback on what services and/or tools are needed at the Center. Positive participation is encouraged and rewarded through incentives. Members are consistently reminded that their behavior, both in the neighborhood and at the Center, reflects on the center and its ability to continue to provide services to them.

Client GiveBack: One condition of membership is that clients are available to give back to the center or the community, a minimum of 2 hours per month. This includes going with staff to sweep and clean in our immediate block; cleaning and sweeping around the Sullivan Shelter; general chores in the center; assisting staff on food bank runs; cleaning the CDF building to allow for a Winter Shelter; assisting staff at the Samaritan Family Center, and responding to County Public Works requests to clear bicycles away from the area around the Sullivan Shelter.

Included with this renewal request is the Annual Progress Report to HUD for the operating year of October 2004 through September 2005 submitted by the City of Napa Housing Authority. In this report you will find the number of individuals who utilized the center along with demographics of age, gender, income, disability and veteran's status. It also identifies where people went when they exited the program. Also included are specific measurable goals for the year and their outcomes along with goals for this current year. Please let me know if there is any other information you require in order to make your determination.

Respectfully Submitted,

Charlene Whitney Horton,
Director, Napa Valley Shelter Project
A Program of Community Action of Napa Valley

ATTACHMENT 5

CITY OF NAPA

INTER-OFFICE MEMO

TO: Jenny Gomez **DATE:** November 20, 2007

FROM: Jeff Troendly

SUBJECT: Hope Center

The Police Department is very aware of the issues between the Hope Center and the neighboring residents and businesses. We believe the residents and businesses are experiencing criminal and non-criminal activity in their respective neighborhoods as a result of the homeless population. Conversely, we do not believe the Hope Center is solely responsible for the increased homeless population and the activity that follows. There are several other Human Service agencies and private resource organizations in close proximity to these neighborhoods which add to the increased population of homeless.

Criminal and non-criminal activity, related to homeless, has declined in and around the area of the Hope Center. From January through October of 2006, the Police Department responded to 2,632 calls for service in the downtown area and in the South Market Place (The area where the Homeless Shelter is located). From January through October 2007, the Police Department responded to 1,873 calls for service in the same areas. This is a 39% reduction in calls for service. Additionally, the homeless population accounted for 19.71 % of all misdemeanor arrests in 2005, 20.44 % of all misdemeanor arrest in 2006 and 13.58% of all misdemeanor arrests in 2007. We believe this reduction in calls for service and reduction in the percentage of arrests of homeless is a direct result of the Police Department's Homeless Outreach Program, which was implemented in January of 2007. It should be noted, the Homeless Outreach program is staffed with two part-time employees, who are supervised by a Police Sergeant as an ancillary assignment.

The Police Department believes more could be accomplished in addressing the homelessness issue if the Department had additional and/or more permanent resources dedicated to outreach and enforcement efforts towards the homeless population. It is also the department's belief that alternatives should be investigated as to where services for the homeless should be located in hopes of reducing and/or eliminating complaints from neighboring residents and businesses.

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ATTACHMENT 6

CORRESPONDENCE

1,) Letter of Support from First United Methodist Church dated 3/28/2006

2.) Letter of Concern from Susan Randall dated 7/15/2006

3.) Letter of Concern from an unknown individual received in CDD on August 16, 2007

4.) Letter of support from Ethel S. Adams received in CDD on September 20, 2007

5.) Email from Gordon Huether dated November 13, 2007

6.) Email from Lowell Downey dated November 13, 2007

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First United Methodist Church

625 Randolph Street
Napa, CA 94559

Office: (707) 253-1411
FAX: (707) 253-1976
Website: www.napaumc.org

Senior Pastor: Douglas J. Monroe
Associate Pastor: Jennifer Murdock

March 28, 2006

Dear Mr. Klingbeil:

In light of the HOPE Center's upcoming Use Permit hearing, we, the pastors and leaders of the First United Methodist Church, feel it is important to state our position of support clearly, so that miscommunication can be avoided. The First United Methodist Church supports the goals and work of the HOPE Center. We have seen consistent improvement in the conditions of our facility and in our own interaction with homeless persons since the HOPE Center was initiated. When concerns have arisen, we have found the HOPE Center staff both cooperative and responsive.

The HOPE Center provides valuable services to a portion of the homeless community that would otherwise not receive care, and in so doing, they continue to have great success. Clients at the HOPE Center find jobs and housing, receive needed medical attention, and enter drug and alcohol rehabilitation programs. Without these services we feel that the "problems" that are sometimes associated with homelessness, such as public loitering and littering, will only worsen.

We are acutely aware that some of our neighbors view the HOPE Center as a negative presence in the community. However, we do not feel the HOPE Center's presence is solely responsible for these concerns. Many organizations that serve low-income and homeless individuals are located in the downtown area because those they serve are located here.

It is our belief that the HOPE Center provides needed services for people who consider Napa to be their home and we will continue providing Adams Hall for this purpose. We remain open to future developments, but are committed, in all ways, to serving those members of our Napa community who are marginalized and in need.

Respectfully Yours,

The Pastors and Leaders of the First United Methodist Church:

Douglas J. Monroe, Senior Pastor

Jennifer Murdock, Associate Pastor

Doug Cleveland, Chairperson
Church Council

Barbara Thompson, Lay Leader;
Chairperson of the Staff-Parish
Relations Committee

Mark Andersen, Lay Leader

Jan Lanterman, Director of Music

Michael Herzog, Lay Speaker

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Susan C. Randall
14242 Cuba Road
Hunt Valley MD 21030-1214
Tel.: 410-527-0951
Email: srandall@bcpl.net

RECEIVED
JUL 21 2006
COMMUNITY DEVELOPMENT DEP
PLANNING DIVISION

Community Development Department
Planning Division – 5121
P.O. Box 660
Napa, CA 94559

July 15, 2006

Re: Public Hearing 06-0018-UP
Hope Resource Center

I cannot attend the July 20th Public Hearing regarding the Hope Resource Center so I am submitting my concerns in this letter.

I own the property at 1447 Fourth Street, approximately 1½ blocks from the Hope Resource Center. I am concerned that people who use or are drawn to the Hope Center and facilities like it, are becoming a threat to the well-being of people that live in and do business in the area, and also a threat to the efforts of property owners to enhance, maintain, and protect their physical property, and protect the economic value of their property.

I have had the following occur on or around my property:

Suitcases, clothes and blankets left in my back yard garden.
Strangers sleeping in my back yard.
Trash being thrown in my garden.
Strangers passing through my yard from front to back, using my private property as a short-cut.
Strangers trying to break through, and damaging the now locked fences.
Fighting and glass braking in the alley or nearby areas.
Strangers rooting through my garbage cans that are enclosed in a kiosk, leaving garbage in my trash cans and around my trash kiosk.
Strangers urinating on my property.
Strangers in the park across the street, loitering, exhibiting drunkenness, drinking out of bags, being observed making what look like drug deals. More so of late.
Strangers parking and living in a mobile home in front of my neighbors home, and in the back parking alley behind my property (Division St).
Strangers living in cars parked in the area.
Strangers threatening clients as they walk into my building.

Since the new center in South Napa has opened (to replace the homeless shelter), some of these problems have abated. However, there seems to be a replacement for those problems in the form of non-productive young adults, and "out of towners", utilizing the area, and the park on Division and Franklin Sts., for drinking and drug deals and fighting.

I have written to or spoken with Sergeant Terry Gonsalves, Officer Andrew Hess, and Tom Hatfield about these problems. Officer Hess was at my property on 9/4/05 and 9/10/05 to confront transients on my property. My tenants have been notified to call the NPD dispatch number to report any problems, and have done so. On the advice of Sergeant Gonsalves I submitted a letter dated 9/8/05 to be on file with the Police Department notifying them of who is authorized to be on the property, and stating that those who are not authorized should be removed or arrested.

I must complain, however, that one cannot expect their tenants to make a citizens arrest or to police the area. My tenants have been as cooperative as I can hope they will be. I work to provide desirable rental space in an environment where they and their clients do not feel threatened and unsafe. My tenants will not stand losing their clients. I do not want to lose my tenants. I do not want the value of the property to decline, and the area to deteriorate. I continually work to improve and maintain the property. I have followed the suggestions from the police department, have built a locking enclosure for the trash cans, have installed locking mechanisms on the gates, lighting, and I pay for someone to physically monitor the property. I pay my taxes, respect and obey the law, and expect my rights to be protected and respected. I am sure that I speak for many of my neighbors who have expressed the same concerns.

If these facilities are allowed to remain operational, then there must be an obligation and commitment on the part of the providers, and in conjunction with the city, to implement a plan to deal with or remove those who do not use the facilities for their aid, but become the trespassers and loiterers that seem to gravitate to these facilities, where they are accountable to no one, defile the property of others, and are not responsive to the same laws other citizens are required to obey.

Respectfully,

Susan Randall

Susan Randall

CC : Councilman James Krider
Bob Hanna

I am a senior citizen who has owned the family home for many years. Living in the downtown area, I have seen many things. I understand there is a meeting on August 7th and we would like to offer our suggestions for the counsel to consider.

The Triangle Park on Division & Franklin

1. The public cannot use it, as it is over run by the 'homeless'
2. We do not walk past there for fear of incidents that have happened but not reported
3. Local services/business must be bothered and worried about people hanging there
4. It is always empty on Sundays because no one is feeding them
5. What can the city do to give us back our park?
   Turn on the sprinklers at 10 am and 3 pm
   Fertilize the lawn or help the grass grow
   Cover the lawn with cement, gravel or rock
   Cut/trim the trees so there is no shade
   Keep them moving, is there a law?

RECEIVED
AUG 16 2007
COMMUNITY DEVELOPMENT DEP
PLANNING DIVISION
RECEIVED
AUG 02 2007
POLICE CHIEF'S OFFICE

The Churches that encourage the 'homeless to stay in Napa'

1. Do not feed 'wild animals', they become dependent
   Do not feed 'homeless', they become dependent
2. Can the Churches find other ways to help needy families or people? Can they try?
3. Why are we allowing the Churches to ruin our city, increase our crime, scare our citizen & tourist when the city, chamber, committees are trying to beautify our city?
4. Shall the city charge the Churches for our city/county costs? They cause it.
5. Experiment: Stop the Churches providing homeless services for a good period of time. See if the number of homeless decreases, crime goes down, courts less jammed and the city Costs decrease. Our council must take a 'tough love' approach to this serious problem

Many of the shelter's guests park their nice cars on side streets and then walk up to their doors.

The Gasser Project has not helped take people off our streets. No one wants to give up drugs and we have seen an increase in the number of homeless.

Why beautify the Napa River when the homeless live in the bushes on its banks and under our bridges?

Why build a walking trail when you meet homeless living there and we/tourist feel uncomfortable?

If our city is cutting back services, benefits, positions why are we supporting many non Napa homeless people?

Could we register the homeless? Make them prove a connection to Napa? Give them an ID card which must be presented when asking for services.

No wonder the Downtown Theater is not finished. Who would like to visit a show there at night and walk to your car?

We drive the few blocks to shows/restaurants because we do not want to walk downtown at night

cc: PD Command Staff
Debbie Peacock
Dana Smith
Scott Klingbeil

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15 Revell Circle
Napa CA 94558

Napa City Council
City Hall
Napa, CA 94559

RECEIVED
SEP 20 2007
COMMUNITY DEVELOPMENT DEPARTMENT

Dear Members of the City Council,
I'm a long-time member of 1st United Methodist Church, Napa, the location of Hope Center on 4th + Franklin Sts. Before the Center opened, we were concerned with the problems that so called "Street people" had, with no central place offering services beyond what Office of Economic Opportunity had going on Jefferson St. To open a day center where phones, washers + dryers, lockers, access to social services, mail could be received, Clinica OLE accessed, made good sense 5 years ago + still does. Salvation Army and the TABLE close by, public transportation hub at Pearl St., the library, these are part of being down town. I remember that block from 50 years ago - (I lived there myself) - and I'm sure the property values are still up from before the opening of the Hope Center. Yes, more funding for weekend hours, for one, would be great! Yes, more counsel + treatment being delivered, greatly to be hoped for. Yes, it would be fine to patrol the block to see no one is breaking a law or loitering - fund the services, don't shut down the Hope Center - or move it to a cow pasture.

Sincerely — Ethel S Adams
15 Revell Circle
Napa CA 94558
326-1284

27 NOV 2007 AM 11:26

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From: Gordon Huether [mailto:gh@gordonhuether.com]
Sent: Tuesday, November 13, 2007 7:49 AM
To: Smith, Dana
Cc: Juliana Inman
Subject: homeless

Good Morning Dana -

I met with 1/2 dozen neighbors near Coombs and Division Street yesterday late afternoon regarding the homeless problem there. They are really really upset and feel the city is not listening to them.

They pulled over 500 beer bottles out of the bushes recently along with needles and lord only knows what else.

They want to know the status of a council meeting or a joint meeting with planning commission (news to me) ... regarding the use permit for the Hope Center.

They said they were waiting for Scott Klingbeil to give them a status. I'm e mailing you because given Scott's new status I'm not sure if I should be asking him , you or Marlene.

I've also cc'd Juliana because according to them they have also leaned on Juliana on this and maybe Juliana knows the status.

These neighbors have been dealing with this for years, deserve some answers and are not going away!

Thanks Dana.

Gordon Huether

101 S. Coombs St., Suite X
Napa, CA 94559
tel 707-255-5954
fax 707-255-5991
gh@gordonhuether.com
www.gordonhuether.com

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Gomez, Jenny

From: ARTCLARITY@aol.com
Sent: Tuesday, November 13, 2007 12:23 PM
To: Techel, Jill; Parness, Mike; Smith, Dana
Cc: gh@gordonhuether.com; Maurer-Watkins, Jan; Gomez, Jenny
Subject: Abajo Neighborhood and Hope Center

Dear Mayor, Mr. Parness, and Ms. Smith, good morning.

This morning you received an email from Gordon Huether regarding a neighborhood meeting that we had with him yesterday.

We are grateful that Gordon took the time to visit with us and understand the issue that the neighborhood faces.

I will not be speaking for the others, though I understand that we are in agreement with the issue at hand. As the neighborhood representative on the Advisory Board of the Hope Center, I have listened to my neighbors concerns for years. We have discussed our concerns, as you are well aware, with the City, staff, police department, and with the Hope Center and CANV directors.

For the City to plan another discussion of the issue is absurd. The only issue to be considered is how and when the Hope Center is to be moved. There is, for the neighborhood, no other discussion.

I find your actions in regard to the neighborhood insulting. Twice the Hope Center was to come before the City and or Planning. Twice it was pulled off the calendar. The last time, the Hope Center pulled it off the Planning Council's agenda because 'they needed more information from the neighbors.' This argument is preposterous and blatantly transparent in a stalling attempt for more time or in their effort to confuse the neighbors.

It takes time to walk the neighborhood and inform our neighbors of a meeting. And then to have a very important meeting canceled, not once but twice, is unfair to the community. The public notice about the Hope Center is mailed to a small group of immediate neighbors. It is not sent to the entire neighborhood that bears the burden of this Center. I was surprised that neighbors two blocks away did not receive the notice.

We are not being provided the information we requested regarding the use permit and the original intent publicly stated by the City Council.

Perhaps Jan Maurer Watkins, Marlene Demery, Scott Klingbeil and Jenny Gomez are not familiar with the issue and they need a workshop. Perhaps they should come into the neighborhood and meet with us. Perhaps they should speak with the Cheif of Police and the City Council members. They should be directed by you, Mr. Parness and Mayor Techel, to give the Hope Center a three month window to find a new location. Charlene Horton has told me that if they had a location they would move tomorrow. It is time to solve this problem now. The neighborhood does not need a workshop.

It is not up to the neighborhood to solve the problem as to where the Hope Center is to go. This has been asked of us many times. There are ideas. You can create a mobile unit that sits out next to the shelter at the Gasser Project. This unit can drive to the locations where the population they serve is located. They can stop off at the Salvation Army around lunch. They can stop off at 3 p.m. at the table. The Salvation Army can use its mobile feeding station to meet up with the population of homeless living under the Trancas Street bridge and along the river. A mobile unit can pick up individuals who need to meet with Clinic Ole and take them to the Gasser shelter during the day or to the Clinic Ole medical building. The city can issue vouchers to the homeless to wash their clothes at the private sectors laundry facilities, or the City can create a laundry facility for them.

We must do something about the Triangle. Ms. Inman had a great idea of turning that area into a children's park with swings and a play area. This would change the entire nature of this space and there will not be any loitering around the children. Roses are not a good idea. We need a green zone and a safe zone.

The Hope Center cannot become an institution downtown. This is plain and simple. Yes, the homeless issue

needs to be handled responsibly. These people need services and they need care. Certainly compassion is warranted for those in need. Unfortunately, the Hope Center is enabling a population that confronts the neighbors on a daily basis with drug and alcohol abuse, fighting, abusive language, trash, needles, loitering on steps and neighborhood walls, urinating and defecating in our yards, ad nausea.

For me, this is a difficult position. However, I have to strongly voice the concerns of my neighbors, like Nan Alexander who has lived in the neighborhood for forty years. She told us yesterday that she has to walk blocks out of the way to pick up her grandchild from the day school at the Presbyterian Church because she is afraid of walking down Franklin, past the Salvation Army and the Triangle (needle park). She has been harassed and she is afraid for the children. I have to speak for my neighbors, a couple from San Francisco, who sold their home and bought their house next door to me thinking this was a beautiful and safe neighborhood. The real estate agent did not disclose the Hope Center. They spent their life investment to move here. They would not have bought this house if they had known about the Hope Center. I speak for the lady on Randolph who has people sleeping in her backyard and defecating in her recycle boxes. I speak for the neighbors on Randolph alongside of the Methodist church who must continually confront strangers in the yards. I speak for an elderly couple on Oak Street who are troubled. I speak for Celeste Carducci and her bed and breakfast business. Her car was keyed last year, and she has been verbally harassed. I speak for my son and the children in our neighborhood. What do I say to him when we see a man sitting on the corner of the Triangle smoking out of a soda can? What's he smoking, Dad? I speak for neighbors who have contacted me from along Riverside Drive to all the way to Fuller Park. You have heard the eloquent words from the owner of Headfeathers. Rick has spoken to the City many times about the problems along 3rd street across from the Table.

One correction: Gordon referred to neighborhood collection of bottles and needles. We described a cleanup the Church forced the Hope Center to do last year where they took out over 400 bottles and found some needles. Nan Alexander told Gordon of how she was speaking two days ago with a young lady outside of the apartment house on Randolph and 4th. She just moved into the building and was shocked by the homeless garbage. She was standing by four full bags of bottles and trash she took out of the ivy. The Hope Center, this past summer, in order to deflect attention and try to solve the loitering, told its community that if they were seen in the Triangle they would not get into the Center.
Well, immediately the population moved across the street and began hanging around the apartment building, stashing their bottles, drugs and trash in the ivy. They sit on the walls of the houses along Division Street. Three years ago, my neighbor across the street, who has since moved, collected 60 bottles of liquor out of her bushes. The story goes on and on.

And you want to have a workshop? We reject this idea. It is time to close the Hope Center. Do the right thing now. Please don't waste anymore time.

Regards,

Lowell Downey
Neighborhood Representative to the Hope Center
257-1166

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